



London Health Sciences Centre

Patient Information **GROUP B STREP**

What is Group B Strep?

Group B Strep (GBS) is a type of bacteria that is found in 10-30% of women. The bacteria live in the bowel and can be found in the vagina or rectum. A woman can have these bacteria in her body and not know it. Group B Strep can be passed to the baby when it is born and can cause an infection.

Why do I need to get tested for Group B Strep during each pregnancy?

You need to be tested for group B Strep during each pregnancy because the bacteria can come and go in your body. For that reason test results from a previous pregnancy are not used.

The test is best done when the pregnancy is between 35 and 37 weeks. Your vagina and rectum are swabbed by your health care provider (doctor, midwife or nurse), or you may do it yourself. The swab is sent to a lab, where it is tested for Group B Strep bacteria (GBS). The bacteria take a few days to grow, and the results are sent to your doctor. If a woman is found to have these bacteria in her vagina or rectum, she is said to be GBS-positive.

You should know if you are positive for GBS when you come into the hospital to give birth. GBS-positive mothers receive treatment with antibiotics for GBS when they go into labour. Only 1% of women who are GBS positive will give birth to a baby with a GBS infection.

How can Group B Strep infection in babies be prevented?

All women who have a positive test for Group B Strep during the pregnancy should get antibiotics when they go into labour. Giving antibiotics (medicine) through the vein (IV) during labour prevents a Group B Strep infection in approximately 90% of the newborns. Also, any pregnant woman who has had a baby in the past with a Group B Strep infection should get antibiotics during labour. Giving antibiotics before labour starts has not been shown to be of value in preventing infection in babies.

What happens to babies born with a Group B Strep infection?

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 the journey down the birth canal because the bacteria were in their mother's vagina. Early-onset infections can occur between six hours and seven days of age and cause infections in lungs, brain, spinal cord or blood. This is the infection that the antibiotic treatment in labour prevents about 90% of the time.

The second type is called late onset disease and can occur 7 days after birth or later and is not always related to the birth process. Transmission to baby is best avoided if parents ensure that family and friends wash their hands before touching the infant.

What if I'm allergic to some antibiotics?

Women who are allergic to some antibiotics, such as penicillin, can still get other types of antibiotics. If you think you are allergic to penicillin, talk with your health care provider.

What do I need to do during pregnancy or labour if I'm Group B Strep positive?

Talk with your health care provider and create a labour plan that includes getting antibiotics for Group B Strep prevention in your newborn. When your water breaks, or when you go into labour, go to the hospital. When you get to the hospital, remind the staff that you are Group B Strep positive and antibiotics will be started.

Are there things I should watch for in my baby?

If you were treated with antibiotics during your labour it is unlikely your baby will become ill. However, if you did not receive antibiotics during your labour, it is best for you and your baby to stay in the hospital for 24 hours following the birth. This is most often when signs of GBS infection will show up in babies. Your baby's doctor may also want to do a blood test to make sure there are no signs of infection.

When you go home, it will be important to watch your baby for any signs of illness including

- Blue appearance (cyanosis)
- Breathing difficulties such as:
 - ▶ Grunting noises
 - ▶ Flaring of the nostrils
 - ▶ Rapid breathing
 - ▶ Short periods without breathing
- Lethargy (baby very tired)
- Pale appearance (pallor) with cold skin
- Poor feeding
- Unstable body temperature (low or high)

If you think your baby may be ill contact your health care provider immediately or take your baby to the Emergency room.

It is good practice to always ask people to wash their hands prior to handling your baby. This is the best way to avoid the spread of bacteria and reduce their risk of getting an infection.

Canadian Pediatric Society (2011) Management of the infant at risk for Sepsis.

Society of Obstetricians and Gynecologists (2004). Clinical practice guidelines:

The prevention of Early Onset Group B Strep www.sogc.org/pub_ed/groupb/index_e.shtml

Centre for Disease Control and Prevention (CDC) website at www.cdc.gov/groupbstrep