Group B Streptococcus in pregnancy

Introduction
This leaflet tells you about Group B Streptococcus, how the bacteria can affect your pregnancy, and what treatment you will be offered. Group B Streptococcus is also known as GBS and Group B Strep.

What is Group B Streptococcus (GBS)?
GBS is a common bacterium found in the vagina and bowel of about 1 in 4 women. Carrying GBS is normal and it can come and go. Being a carrier is not harmful to you and no treatment is required until you go into labour.

How is GBS detected?
Most women do not know if they are a carrier of GBS as there are no symptoms. GBS is detected during pregnancy if a vaginal swab needs to be taken during investigations for other conditions. GBS may also be detected in a urine sample that is processed at the lab. If GBS is detected in a urine sample then it will require treatment with antibiotics when it is diagnosed. GBS detected vaginally does not require treatment until labour.

What could GBS mean for my baby?
Babies may come into contact with GBS during labour or birth and most will not come to any harm. GBS can be passed from you to your baby around the time of birth and there is then a small chance that your baby will develop an infection and become seriously ill (early-onset neonatal Group B Streptococcal disease).

Of 500 pregnant women carrying GBS only 1 baby will go on to develop infection. One in every 2000 newborn babies is diagnosed with GBS infection, but with prompt treatment, most recover fully, sadly GBS proves fatal for 10% of babies infected.
How to reduce the risk to my baby?

- If you have had a swab that has shown GBS in this pregnancy, you will be offered antibiotics once you are in labour.

- A urine infection caused by GBS will be treated as soon as it is detected. You will also be offered antibiotics once you are in labour.

- If you have previously had a baby who was diagnosed with GBS infection, you will be offered antibiotics in labour.

- If you carry GBS, are more than 37 weeks pregnant and your waters break before you go into labour, you will usually be advised to have your labour induced and offered antibiotics. This is to reduce the time your baby is exposed to GBS before birth.

- If your doctors or midwives think you may have an infection during your labour but they are not sure of the cause, you will be offered antibiotics that will treat a wide range of infections including GBS.

The antibiotic usually offered to treat GBS is penicillin. If you are allergic to penicillin, you will be offered an alternative antibiotic such as clindamycin. It is best to start antibiotics as soon as possible after your labour begins.

These will be given into a vein (intravenously) and further doses will be given until you have given birth. If you need intravenous antibiotics it will not be possible to give birth at home or in a Birth Unit. This may be a factor in deciding where to have your baby.

Signs of GBS in your baby

Most babies who are infected with GBS show symptoms within 12 hours of birth. If your baby is at increased risk of GBS infection, he or she will be monitored for signs of infection. This will include assessing your baby’s general wellbeing, feeding, temperature, heart rate and breathing rate.

Symptoms of GBS infection may include:

- High or low temperature
- Fast or slow heart rates
- Fast or slow breathing rates
- Being floppy and unresponsive
- Not feeding well
- Grunting
- Irritability
Other Questions

Why not screen all women?
• There is no clear evidence that testing all women for GBS would do more good than harm, and routine GBS screening is not recommended in the United Kingdom. A negative test does not guarantee that you will not carry GBS when you do go into labour.

Why are antibiotics not given when you find you carry GBS?
• Treating GBS before you go into labour will not reduce the chance of passing it to your baby. This is because GBS may return after an antibiotic course. It is best to wait until you go into labour.

Use of antibiotics if your waters break before 37 weeks
• All women, whether or not they have GBS, will be offered antibiotics if their waters break before 37 weeks. If you carry GBS you will also be offered antibiotics in labour.

Use of antibiotics at Caesarean Section
• All women having a caesarean section will be given antibiotics at the time of the operation to reduce risk of infection, but not specifically for GBS. You will only need antibiotics for GBS if you go into labour and your waters break before the operation.

Is it safe to breast feed?
• Breastfeeding is safe. It does not increase the risk of GBS infection and will protect your baby against other infections.

Further Information
Your doctor and midwife will be able to answer further questions.

UK National Screening Committee
Website: www.screening.nhs.uk/groupbstreptococcus

NHS Choices
Website: www.nhs.uk/chq/pages/2037.aspx