



Reproductive Care Program
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To: Perinatal care colleagues across Nova Scotia

From: LEEANNE LAUZON
Reproductive Care Program

Date: May 25, 2020

Subject: *Potential Drug Shortage: Penicillin G IV*

RCP has been notified by colleagues at the IWK that there may be a potential impending shortage of Penicillin G IV. As you know, Penicillin G is used first line in labouring women for newborn GBS prophylaxis. The SOGC suggests to use Ampicillin* for GBS prophylaxis if penicillin is unavailable (except if patient has a penicillin allergy). See: [https://www.jogc.com/article/S1701-2163\(18\)30495-X/pdf](https://www.jogc.com/article/S1701-2163(18)30495-X/pdf).

*Ampicillin 2 g IV once then 1 g IV q4h until delivery

Guidance given in RCP's Antibiotic Guideline for GBS and PPROM (<http://rcp.nshealth.ca/clinical-practice-guidelines/antibiotic-guideline-gbs-pprom>) does not identify Ampicillin as an alternative to Penicillin G, but only risk of anaphylaxis (and not lack of drug availability) was considered in the development of this guideline. Penicillin G is considered the optimal choice for GBS prophylaxis because of its "narrow spectrum of action, which diminishes the risk of selective pressure on other organisms" (JOGC). Ampicillin, while equally effective, has a broader spectrum of action and increases the risk of ampicillin resistance and so in the interest of Antimicrobial Stewardship, Penicillin G is the optimal choice.

Nonetheless, in the event that Penicillin G is not available for GBS prophylaxis, use Ampicillin 2 g IV once then 1 g IV q4h until delivery. In all other circumstances (including resolution of the potential Penicillin G shortage), please follow the guidance provided in RCP's Antibiotic Guideline for GBS and PPROM.