

## Group B Streptococcus

Group B Strep (GBS) is a bacteria that normally exist in the intestine, vagina or rectum. Many people carry GBS and do not know it. It is not sexually transmitted. A pregnant woman can transmit the bacteria to her baby during delivery. Newborns who are exposed to the bacteria may get sick from exposure to GBS. We do not know why some babies get sick and others do not.

## How is GBS diagnosed?

All pregnant women are tested during their third trimester – usually between 35 and 37 weeks. This is done using a Q-tip like swab of your vagina and rectum. It takes a few days for us to get the results back from the lab.

Some women will get a GBS bladder infection during pregnancy. This is another indication to treat you for GBS during labour.

## What happens if I am GBS positive?

If you test positive for GBS during pregnancy you will receive IV antibiotics during labour. We do not treat you before this as some women may have a recurrence of the infection before delivery.

We standardly use penicillin. If you are allergic to penicillin, we will use a different antibiotic – please let us know if you have an allergy when we do your swab. Ideally you will receive two doses of penicillin 4 hours apart before delivery. Some babies arrive too fast for us to treat you properly – that's ok! Babies who are born from GBS positive moms are recommended to stay in hospital with their moms for 48 hours.

If you have GBS during childbirth and it is **not** treated, there is a 1% to 2% chance that your baby will get the infection. Most of the infections show symptoms in the first 24 hours of life.

When proper antibiotics are provided, the newborn GBS illness decreases from 2% to 0.35%.

## What are the symptoms in babies?

Symptoms include high or low body temperature, low energy, difficulty breathing and poor feeding. Newborns infected with GBS may get a blood infection (sepsis) or a lung infection (pneumonia). Rarely a brain/spinal fluid infection (meningitis) can also occur.

Newborns who are infected with GBS need medical care right away. Although infections are rare we keep a close eye on baby during the first 24-48 hours. Late onset infections (1 week to 3 months) are possible but very rare (0.4%). Remember, most babies born to GBS positive moms DO NOT get sick.

## What can I expect if my baby does get sick?

If you develop an infection of the uterus during labour (usually presents with fever) it may be necessary to test and treat your newborn for the possible infection. We often will start treatment while we wait for the test results to come back. This usually involves a transfer to the nursery and starting IV antibiotics.

## What if my water breaks before labour?

If you are a positive GBS carrier, it is important for you to arrive in Labour and Delivery when you are in early labour or if your water breaks so that there is enough time to treat you with antibiotics in labour.

If your water breaks before labour we will start IV antibiotics right away. It is also recommended to induce labour once your water is broken in order to reduce the length of time that baby is exposed to the bacteria before delivery.

### Reference:

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2. Group B Streptococcal Infection in Newborns, HealthLink BC. March 28, 2018.  
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3. March of Dimes Website: Pregnancy Complications – Group B Strep Infection  
[http://www.marchofdimes.com/pregnancy/complications\\_groupb.html](http://www.marchofdimes.com/pregnancy/complications_groupb.html)
4. Management of term infants at increased risk for early onset bacterial sepsis. June 15, 2017.  
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