

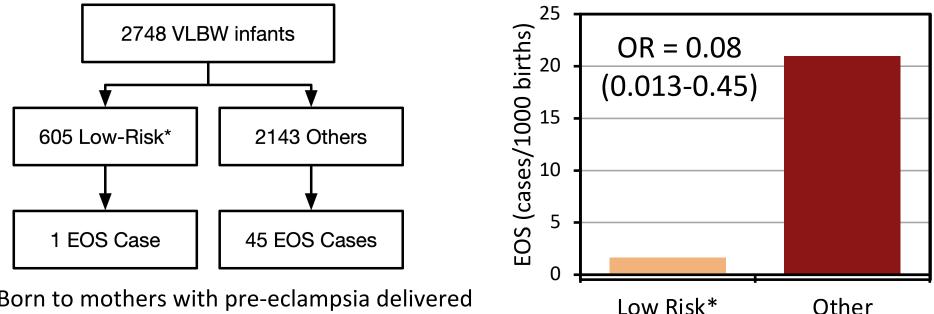
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Antibiotic Stewardship in Preterm Infants

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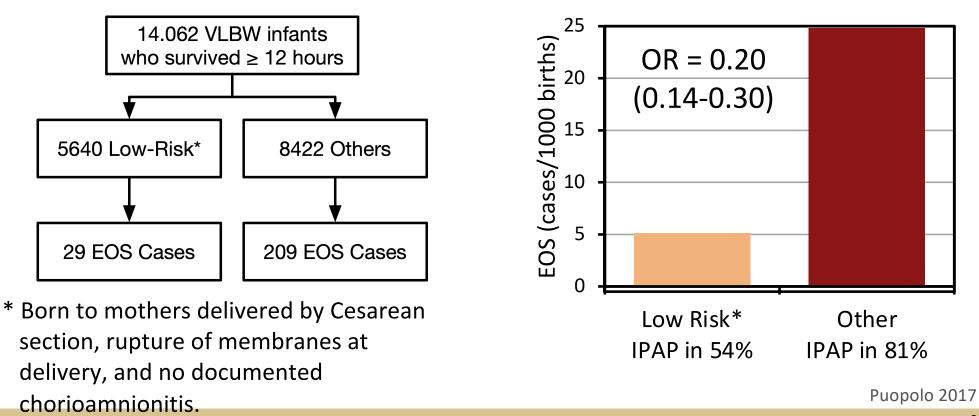
Selection of Preterm Infants at Low Risk for Early Onset Sepsis Brigham and Women's Hospital 1999 - 2012



* Born to mothers with pre-eclampsia delivered by Cesarean section, without preterm rupture of membranes or chorioamnionitis.

Mukhopadhyay 2017

Selection of Preterm Infants at Low Risk for Early Onset Sepsis NICHD Neonatal Research Network 2006 - 2014



Indications for Intrapartum Antibiotic Prophylaxis: Preterms

- Cesarean section surgical prophylaxis
 - Single dose of first generation cephalosporin with 60 minutes before delivery
- Preterm labor with intact membranes if qualified for GBS prophylaxis (GBS bacteriuria, prior affected infant, GBS colonization status unknown or positive in previous pregnancy)
 - Ampicillin every 4 hours until delivery
- Preterm prelabor rupture of membranes before 34 weeks
 - 2 days of intravenous ampicillin and erythromycin followed by a 5 days of oral amoxicillin and erythromycin

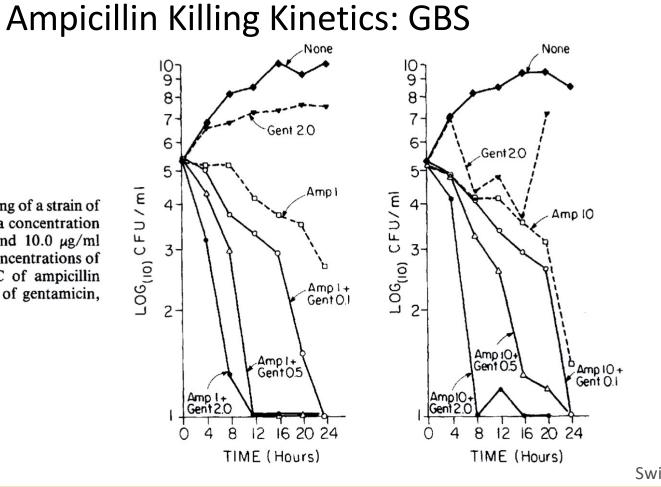
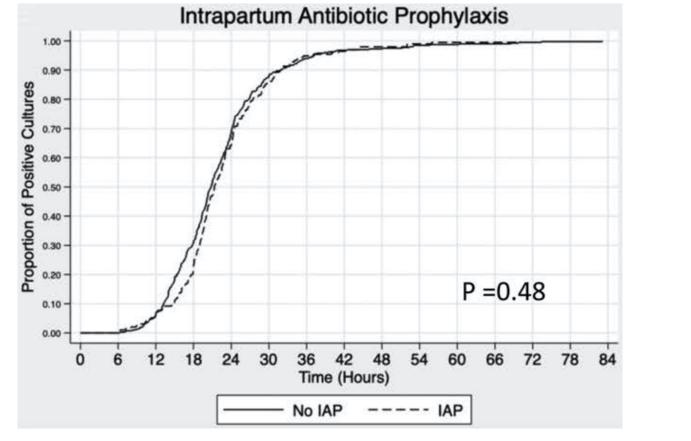


Figure 2. Timed killing of a strain of GBS by ampicillin at a concentration of 1.0 μ g/ml (*left*) and 10.0 μ g/ml (*right*) with various concentrations of gentamicin. The MIC of ampicillin was 0.015 μ g/ml and of gentamicin, 2.5 μ g/ml.

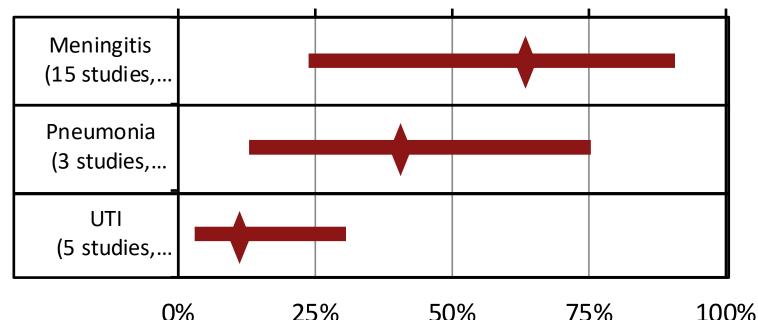
Swingle 1985

Effects of IPAP on Blood Culture Time to Positivity



Kuzniewicz 2018

Serious Bacterial Infection Without Bacteremia



Probability of Positive Blood Culture (95% CI)

Visser 1980; Bell 1989; Isaacs 1989; Franco 1992; Shattuck 1992; Wiswell 1995; Ansong 2009; Aletayeb 2010; Berardi 2010; Lin 2012; Ecker 2013; Tan 2015; Ouchenir 2017; Aronson 2018; Woll 2018; Sherman 1980; Webber 1990; Booth 2009; Maherzi 1978; Visser 1979; Bachur 1995; Magin 2007; Bonadio 2014

Impact of Early Discontinuation of Antibiotics: SCOUT Study

- Empirical antibiotics discontinued with negative cultures at 48 hrs in 95% (850) of 895 intervention subjects
- Antibiotics were reinitiated within 14 days in only 3 subjects, all of whom received only 48 hours of treatment and had negative repeat cultures

| | Baseline (n=1607) | Intervention (n=895) | p value |
|--|-------------------|----------------------|---------|
| Number of infants ≤32 weeks' gestation | 246 | 133 | |
| Late-onset sepsis (95% CI) | 11·4% (7·4–15·4) | 7·5% (3–12) | 0.23 |
| ≥Stage 2 necrotising enterocolitis (95% CI) | 3.7% (1.3–6) | 5·3% (1·5–9·1) | 0.43 |
| Mortality (95% CI) | 6.1% (3.1–9.1) | 6.8% (2.5–11.1) | 0.69 |
| Composite late-onset sepsis, necrotising enterocolitis, or mortality | 17.1% (12.4–21.8) | 15·8% (9·7–21·9) | 0.75 |
| Table 2: Outcome data for study infants during baseline and intervention periods | | | |

Cantey 2016

The Rise of *H. influenzae* in Early Onset Neonatal Sepsis

- Recent surveys indicate the *Haemophilus influenzae* account for up to 7% of cases of culture-positive early onset sepsis in preterm infants
- The isolated strains are non-typeable, <u>not type B</u>, and most are susceptible to ampicillin (although spread of resistant strains is being reported, especially outside the US and Europe)

Van Eldere 2014, Bizzaro 2015, Collins 2015, Singh 2019