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# **Pregnancy and antibiotics**

For UTI, use nitrofurantoin prescribe as 50 mg QID for 7 days.¹ However, avoid in patients who are ≥ 36 weeks gestation (risk of neonatal hemolysis) or those with creatinine clearance < 60 mL/min.¹ Alternatives are trimethoprim (after the first 3 months) and amoxicillin (both only if directed by culture results) or cefalexin; 500 mg BD for 7 days.¹

Asymptomatic bacteriuria (growth of greater than 105 cfu/mL) or Group B strep on urine culture can be treated with amoxil or cefalexin and then give penicillin prophylactically at time of delivery.<sup>2</sup>

For bacterial vaginosis: metronidazole can be used but not ornidazole.1

For pertussis, azithromycin is the preferred macrolide.<sup>1</sup>

Antibiotics to avoid include amoxycillin with clavulanate, quinolones (norfloxacin and ciprofloxacin), tetracyclines (including doxycycline) trimethoprim in first trimester and co-trimoxazole.<sup>1</sup>

#### References:

- 1. NZ Formulary View here
- 2. Prevention of Early-onset Neonatal Group B Streptococcal Disease. Greentop Guideline No. 36. BJOG (2017). <u>View here</u>

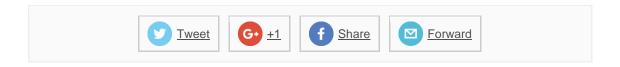
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