

GROUP B STREPTOCOCCUS AND PREGNANCY

Group B streptococcus (GBS) is a type of bacteria that is often in the intestinal tract and vagina of up to 40% of pregnant patients. While it does not typically cause a problem in the pregnant patients, those who carry these bacteria can pass it along to their babies during delivery. This is not the same type of strep bacteria that causes “strep throat”. It is not sexually transmitted.

Even for those people who carry GBS, the risk of infection to the baby is very low (1-2%). If GBS does infect the baby, it can become a very serious infection with symptoms ranging from mild respiratory symptoms to severe illness and even death of the newborn. Early onset sepsis (EOS) is defined as illness in the newborn from birth to 7 days after delivery. Late onset sepsis are infections that develop after 7 days of age.

Testing will be offered testing for the presence of vaginal GBS typically between 35 and 37 weeks gestation during a prenatal visit. This is done by gently swabbing the vagina and rectum with a special culture swab. It takes approximately 2-3 days to get the results. If the test is positive for GBS, patients should receive intravenous antibiotics to decrease the risk of transfer of the GBS to the baby during active labor. If there was a urinary infection with GBS, one is considered positive and will be treated with antibiotics as if there was a positive GBS vaginal culture.

If a patient goes in to labor before GBS testing is done, one will receive antibiotics if:

- Pregnancy less than 37 weeks
- Membranes ruptured greater than 18hrs
- If a fever is diagnosed in labor
- Previous infant with GBS sepsis

It is important to keep in mind that very few babies actually become sick from GBS. While we treat people who are culture positive, not all neonatal GBS infections are preventable. Nonetheless, universal screening and prophylactic treatment of mothers who are GBS positive has reduced the risk of infection in the newborn by 80%.

After the baby is born, the infant will be screened for risk of EOS by the staff caring for your baby and will use 5 factors to better understand the risk of infection to your baby:

- Gestational age of baby at birth
- How long your membranes were ruptured before the baby delivered
- Your highest temperature during labor
- Your GBS status (positive or negative)
- Whether or not you received antibiotics before the baby delivered.

Based on these five maternal factors, the pediatrician will make an assessment on what the treatment plan for the baby should be. If the baby is well, routine care is most likely although in some cases blood work may be sent on the baby. Antibiotics are most commonly recommended for the baby if the baby is not well.

If you have questions or concerns that have not been addressed here, please ask us for more information.