



Group B Strep in Pregnancy - What you need to know

What is Group B Strep?

- Group B Strep, (GBS) or Group B Streptococcus is a bacteria that lives in the digestive system and vagina of many women
- It is not a sexually transmitted disease - you did not get it from someone
- GBS is not harmful to you and does not cause problems if you are not pregnant
- If you are pregnant and have GBS it does not hurt your baby during pregnancy, but it can affect your baby during delivery if it is not treated

What are side effects of GBS on the newborn?

- Newborn infants who are infected with GBS can develop:
- pneumonia (lung infection)
- septicemia (blood infection)
- meningitis (infection of the lining of the brain and spinal cord)

How do I know if I have GBS?

Most doctors and midwives recommend a urine test (culture) early in your pregnancy to check for the possibility of a bladder infection. If your urine culture shows GBS or other bacteria, you may be treated with an antibiotic to prevent kidney infection. This treatment does not hurt your baby. When you go to labour you will be treated with antibiotics to help prevent GBS infection in your baby. Your doctor or midwife may also recommend that you have a GBS test (culture) at 35 to 37 weeks of pregnancy. The culture is done by swabbing the vagina and rectum.

What happens if I have a GBS infection?

Before labour:

GBS infection is not treated until until labour begins because:

- The bacteria may change easily during a course of antibiotics and become resistant to antibiotics
- The GBS will often re-grow after the course of antibiotics. If the baby were to get this resistant GBS we may have difficulty treating the baby with the usual safe antibiotics

When labour starts:

If your GBS culture is positive, you will be given IV antibiotics every 4 hours during labour until you give birth. This reduces the chance of the baby getting a GBS Infection. About 85% of GBS infections can be prevented with antibiotics during labour.

After delivery:

When the baby is born, the Pediatric team will monitor the baby for signs of GBS infection and may test the baby.

What are the risks of getting antibiotics?

Antibiotics sometimes cause minor problems such as a yeast infection or skin rash. We use penicillin as the first line of drugs to treat GBS. If you are allergic to penicillin other drugs can be used instead.

Please let the nursing staff and your doctor know if you are allergic to any medications, including penicillin.**Can my baby get GBS if my GBS test is negative?**

YES, Sometimes the test is not completely accurate or sometimes you can develop GBS after the test was done.

There are types of infection that can happen when you are home from the hospital, such as baby developing GBS after birth. These are:

- **Early onset GBS** - this is when your baby is infected from birth up to 6 days after the birth. This type of GBS is prevented by giving you proper antibiotics during labour in the hospital.
- **Late onset GBS** - This can occur from 7 days to about the 4th or 5th week after birth.
- **Late, late-onset GBS** - also called very-late-onset GBS, or GBS beyond early infancy, occurs in infants older than three months. Late, late-onset GBS infections are most common in infants who are born before 28 weeks' gestation or in children who cannot fight infection well.

How do I know if my baby has GBS?

The baby may:

- not eat well
- be more irritable
- breathe faster than usual
- have a fever
- in severe cases, have blue mottled skin
- have difficulty waking up
- **If any of these signs occur call your doctor or go to the Emergency Department immediately.**

How can I reduce risks of infection to my baby?

Wash your hands with soap and water before touching or breastfeeding your baby. Be sure that all pacifiers, baby bottles, or toys that fall on the floor are washed before being put in the baby's mouth- do not clean these with your own saliva.