

Laboratory Bulletin

Important News from DCL Medical Laboratories



May 20, 2009

DCL to report *S. aureus* and MRSA on Genital Cultures by request only

Beginning immediately, DCL will no longer automatically report *Staphylococcus aureus* and methicillin-resistant *Staphylococcus aureus* (MRSA) when they are found on a genital culture. Physicians may, however, request that DCL report findings of these organisms, for example when toxic shock is suspected. Please clearly indicate on the requisition that the lab should “Rule out *S. aureus* or MRSA.”

DCL has chosen to make this change, because there are currently no recommendations to routinely screen pregnant women for *S. aureus* or MRSA colonization or to attempt decolonization in pregnant women with a history of MRSA infection. *S. aureus* can be transmitted from the maternal genital tract to the fetus or newborn during pregnancy, labor, or delivery, but this type of transmission leading to serious infection or other adverse outcomes appears to be rare. Vaginal delivery and breastfeeding are not contraindicated in a woman with MRSA colonization or infection.

If you have any questions regarding genital cultures, please contact DCL Client Services at (317) 874-1334 or toll free at (866) 874-1334.

References

- Andrews, W., Schenlonka, R. and Cliver, S. et. Al. (2006 Dec). Genital tract colonization with methicillin-resistant staphylococcus aureus (MRSA) is not associated with a high risk for early-onset invasive neonatal infection. *American Journal of Obstetrics and Gynecology* 195: 6, Supplement 1. S40.
- Clinical Microbiology Guidelines for Performance of Genital Cultures* 1. 2 ed.
- Linnemann, Jr. C., Staneck, Ph.D., J., Hornstien, M.D., S. et. al.) (1982 June 1). *The Epidemiology of Genital Colonization with Staphylococcus aureus* 96:1. 940-944.
- Sowkowski, RN, MS, L. (2006, Nov 1). *Questions About MRSA and Answers From the Experts*.