

LOYOLA PERINATAL NETWORK NURSING e-JOURNAL CLUB
Obstetric Evidence-Based (EBP) Practice Research Article Critique Summary
Q1 Jan-March 2026

Citations:

Harris, K., Proctor, L., Shiri Shinar, Philippopoulos, E., Yudin, M. H., & Murphy, K. (2023). Outcomes and management of pregnancy and puerperal group A streptococcal infections: A systematic review. *Acta Obstetricia et Gynecologica Scandinavica*, 102(2), 138–157. <https://doi.org/10.1111/aogs.14500>

Critique summary created by: Stephanie Loiacono MS BSN RNC-OB

What was the clinical problem discussed in the Evidence Based Practice (EBP) article/study?

Group A streptococcus (*Streptococcus pyogenes*) is one of the most lethal bacterial pathogens of humans, with increased risk of progression to septic shock and multiorgan failure in the pregnant population.

What was the purpose of this EBP article/study?

The objective of this study was to systematically review the outcomes and management strategies for pregnancy and puerperal group A streptococcus infections in an effort to provide further guidance for prevention and treatment of a rare but lethal infection worldwide.

What were the main findings?

A total of 1160 patients with pregnancy and puerperal group A streptococcus infection were identified. Most infections occurred postpartum (91.9%), with 4.7% reported antepartum and 0.6% intrapartum. Bacteremia was present in 49.0% of patients and endometritis in 45.9%. Puerperal sepsis was described in 28.2% of cases and progressed to streptococcal toxic shock syndrome in one-third of such cases. Overall, the case fatality ratio was 2.0%, with one-third of the deaths from antenatal cases including 3/22 (13.6%) cases of septic abortion and 10/46 (21.7%) antenatal cases of group A streptococcus infection.

What interventions were implemented or examined in this EBP article/study?

The intervention was obtaining the data and interpreting it for clinical guideline recommendations. GAS infection remains an important contributor to pregnancy and puerperal morbidity and mortality despite advances in infection control protocols. There continues to be a paucity of data to guide management strategies; however, early recognition and diagnosis, aggressive management with fluid resuscitation and antibiotic therapy, and consideration of source control are expected to be important for favorable outcomes given the serious risk of sepsis.