

## OBGYN Empiric Antibiotic Therapy Guidelines

Use OBGYN Infectious Disease Orders

Indication <i>Common Pathogens</i>	Preferred Regimens	Type I <sup>A</sup> PCN Allergy	Type I Allergy to cephalexin, cefprozil, or cefaclor	Duration of Therapy
<b>GBS Prophylaxis</b> <i>Group B streptococcus</i>	Ampicillin 2 g IV x 1, f/b 1 g IV Q4H	Cefazolin 2 g IV x 1, f/b 1 g IV Q8H	<i>Unknown GBS status/sensitivity:</i> Vancomycin 20 mg/kg IV Per Pharmacy <b>OR</b> <i>Known GBS sensitivity to clindamycin:</i> Clindamycin 900 mg IV Q8H	<b>Intrapartum:</b> Until Delivery <b>Antepartum:</b> x 48 hr, D/C if GBS (-) or NOT in active labor
<b>PPROM</b> <i>Ureaplasma, Mycoplasma, Bacterioides, GBS, E.coli, Klebsiella</i>	Azithromycin 500 mg PO Q24H x 3 days or 1 g PO x 1 <sup>C</sup> <b>PLUS</b>		<i>Unknown GBS status/sensitivity:</i> Vancomycin Per Pharmacy <b>OR</b> <i>Known GBS sensitivity to clindamycin:</i> Clindamycin 900 mg IV Q8H x 48H f/b PO x 5 d	Total of 7 days
	[Ampicillin 2 g IV Q6H x 48H f/b Amoxicillin PO x 5 d] <b>OR</b>	Cefazolin 2 g IV Q8H x 48H f/b Cephalexin or Cefuroxime PO x 5 d		
<b>Chorioamnionitis &amp; Endometritis</b>	<b>Intrapartum</b>	Ampicillin 2 g IV Q6H + Tobramycin per Pharmacy	Cefazolin 2 g IVP Q8H + Tobramycin per Pharmacy	Until Delivery
	<b>Postpartum VAGINAL delivery</b>	[Ampicillin/Sulbactam 3 g IV Q6H + Tobramycin per Pharmacy] <b>OR</b> [Ampicillin 2 g IV Q6H + Tobramycin Per Pharmacy]	Cefazolin 2 g IVP Q8H + Tobramycin per Pharmacy	If indicated, until asymptomatic & afebrile <sup>B</sup> for ≥ 24 hr
	<b>Postpartum CESAREAN delivery</b>	[Ampicillin/Sulbactam 3 g IV Q6H + Tobramycin per Pharmacy] <b>OR</b> [Ampicillin 2 g IV Q6H + Tobramycin Per Pharmacy + Clindamycin 900 mg IV Q8H <sup>‡</sup> ]	Cefazolin 2 g IVP Q8H + Tobramycin per Pharmacy + Clindamycin 900 mg IV Q8H <sup>‡</sup>	Until asymptomatic & afebrile <sup>B</sup> for ≥ 24 hr
	<i>GBS, E. coli, Gardnerella, enterococci, anaerobes (&gt;30%), Mycoplasmas</i>	‡substitute clindamycin with metronidazole for improved pelvic anaerobic coverage.		<i>Antibiotics are recommended for chorio/endometritis s/p C/S</i>
<ul style="list-style-type: none"> <li>• The presence of maternal risk factors (i.e. bacteremia, persistent postpartum fever, or others) should be used to guide antibiotic therapy &amp; duration following both vaginal &amp; C/S deliveries. Fever is not required in the diagnosis of chorio.</li> <li>• Anaerobic coverage for the intrapartum patient or s/p vaginal delivery can be considered but is not supported by ACOG 712 (2017).</li> <li>• Antibiotics <u>may not</u> be required post vaginal delivery; use should be based upon physician assessment of endometritis risk factors.</li> <li>• Double anaerobic coverage with (i.e. Unasyn + clindamycin/metronidazole) is <u>not</u> recommended unless culture results direct otherwise.</li> </ul>				
<b>Pyelonephritis (Pregnancy)</b> <i>E. coli, enterococci</i>	[Ceftriaxone 2 g IV Q24H] <b>OR</b> [Ampicillin 2 g IV Q6H + Tobramycin Per Pharmacy]	Ceftriaxone 2 g IV Q24H	Aztreonam 1 g IV Q8H	IV abx for 48 hr afebrile <sup>B</sup> , 10 days total IV & PO
<b>CAP (Pregnancy)<sup>E</sup></b> <i>S.pneumoniae, Atypicals</i>	Ceftriaxone 2 g IV Q24H + Azithromycin 500 mg IV/PO Q24H		Consult Infectious Disease Physician	5 days if clinical stability within 48-72 hr
<b>Surgical Site Infections</b> <i>E. coli, anaerobes, Staph aureus, streptococci</i>	Ampicillin/Sulbactam 3 g IV Q6H + Tobramycin per Pharmacy	Ceftriaxone 2 g IV Q24H + Metronidazole 500 mg IV/PO Q8H	Levofloxacin 750 mg IV/PO Q24H + Metronidazole 500 mg IV/PO Q8H	7-14 days
<b>Sepsis</b>	<b>ADD vancomycin per Pharmacy if patient is MRSA (+) or has a history of a MRSA infection</b>			
<b>PID/TOA (non-pregnant)</b> <i>Chlamydia, N.gonorrhoeae, B.fragilis, streptococci, Enterobacteriaceae</i>	Ceftriaxone 2 g IV Q24H + Doxycycline 100 mg PO/IV Q12H + Metronidazole 500 mg PO/IV Q12H		Clindamycin 900 mg IV Q8H + Tobramycin per Pharmacy ± Metronidazole 500 mg IV Q12H* <i>*For new/untreated BV or Bacteroides or inadequate clinical improvement: ADD metronidazole.</i>	IV abx x 24-48 hrs f/b PO Metronidazole + PO Doxycycline to complete 14 days total antibiotics

<sup>A</sup>**Severe or Type 1 Allergy:** anaphylaxis, angioedema, respiratory distress. **Pt with Type I Allergies to cephalosporins (EXCEPT** to cephalexin, cefprozil or cefaclor), may receive Preferred Regimens that do not contain cephalosporins. <sup>B</sup>**Afebrile:** first consistent oral temperature of < 38°C and maintained for at least 24 hours. <sup>C</sup>Azithromycin for PPRM: 500 mg q24h x3 or 1 g x 1 may be considered. <sup>D</sup>Vancomycin adjusted per pharmacy. <sup>E</sup>Community Acquired Pneumonia (CAP) Common Pathogens: Strep pneumoniae, Staph aureus, Haemophilus, Legionella, Mycoplasma. **References:** ACOG 485 GBS, 2011; CDC STD Treatment Guidelines, 2021; ACOG 712; 2017; ACOG 4, 8/23. IDSA Management of CAP, 2019. These guidelines are based on available literature & recommendations from specialty organizations; they are not intended to replace clinical judgment. For more information, contact SMB Pharmacy (858) 939-4200. SMB Pharmacy & ASP: 12/5/25