

# Group B Streptococcus

Advice for pregnant women



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## What is Group B Strep?

Group B Streptococcus (GBS) is a common bacterium which occurs normally in your body. It can be found in the vagina, rectum and in your urine. GBS usually causes no harm, however if GBS is passed on from mother to baby around the time of the birth this can occasionally cause serious illness for the newborn baby.

## What could it mean for my baby?

About a quarter of pregnant women in the UK carry GBS in their vagina. Many babies therefore come into contact with GBS during labour or during birth and the vast majority of them are not harmed by this contact with GBS.

However a small number of babies develop a GBS infection and can become ill.

About one out of every 2,000 babies born a year in the UK and Ireland are diagnosed with GBS infection.

## Is there a test for GBS?

GBS can sometimes be detected during pregnancy during the course of testing for other infections. Either by taking a swab sample from your vagina or from a urine sample.

Currently we do not offer routine screening for GBS for pregnant women. This is because the current evidence suggests that it would not be beneficial overall. One of the potential harms of screening for GBS during pregnancy is that a large number of women would need to be offered antibiotics. This would increase the incidence of anaphylaxis (see the section are their any risks with antibiotics?) and increase the likelihood of strains of the bacteria becoming resistant to antibiotics.

Routine screening for all women is not recommended by the National Institute for Clinical Excellence (NICE) or The Royal College of Obstetrician and Gynaecologists (RCOG).

## What can be done to help reduce the risk of GBS?

In some circumstances being given antibiotics during your labour can help to reduce the risk of a baby developing GBS, therefore you may be offered antibiotics if:

- GBS has been found on swabs or in your urine during this current pregnancy
- You have previously had a baby with a GBS infection
- You go into labour prematurely (before 35 weeks gestation)
- You have a high temperature during your labour

Depending on your individual situation your doctor or midwife will discuss the option of antibiotic treatment in labour with you if it is appropriate.

## What does antibiotic treatment involve?

If you need antibiotics during your labour, it is best if you can start them as soon as possible after your labour has started. They will be given through a small plastic tube (venflon) into your vein (intravenously) and further doses will be given throughout your labour as necessary until your baby is born.

## What if I need antibiotics in labour but don't receive them?

If you needed antibiotics in labour but for some reason you were not able to receive them or you delivered very soon after receiving them, it may be necessary for your baby to have close observations for 24 to 48 hours, or to receive antibiotics for up to six days after they are born. Your baby will be reviewed, shortly after birth, by a paediatrician who can decide the best plan of care based on your individual circumstances.

## What treatment is available for my baby?

If your baby shows any signs of a GBS infection, for example having a temperature, being pale or floppy, or not feeding well, their condition will be monitored very closely and they may receive antibiotics until it can be proven by blood tests whether or not they have GBS.

Babies who are well and show no signs of GBS do not routinely receive tests for GBS or antibiotics, they will however be closely observed for 24 hours.

## Are there any risks with antibiotics?

Very rarely some women can have a specific allergy to antibiotics (anaphylaxis) which can cause severe illness and sometimes death. It is estimated that around 1:10,000 people will suffer anaphylaxis and about 1:100,000 people will die from it.

More commonly you can suffer temporary side effects such as nausea, diarrhoea or occasionally a rash. Your doctor or midwife should discuss the benefits and risks of taking antibiotics with you before commencing treatment.

You must inform your doctor or midwife if you have any allergies to any medications.

## What about when we go home?

There are two types of GBS infection:

- Early onset - within 48 hours of birth but usually seen within the first 12 hours after birth
- Late onset - from two days to one month of age. This type is less common

If you have been told that you have GBS, it is important that if your baby becomes unwell you inform a doctor as soon as possible and let them know that you are GBS Positive.

**Signs of being unwell can include:**

- Breathing difficulties. They may make a grunting noise as they breathe out
- Breathing very quickly
- Unusually sleepy
- Irritable and don't like being touched or handled
- Not feeding well
- Feverish
- Vomiting
- Diarrhoea
- Bulging fontanelle (the soft spot on top of the baby's head)
- Jerky body movements
- Stiff or floppy body
- Turning away from bright lights
- Pale or blotchy skin

All Parents need to watch out for signs of GBS infection in their babies.

If you think your baby maybe unwell you should seek advice from a doctor immediately.

## Where can I find out more information about GBS?

You can talk to your midwife or doctor if you want anymore information about Group B Strep.

Alternatively you can contact:

### **Group B Strep Support**

[www.gbss.org.uk](http://www.gbss.org.uk)

Tel: 01444 416176

### **The Royal College of Obstetricians and Gynaecologists**

[www.rcog.org.uk](http://www.rcog.org.uk)

### **National Institute for Clinical Excellence (NICE)**

[www.nice.org.uk](http://www.nice.org.uk)

### **Perinatal Institute**

[www.preg.info](http://www.preg.info)

### **The National Childbirth Trust**

Tel: 0870 7703236

[www.nctpregnancyandbabycare.com](http://www.nctpregnancyandbabycare.com)

## References:

Hughes R G et al (2003) Prevention of early onset neonatal Group B streptococcal disease. Royal College of Obstetricians and Gynaecologists.

Law MR et al (2005) The prevention of neonatal group B streptococcal disease. Journal Medical Screening 12:60-68

NICE (2003) Antenatal Care Routine care for the healthy pregnant woman.

RCOG (2006) Preventing group B streptococcus (GBS) infection in newborn babies: information for you.

**If you would like this leaflet in another format or in a different language, please ask a member of staff.**

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