



GROUP B STREP (GBS)

WOMEN'S HEALTH UNIT • PALMERSTON NORTH HOSPITAL
MIDCENTRAL HEALTH

WHAT IS GROUP B STREP?

Group B Streptococcus (GBS) is a common bacteria found in the intestine, rectum and vagina of approximately 20% of pregnant women. GBS does not cause any symptoms in healthy people.

- GBS is not a sexually transmitted infection.
- GBS is not the same bacteria as other forms of streptococci bacteria, such as those that cause 'strep throat'.

WHY CAN GBS BE A PROBLEM FOR PREGNANT WOMEN?

Occasionally, GBS may cause a bladder infection which will need to be treated with antibiotics at the time of diagnosis.

The main concern is that GBS is a common cause of bacterial infection in newborn babies. Even if you have GBS, your baby may not necessarily be infected. Many babies are exposed to GBS without becoming unwell. Approximately 1 in 100 newborn babies of women who are GBS positive may develop a GBS infection.

HOW DOES GROUP B STREP INFECTION AFFECT YOUR BABY?

Newborn babies do not have well developed immune systems and can develop severe infections from GBS. Occasionally, your baby may become severely and suddenly unwell, for example with pneumonia or a blood infection. This may occur while in labour, but most likely occurs in the 24 hours following birth.

If you are diagnosed with a GBS infection, your baby can remain with you and will have its temperature and breathing rate checked every four hours for the first 24 hours after birth.

WHAT ARE THE RISK FACTORS FOR GBS?

- If you have had a previous baby born with GBS infection.
- A urinary tract infection with GBS in this pregnancy.
- Positive GBS screening at any time in your current pregnancy.
- If you go into labour earlier than 37 weeks gestation.
- If your membranes break earlier than 37 weeks gestation.
- If your membranes break more than 18 hours before labour begins.
- Signs of infection during labour, eg temperature over 37.8.

HOW CAN INFECTION FROM GROUP B STREP BE PREVENTED?

There are things that can be done to reduce the risk of GBS infections for both you and your baby. Screening tests to detect GBS will be discussed with you by your Lead Maternity Carer (LMC). Some LMC's utilise a risk based screening assessment using the risks discussed above. Other LMC's use a swab test to check for the GBS bacteria. Research has shown that neither type of screening is more beneficial than the other.

In early pregnancy, a urine sample will be taken to see if you have any of this bacteria in your urine.

Between 35–37 weeks into pregnancy, your LMC may offer you a GBS swab test. This is where a swab similar to a cotton bud (but longer) is taken in one sweep from inside the vaginal entrance, across the skin surface of the perineum and into the anus (back passage). You can do it yourself. The swab is then sent to the lab and the results will be discussed with you by your LMC.

WHAT WILL HAPPEN IF THE SWAB IS GBS POSITIVE?

You will be offered antibiotic cover once labour has started, which is either by the onset of regular contractions or when the 'waters break'. The preferred antibiotic is Penicillin. If you are allergic to Penicillin, we have an alternative antibiotic called Clindamycin.

The antibiotic is given six hourly until baby is born and this is usually via an intravenous cannula (drip) in your arm. Antibiotics are not given before labour starts as GBS will return to the vagina from the intestine once you have stopped taking the course of antibiotics.

If you have GBS in your urine, antibiotics will be prescribed as soon as the urine test result is known. It is important to complete the course of antibiotics. You will also receive antibiotics when you are in labour.

HOW DOES HAVING ANTIBIOTICS IN LABOUR HELP?

Giving antibiotics to the mother in labour helps prevent the GBS bacteria spreading to the baby. Penicillin crosses the placenta and helps to keep the baby from getting the infection. Even if you do have antibiotics in labour, your baby will need to be observed for signs of infection – especially in the first 24 hours.

HOW WILL I KNOW IF MY BABY HAS BEEN AFFECTED BY THE GBS BACTERIA?

Symptoms of GBS infection include:

- Poor feeding
- Sleepiness
- Paleness/floppiness
- Fever/unstable temperature
- Breathing difficulties.

As with all babies, any signs of your baby being unwell must be checked **URGENTLY**.

WHAT IS THE TREATMENT FOR GBS INFECTION?

If your baby develops an infection, your baby will be given intravenous (IV drip) antibiotics to treat the infection. Depending on the baby's symptoms/how unwell baby is, they may be admitted to the Neo Natal Unit for close observation.

If the baby's condition is stable, they can continue to have IV antibiotics whilst being cared for on the Maternity Ward.

Of the babies who get sick, about 1:6 can have serious complications.

FEEDBACK

We encourage feedback and assurance is given that comments will not adversely affect your current or future care.

You can do this:

- through discussion with MidCentral Health staff providing your care
- by completing "Tell us what you think..." pamphlets available from all services
- by contacting our Customer Relations Co-ordinator, PO Box 2056, Palmerston North 4440 or phone (06) 350 8980
- by contacting a Health and Disability Commissioner Advocate, phone 0800 112 233.