

## **Did 2020 ACOG guidance on management of penicillin allergy in pregnancy influence practice patterns?**

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### *ABSTRACT*

Group B Streptococcus (GBS) is a major cause of neonatal infection, with potentially severe consequences for newborns. In 2020, the American College of Obstetricians and Gynecologists (ACOG) updated guidelines for GBS prevention, emphasizing the importance of penicillin allergy testing during pregnancy to improve antibiotic selection and limit the use of broad-spectrum alternatives. Specifically, the guidelines recommend allergy testing to verify reported penicillin allergies, reserving clindamycin and vancomycin for patients at high risk for severe allergic reactions. This retrospective study at an academic hospital examined GBS-positive pregnant patients with reported penicillin allergies who delivered between 2018 and 2022, comparing rates of referral for penicillin allergy evaluation and use of clindamycin and vancomycin before and after the ACOG guidance update. Among the 168 patients included, the proportion of allergy referrals did not increase (0% of patients referred pre-2020 vs. 1.2% of patients referred post-2020,  $p=0.322$ ), nor was there a significant change in the proportion of patients receiving clindamycin or vancomycin (65.1% pre-2020 vs. 65.9% post-2020,  $p=0.563$ ). Despite these guidelines, referrals for allergy evaluation remain low, and use of alternative antibiotics has not decreased, potentially limiting the effectiveness of GBS prophylaxis. Further research is needed to explore barriers to allergy referral and develop strategies to facilitate appropriate antibiotic selection for GBS prophylaxis in patients reporting penicillin allergies.