Evaluation and Management of Women and Newborns With a Maternal Diagnosis of Chorioamnionitis: Summary of a Workshop

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*For a list of names and affiliations of the workshop participants, see the Appendix online at http://links.lww.com/AOG/A755.

1. Describe the criteria currently used to diagnose chorioamnionitis at your center. How is the newborn managed following a diagnosis of chorioamnionitis? Do you believe your institutional protocols result in overtreatment of the newborn?

2. Outline the purpose and goals of the workshop and describe the approaches used to identify recommendations. Discuss any other important information you would like to know about the conduct of the workshop, if any.

3. List the key workshop recommendations regarding chorioamnionitis and discuss their level of evidence using U.S. Preventive Services Task Force levels or any other specified scale of your choice. If applicable, identify any specific recommendation(s) that you disagree with and discuss why.

4. The authors cite one study (see Pediatrics 2011;127:817–26) suggesting that the incidence of early-onset neonatal group B streptococci (GBS) sepsis dropped significantly with no concomitant increase in *Escherichia coli* sepsis following publication of GBS management guidelines. Conduct a brief literature review and discuss your own findings to address the question: Is GBS prophylaxis associated with an increase in *E coli* sepsis?

5. The authors state the following: "In a retrospective study, Shakib et al[16] demonstrated that the use of the sepsis calculator in a population of well-appearing infants (34 weeks of gestation or greater) with a clinical diagnosis of chorioamnionitis would have reduced the proportion of neonates having laboratory tests and antimicrobial agents to 12% of the total and would not have missed any cases of culture-positive early-onset sepsis.[16]" Define each of the predictive parameters sensitivity, specificity, positive predictive value, negative predictive value, and likelihood ratio, and identify which can be computed using the above information.

6. The authors also stated: "The panel also recommended that the diagnosis of fever be standardized as follows: maternal temperature 39.0°C or greater or 102.2°F on one reading constitutes a fever. If the temperature is 38.0°C or greater or 100.4°F but less than 39.0°C or 102.2°F, the temperature should be retaken in 30 minutes for confirmation. A repeat temperature 38.0°C or greater or 100.4°F constitutes a documented fever.[19,20] For the diagnosis of fever, temperature should be measured orally.[21]" Compare and contrast how fever is currently defined at your institution or practice with the proposed definition of fever. Discuss the potential advantages and disadvantages of the proposed definition.

7. Review the features of Suspected Triple I and Confirmed Triple I presented in Table 1 of the article. Discuss the similarities and differences with your current diagnostic criteria for chorioamnionitis.

8. Testing of amniotic fluid is proposed to confirm Triple I. Discuss the strengths and potential limitations of this approach.