

Universal group B streptococci screening not cost-effective

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(HealthDay)—For women with a singleton pregnancy planning a repeat

cesarean delivery, universal group B streptococci (GBS) screening is not cost-effective, according to a study published in the January issue of *Obstetrics & Gynecology*.

Catherine M. Albright, M.D., from the University of Washington in Seattle, and colleagues compared the cost-effectiveness of GBS screening for women planning a repeat cesarean delivery. With [universal screening](#), [prophylactic antibiotics](#) were given to all GBS-positive women who labored before a scheduled cesarean delivery. With no screening, antibiotic receipt was based on risk-based criteria for women who presented in labor.

The researchers found that universal GBS screening was not cost-effective in women planning a repeat cesarean delivery compared with no screening, with a cost of \$114,445 per neonatal quality-adjusted life-year gained. To prevent an adverse outcome from GBS, the cost exceeded \$400,000. Universal screening became cost-effective if more than 28 percent of women were GBS-positive, more than 29 percent labored before their scheduled delivery, or more than 10 percent delivered vaginally.

"Universal GBS screening in women with a singleton pregnancy planning a repeat cesarean delivery may not be cost-effective in all populations," the authors write. "However, in populations with a high GBS prevalence, women at high risk of laboring before their scheduled cesarean delivery, or [women](#) who may ultimately opt for a vaginal delivery, GBS screening may be cost-effective."

More information: [Full Text \(subscription or payment may be required\)](#)

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