



Group B Streptococcus (GBS)

WHAT IS GROUP B STREPTOCOCCUS?

Group B Strep (GBS) is a bacteria that normally exists in the intestine and/or vagina. Many people carry this bacteria but do not know as it causes no symptoms. 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 WILL I KNOW IF I HAVE GBS?

All pregnant women are tested for this bacteria during their third trimester.

At one of your routine prenatal appointments, usually between 36 and 37 weeks, a PIPC doctor will use a Q-tip like swab and sweep it gently along the skin slightly inside the vagina and then the rectum.

Results of the swab are available within 48 hours, and we will review the results with you at your next routine appointment.

Some women will have a bladder infection in pregnancy that is caused by GBS bacteria. If this is the case, no swab is necessary and we will plan to treat you for GBS once your water has broken or once you are in active labour.

WHAT DOES IT MEAN IF I HAVE GBS?

If you test positive for GBS during pregnancy you will receive IV antibiotics once your water has broken or once you are in active labour. We do not treat you before this as the bacteria only needs to be treated in preparation for the baby's delivery.

The standard antibiotic for GBS bacteria is penicillin. If you are allergic to penicillin, there are other antibiotics that can be used. Please remind us of your penicillin allergy at the time we are doing your swab.

Ideally you will receive two doses of penicillin by IV 4 hours apart before delivery. Some babies arrive too fast for us to be able to give you both doses – that's ok!

If you have GBS and do not receive antibiotic treatment before your delivery, there is a 1% to 2% chance that your baby will have an infection caused by this bacteria. When proper antibiotics are provided, the newborn GBS illness decreases from 2% to 0.35%.

Because most GBS infections will show symptoms in the first 24 hours of life, babies born to GBS positive mothers usually stay in hospital (with their moms) for 48 hours after they are born for monitoring.

WHAT CAN I EXPECT IF MY BABY DOES GET SICK?

If a GBS infection develops in the uterus during labour, it may be necessary to test to see if your newborn is developing an infection as well, and we will often start treatment while we wait for the results. Babies being treated for a confirmed or possible GBS infection will be transferred to the Special Care Nursery for IV antibiotics.

Common symptoms can include

- high or low body temperature
- low energy
- difficulty breathing and poor feeding.

Newborns infected with GBS can develop a blood infection (sepsis) or a lung infection (pneumonia). Rarely a brain/spinal fluid infection (meningitis) can also occur.

Newborns with a GBS infection need medical care right away, and although infections are rare it is safest to stay in hospital so we can keep a close eye on baby during the first 24-48 hours of life. 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.

WHEN SHOULD I GO TO THE HOSPITAL IF I AM GBS POSITIVE?

If you are a GBS carrier, you will be asked to go to Labour & Delivery as soon as you have regular contractions or as soon as your water breaks so you can receive your first dose of antibiotics. It's important to give the first dose of antibiotics early in labour to increase the chance that we will have time to give you at least 2 doses of antibiotics (4 hours apart) prior to delivery.

If your water breaks and you are not having contractions, we will still start IV antibiotics right away. Your doctor may discuss inducing (starting) labour once your water is broken in order to reduce the length of time that baby is exposed to the bacteria before delivery.

References:

1. Prevention of Perinatal Group B Streptococcal Disease: Revised Guidelines from CDC, 2010.
2. Group B Streptococcal Infection in Newborns, HealthLink BC. March 28, 2018.
<https://www.healthlinkbc.ca/health-topics/zp3014spec>
3. March of Dimes Website: Pregnancy Complications – Group B Strep Infection
http://www.marchofdimes.com/pregnancy/complications_groupb.html
4. Management of term infants at increased risk for early onset bacterial sepsis. June 15, 2017.
<https://www.cps.ca/en/documents/position/management-infant-sepsis>