



Group B Streptococcus (GBS) Infection

This information is intended to aid patients in understanding Group B Streptococcus (GBS) Infection and how it could potentially affect them and their baby.



Screening for GBS, and having treatment if needed, is a common and routine part of pregnancy.

GBS is a common bacteria, often found in the vagina, rectum, or bladder of women. This is not the same bacteria that causes strep throat. Infections from GBS are not usually serious for a woman and are easily treated with antibiotics. However, when a woman becomes pregnant, this infection may be serious for her baby. There is no sure way to prevent the GBS bacteria from being passed to a newborn at the time of birth and although it is very rare, some babies still die of complications from a GBS infection.

About GBS

When GBS bacteria reach a woman's bladder, kidney, or uterus, they can cause an infection. A woman can have these bacteria in her body and not know it. If a woman has these bacteria in her vagina and rectum without having any symptoms, she is said to be GBS positive. It is estimated that 15-40% of all pregnant women are GBS positive. Between 40-70% of positive mothers pass the bacteria on to their babies during the birthing process. While most babies are not affected by the bacteria, a very small number (1-2%) of these babies will go on to develop a GBS infection. Babies who are infected with GBS may have mild to severe problems which may affect their blood, brain, lungs, and spinal cord. There is not one particular method of testing and treatment that will prevent all GBS infant deaths.

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Testing for GBS

There are two options for testing for GBS. The doctor/midwife may choose to routinely test all the pregnant women in their care between the 35th and 37th week of pregnancy, and treat the mothers who are GBS positive with antibiotics when labour starts. Or your doctor/midwife may choose not to routinely test every woman, but rather to treat only those mothers who are at risk of passing the bacteria to their babies during the birth process. If cultures were not done around the time of the woman's 35th-37th week of pregnancy, or if the test results are not available at the time of delivery, it is very important that women at risk are treated with antibiotics. In addition, particularly if the woman has a history of bladder or kidney infections, a doctor/midwife may also test a woman's urine for the bacteria. If the bacteria are found in the urine but not found in the vagina or rectum the woman is still considered positive and will still be treated with antibiotics when she goes into labour.

Risk Factors for GBS Infections

Women are at high risk to pass GBS on to their babies if they:

- Start labour before they reach 37 weeks (even if your water doesn't break)
- Reach full term, but their water breaks and they will likely have a labour lasting more than 18 hours.
- If they have an unexplained, mild fever during labour.
- If they have already had a baby who had a GBS infection.
- If they have (or had) a bladder or kidney infection which was caused by the GBS bacteria.

How is the Test Done?

The 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 GBS positive. If no bacteria grow, the test is negative.

Treatment for Mother

Pregnant women who tested positive for GBS will be treated with antibiotics when they go into labour or if their water breaks early. If a mother is not tested but at high risk 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. It is not useful to give antibiotics during pregnancy, as the bacteria have time to re-grow before labour begins.

Be sure to tell your doctor/midwife if you think you have had an allergic reaction to antibiotics in the past.

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Two Types of GBS Infection in Newborns

There are two types of GBS infections that can happen to newborn babies. The most common type is called early-onset disease. In this case, the babies are almost always infected during their journey down the birth canal because the bacteria were in their mother's vagina. The symptoms of early-onset infections show up before the baby is seven days old. Some babies show signs of this infection as early as six hours after birth. Early-onset disease can cause infections in the baby's lungs, brain, spinal cord, or blood. This type of GBS infection can be very serious and very hard for a newborn baby to fight off. Receiving antibiotics during labour helps to prevent early-onset disease.

The second type is called late-onset disease. In this case, the babies don't show signs of a GBS infection until after they are more than seven days old. About half of these babies were also infected during their birth. The other half became infected after the birth by being in contact with their GBS positive mother, or another person who is a carrier of GBS. Late-onset infections can also cause serious problems for the newborn. The most common problem is meningitis—an infection of the membranes which surround the brain and spinal cord. Receiving antibiotics during labour does not reduce the risk of late-onset disease.

Babies with early-onset disease are more likely to die than those babies with late-onset disease.

Treatment for Baby

All newborn babies are watched closely for symptoms of an infection, especially when the mother was GBS positive at some point in her pregnancy, and no matter whether she was treated with antibiotics or not. While the chances are small that a pregnant woman who was treated with antibiotics during labour will pass the bacteria on to her baby, it can happen. Babies who show signs of a GBS infection after birth will be treated with antibiotics and transferred to the Special Care Nursery where the experienced nursing staff will care for him/her. A paediatrician will also be involved with the care of a baby with a GBS infection.

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