

## GROUP B STREP

### - **What is group B Streptococcus?**

The bacteria Group B streptococcus (GBS) is one of several bacteria that reside in the human body. It is not a sexually transmitted infection (STI) and normally does not cause major sickness. Despite their similar names, GBS is not the same as group A streptococcus, the bacteria that causes "strep throat."

### - **Why is group B streptococcus a concern for pregnant women?**

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In women, GBS is most seen in the vaginal and rectum. GBS can therefore be transmitted from a pregnant woman to her fetus during childbirth. This is an uncommon occurrence that happens in 1 or 2 kids out of 100 when the mother is not given antibiotics during labor. When a mother receives treatment, the chances of a newborn becoming ill are greatly reduced.

### - **How can group B Streptococcus affect a newborn?**

Even though GBS in an infant is uncommon, it can be highly dangerous when it does occur. GBS can affect babies in two ways: early onset or late onset.

### - **What is early-onset disease?**

A newborn with early-onset disease becomes ill within 12 to 48 hours of birth, or within the first seven days. Early-onset disease can lead to serious complications, such as:

- inflammation of the covering of the brain or spinal cord (meningitis)
- a pulmonary infection (pneumonia)
- bacterial infection in the blood (sepsis)

Even with immediate treatment, a small fraction of babies with early-onset illness die.

### - **What is late-onset disease?**

A newborn with late-onset illness becomes ill anywhere from a week to a few months after birth. If the mother is infected, the disease is mainly spread via contact with her after birth. However, it can also arise from other sources, such as contact with other GBS patients.

Late-onset disease is also dangerous since it can lead to meningitis. The signs and symptoms of meningitis in infants can be difficult to detect. If your infant exhibits any of the following signs or symptoms of disease, contact your baby's health care provider straight away:

- Lack of energy

- Irritability
- Poor feeding
- High fever

- **Will I be tested for group B Streptococcus?**

Yes, as part of standard prenatal care, pregnant women are tested for GBS. A culture test is used to diagnose GBS. It is now performed between weeks 36 and 38 of pregnancy. A swab is used to collect a sample from the vaginal and rectum in this test.

- **What if the test result is positive?**

If GBS is found, most women will begin receiving antibiotics through an intravenous (IV) line after labor has begun. This is done to keep the fetus safe from infection. The greatest time to get therapy is when you're pregnant. Penicillin is the most common antibiotic administered to neonates to avoid early-onset illness. Antibiotic medication during pregnancy can help prevent early-onset GBS disease in a baby, but it does not prevent late-onset disease.

- **What if I am allergic to penicillin?**

If you are allergic to penicillin, let your doctor know before getting tested for GBS. A skin test may be used to detect the severity of your allergies. Other antibiotics can be prescribed if necessary.

- **Are there times when antibiotics are given without test first?**

In some situations, women are prescribed antibiotics during childbirth without being tested for GBS. Antibiotics may be given without a test if the following conditions are met:

- You previously had a child with GBS disease.
- At any stage during your pregnancy, you have GBS bacteria in your urine.
- When you go into labor with a fever and your GBS status is unknown.
- You don't know whether you have GBS and you go into labor before 37 weeks.
- Your GBS status is unknown, and your water has been broken for at least 18 hours.
- Your GBS status for this pregnancy is unknown, however you have previously tested positive for GBS.

- **What if I plan on having a cesarean birth?**

If labor has not begun and the amniotic sac has not burst (their water has not broken), antibiotics for GBS during delivery is not required. However, because labor may occur before a cesarean birth, these women should be checked for GBS. If the test is positive, the baby may need to be watched after birth for GBS disease.

- **Glossary**

**Amniotic Sac:** Fluid-filled sac in a woman's uterus. The fetus develops in this sac.

**Antibiotics:** Drugs that treat certain types of infections.

**Bacteria:** One-celled organisms that can cause infections in the human body.

**Cesarean Birth:** Birth of a fetus from the uterus through an incision (cut) made in the woman's abdomen.

**Fetus:** The stage of human development beyond 8 completed weeks after fertilization.

**Group B Streptococcus (GBS):** A type of bacteria that many people carry normally and can be passed to the fetus at the time of delivery. GBS can cause serious infection in some newborns. Antibiotics are given to women who carry the bacteria during labor to prevent newborn infection.

**Intravenous (IV) Line:** A tube inserted into a vein and used to deliver medication or fluids.

**Meningitis:** Inflammation of the covering of the brain or spinal cord.

**Pneumonia:** An infection of the lungs.

**Prenatal Care:** A program of care for a pregnant woman before the birth of her baby.

**Rectum:** The last part of the digestive tract.

**Sepsis:** A condition in which infectious toxins (usually from bacteria) are in the blood. It is a serious condition that can be life threatening. Symptoms include fever, rapid heart rate, breathing difficulty, and mental confusion.

**Sexually Transmitted Infection (STI):** An infection that is spread by sexual contact. Infections include chlamydia, gonorrhea, human papillomavirus (HPV), herpes, syphilis, and human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

**Vagina:** A tube-like structure surrounded by muscles. The vagina leads from the uterus to the outside of the body.

Source: [Group B Strep and Pregnancy | ACOG](#)