Algorithm for the management of newborns at risk for neonatal sepsis

Is the baby unwell? — Yes →

Adequate Intrapartum Antibiotic Prophylaxis (IAP):

Penicillin, Ampicillin, or Cefazolin with at least 4 hours from first dose, and no missed doses

OR

Clindamycin with at least 4 hours from first dose and documented bacterial sensitivity

OR

Vancomycin with at least 4 hours from first dose

Is the baby unwell? — No ↓

Is the mother colonized with GBS?
- Known negative
- GBS unknown
- Known positive

Is the mother colonized with GBS? (Known negative) → No → Routine neonatal care

Are there perinatal risk factors for sepsis? (GBS unknown) → No → (Known negative branch)

Are there perinatal risk factors for sepsis? — Yes ↓ (and Known positive →)

Did the mother receive greater than 4 hours IAP? — Yes → Routine neonatal care

Did the mother receive greater than 4 hours IAP? — No ↓

Check CBC →

Is WBC count less than 5 x 10⁹/L?

$\text{Is WBC count less than } 5 \times 10^9/L?$

Yes ↓ (to Immediate full diagnostic evaluation)

Is WBC count less than 5 x 10⁹/L? — No ↓

Close observation ↓

Baby remains well? — Yes → Routine neonatal care and discharge with relevant parental counselling

Baby remains well? — No →

Immediate full diagnostic evaluation ↓

Findings or progress consistent with sepsis? — No → **Empirical antibiotic therapy for up to and including 36h. Consider consultation**

Findings or progress consistent with sepsis? — Yes ↓

Antibiotic therapy to cover underlying illness for greater than or equal to 5 days. Consider consultation

Routine neonatal care and discharge with relevant parental counselling