



Group B Streptococcus (GBS)

Some information for you to take home

What is Group B Strep?

Group B strep (GBS) is a type of bacteria that is often found in the vagina, rectum and urinary bladder of healthy women. Approximately 15-40% of all pregnant women carry these bacteria. Being a carrier for these bacteria does not mean you have an infection. It only means that you have group B strep bacteria in your body. A woman who has the bacteria in her body usually does not feel sick or have any symptoms. However, she is at higher risk for passing group B strep to her baby during birth which can cause serious illness in newborns. GBS is a leading cause of life-threatening infections in newborns, including pneumonia (lung infection), sepsis (blood infection), meningitis (infection of the lining of the brain and spinal cord), and other problems. Group B strep infections in newborns can be prevented.

Screening (testing) for GBS

Each time you are pregnant, you need to be tested for GBS. It doesn't matter if you did or did not have this type of bacteria before; each pregnancy is different. When you are between 35 and 37 weeks in your pregnancy, your doctor will perform a test for GBS. This simple and painless test is done by inserting a special Q-tip into a woman's vagina and rectum. The Q-tip is then placed in a special solution to see if the bacteria grow. This is called doing a Culture. If bacteria grow, the woman is said to be colonized (positive). If no bacteria grow, the test is negative.

Treatment for the mother

Expectant mothers who tested positive for GBS bacteria will be treated with antibiotics when they go into labour or if their membranes rupture (water breaks) early. If a mother is not tested but is thought to be at high risk (Table 1) for passing the bacteria on to her baby during the birth process, she will also be treated with antibiotics to kill the bacteria during her labour and birth.

If your doctor has determined that you require antibiotic treatment for GBS during your labour, your nurse or midwife will administer antibiotics through an intravenous (IV) throughout the length of your labour.

Table 1

Risk Factors for GBS Infection
1. Start labour before they reach 37 weeks gestation (with or without ruptured membranes).
2. Reach full term but their membranes rupture (water breaks) and it seems as though the labour will last more than 18 hours.
3. If they have an unexplained, mild fever during labour.
4. If they have already had a baby who had a GBS infection.
5. If they have (or had) a bladder or kidney infection which was caused by the GBS bacteria.

Treatment for baby

All newborn infants are watched closely for symptoms of an infection, particularly when the mother was GBS positive at some point in her pregnancy, and no matter whether she was treated with antibiotics or not. While it is true that the chances are small that an expectant mother who was treated with antibiotics during pregnancy will pass the bacteria on to her baby – it can happen. Babies who show signs of a GBS infection after birth will also be treated with antibiotics.

Sign of GBS Sepsis in Newborns

1. Unstable body temperature (high or low).
2. Difficulties breathing or breathing too quickly.
3. Irregular or abnormal heart rate (may be fast or slow).
4. Poor feeding
5. Poor skin colour (may have a blue or pale appearance with cold skin).
6. Lethargy (overly sleeping, difficult to wake up or stay awake, not interested in eating)

You are encouraged to speak with your doctor/midwife and nurse about any concerns that arise during your pregnancy and delivery. We look forward to caring for you and your family in the near future.

Questions:

Maternal, Infant, Child Program

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