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## **Pregnancy and antibiotics**

For UTI, use nitrofurantoin prescribe as 50 mg QID for 7 days.<sup>1</sup> However, avoid in patients who are  $\geq 36$  weeks gestation (risk of neonatal hemolysis) or those with creatinine clearance  $< 60$  mL/min.<sup>1</sup> 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.<sup>1</sup>

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.<sup>1</sup>

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

Antibiotics to avoid include amoxicillin 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. Green-top Guideline No. 36. BJOG (2017). [View here](#)

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