Maitri Health Care for Women

Obstetrics, Gynecology and Midwifery

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Group B Strep in Pregnancy

Frequently asked questions:

1. **What is Group B Strep (GBS)?**
   GBS is one of many common bacteria that live in the human body without causing harm in healthy people. GBS lives or develops in the intestines, vagina, or rectum and approximately 25% of healthy women carry this bacteria. This is not a sexually transmitted disease and does not cause any discharge, itching or other symptoms.

2. **How does GBS cause infection?**
   At the time of birth, babies are exposed to the GBS bacteria if it is present in the vagina or rectum, which can result in pneumonia or a blood infection. Full term babies who are born to mothers who are GBS positive have 1 in 200 chance of getting sick during the first few days after being born if the mother did not receive antibiotics during labor. Occasionally, moms can get a postpartum infection in the uterus as well.

3. **How do you know if you have GBS?**
   Around 35-37 weeks during a regular prenatal visit, we will collect a sample by touching the outer part of your vagina and just inside the anus with a sterile Q-tip. If GBS grows in the culture from the Q-tip, you are considered GBS positive. We will make a note in your chart and you will be notified of these results for reference for when you go into labor.

4. **How can infection from GBS be prevented?**
   If you are GBS positive, we will recommend that you receive antibiotics during labor. GBS is very sensitive to antibiotics and is easily removed from the vagina. A few intravenous doses given up to 4 hours before birth almost always prevents your baby from picking up the bacteria during birth and prevents infection in your uterus. It is important to remember that GBS is typically not harmful to you or your baby before you are in labor.

5. **Do you have to wait for labor to take the antibiotics?**
   Although GBS is easy to remove from the vagina, it is not easy to remove from the intestine where it normally lives without harm to you. If you take antibiotics before you are in labor, GBS will return to the vagina from the intestine as soon as you stop taking the medication. Therefore, it is best to take penicillin during labor when it can best help you and your baby. The one exception is that occasionally, GBS can cause a urinary tract infection during pregnancy. If you get a urinary tract infection, it should be treated at the time it is diagnosed and then you should receive antibiotics again when you are in labor.

6. **How will we know if your baby is infected?**

Babies who get sick from infection with GBS almost always do so in the first 24 hours after birth. Symptoms include difficult breathing (including grunting or having poor color), problems maintaining temperature (too hot or too cold), or extreme sleepiness that interferes with nursing. If your baby's doctor suspects he or she is infected, they may order blood tests, x-rays, or other tests.

7. **What is the treatment for a baby with GBS infection?**
   If the infection is caught early and your baby is full term, most babies will completely recover with IV antibiotic treatment. Babies who develop infection from GBS are typically treated with IV antibiotics for 10 days. Of the babies who get sick, about one in six can have serious complications. Some very seriously ill babies can die from this infection or complications from the infection. If you are GBS positive at the time of birth and if you are given IV antibiotics in labor, the risk of your baby getting sick is 1 in 4,000.

8. **What if you are allergic to Penicillin?**
   Penicillin or a penicillin-type medication is the antibiotic recommended for treatment during labor of a GBS positive woman. Women who have an allergy to this type of medication can be given different antibiotics during labor. Be sure to tell us if you are allergic to penicillin and what symptoms you have with that allergic reaction.

For more information:

Centers for Disease Control: http://www.cdc.gov/groupbstrep/about/prevention.html