

Group B Streptococcus (GBS): Preventing infection in your baby

What is Group B Streptococcus (GBS)?

GBS is a type of bacteria that is commonly found in the vagina and rectum. GBS can also be in the bladder. GBS is not sexually transmitted. About 10–30 percent of all pregnant women have GBS.

A woman who has GBS is called a carrier. A GBS carrier has no symptoms, but can pass the bacteria to her baby during birth. GBS carriers don't need antibiotics during pregnancy unless they have GBS bacteria in their urine.

How can a GBS infection affect the baby?

If nothing is done to prevent the infection, there is a slight chance that a baby born to a woman who has GBS will develop a GBS infection. Early infections happen within the first 7 days after birth. GBS bacteria can be found in the baby's blood, lungs, brain, or spinal fluid. An early GBS infection in a baby can cause serious health problems, including death.

Late infections occur after the first 7 days of life. These are less common. About half of late infections are passed from the mother to the baby during birth. The other half of these infections are from contact with the mother or other GBS carrier after birth. Late GBS infections can cause serious problems for the baby. However, babies with late GBS infections are less likely to die.

What is the test for GBS?

At your 35–37 weeks prenatal visit, you will have a GBS test. During this test, a cotton swab is placed in your vagina and rectum. This sample is sent to the lab to check for GBS bacteria.

You don't need a GBS test if you had a urine test that showed GBS in your urine, or if you've had a baby with GBS infection in the past.

How can I prevent GBS infection?

The best way for you to prevent GBS infection in your baby is to receive antibiotics through an IV (into a vein) during labor. Receiving antibiotics before labor is not helpful.

Your provider will recommend antibiotics if you have one of the following:

- A positive vaginal or rectal GBS test at 35–37 weeks.
- A test that shows GBS in your urine.
- Had a baby in the past with GBS infection.
- Deliver your baby before the GBS culture is done.

The antibiotics will work best if you get them 4 or more hours before you give birth. However, getting antibiotics even a few minutes before birth may be helpful. Getting antibiotics will lower, but not remove, the chances for early GBS infections in your baby.

Continued on next page

Are there any risks in taking antibiotics?

Penicillin is the antibiotic we use to prevent GBS infection. If you are allergic to penicillin, you will receive a different antibiotic. However, other antibiotics might not prevent early GBS infection as well as penicillin.

If you've taken penicillin in the past without any problems, you may still have an allergic reaction. Severe allergic reactions to penicillin are uncommon. Your health care team will watch you closely and check for any reaction to the antibiotics.

What is my baby's risk for GBS infection?

Each baby's risk for GBS infection is different. Your baby may be at higher risk for GBS infection if you are a GBS carrier and had a fever during labor, or if you got antibiotics less than 4 hours before birth.

Since we cannot tell each baby's risk for GBS infection, it's important for you to talk with your provider and share in the decisions about your baby's care.

What if my baby is at a high risk for GBS infection?

If your baby is at high risk for GBS infection, we might recommend that you and your baby stay in the hospital for observation. Your baby's provider might also recommend blood tests to check for early signs of GBS infection in your baby.

The special care we give your baby can't prevent an infection, but it can help us to find an infection and begin treatment earlier. Remember, the risk of your baby getting sick from GBS infection is small.