

**ASJOG Volume I, Number 3**  
**Self Assessment MCQ - Answers**  
**Prevention of Neonatal Group B**  
**Streptococcal Infection**

<b>1</b>	<b>Which of the following is/are risk factors for developing GBS neonatal sepsis:</b>		<b>5</b>	<b>Which of the following is/are effective steps in intrapartum antibiotic prophylaxis (IAP) against GBS:</b>	
	A Obstetric history of a previous newborn affected by GBS.	T		A Antenatal prophylaxis with penicillin is not recommended.	T
	B GBS bacteriuria is detected in the current pregnancy.	T		B IAP should be used in women with a previous baby with GBS.	T
	C Preterm labor.	T		C Premature newborns should receive postnatal prophylaxis against GBS.	F
	D Offensive vaginal discharge at term.	F			
<b>2</b>	<b>As regards early onset GBS neonatal sepsis:</b>		<b>6</b>	<b>Bacteriological screening, according to CDC guidelines:</b>	
	A 20 – 40% pregnant women are carriers of GBS.	T		A Is Superior to risk factor based screening.	T
	B The mortality rate from GBS is 25% in preterm babies.	T		B Is to be done at 26 – 28 weeks gestation.	F
	C Intrapartum antibiotic prophylaxis reduces its risk by 80%.	T		C May select women who must be treated before labor starts.	F
<b>3</b>	<b>Which of the following is/are complication of GBS infection except:</b>		<b>7</b>	<b>Which of the following is/are correct as regards IAP:</b>	
	A Preterm labor.	F		A I.V Penicillin G 3 gm then 1.5gm/4 hours is the best choice.	T
	B Chorioamnionitis.	T		B I.V. Clindamycin is used for women allergic to penicillin.	T
	C Puerperal sepsis.	T		C Oral erythromycin 500 mg/6 hours is another alternative.	F
	D Fetal and neonatal sepsis.	T		D It should be started with AROM during induction of labor.	T
<b>4</b>	<b>As regards the strategies of intrapartum antibiotic prophylaxis against GBS:</b>		<b>8</b>	<b>The internationally recommended antibiotic regimens for intrapartum prophylaxis against GBS include:</b>	
	A The most effective policy is risk based selective prophylaxis.	F		A Penicillin G 3gm I.V initially, then 1.5gm I.V./ 4 hours.	T
	B Bacteriological screening is less effective than the risk based policy in preventing neonatal GBS infection.	F		B Ampicillin 1 gm I.V./ 6 hours together with Gentamycin I.M.80mg/ 6 hours.	F
				C Clindamycin I.V. 900mg/8 hours.	T