

## Parent information

This information sheet aims to answer some commonly asked questions about Group B Streptococcus. This is general information only. Please discuss the best care for you with your midwife or doctor.

# Group B Streptococcus (GBS) in pregnancy

## What is Group B Streptococcus (GBS)?

Group B Streptococcus is a naturally occurring bacteria found in the vagina and bowel of many women of all ages. Approximately 20-24% of Australian women carry the GBS bacteria. GBS is considered harmless to women and has nothing to do with cleanliness, nor is it sexually transmitted. GBS seldom causes serious infection in newborn babies and rarely during pregnancy and before labour.

## Why does GBS matter?

While harmless to pregnant women, GBS can be passed from mother to baby once the waters have broken or during a vaginal birth. Up to 70% of these babies will carry GBS but most remain well. While *carrying* GBS is generally harmless, a small number of babies develop an *infection* from GBS. GBS *infection* can make your baby very unwell, however, in 90% of cases, with prompt antibiotic treatment and careful monitoring, your baby will recover fully. These babies can develop a pneumonia (lung infection), sepsis (blood infection) or meningitis (infection around the brain), causing them to get sick very quickly.

## How many babies get sick with GBS?

For every 1,000 babies born, fewer than 2 babies will develop an infection from GBS. Premature babies (born before 37 weeks of pregnancy) are the most susceptible to becoming unwell from a GBS infection.

## Are there some babies who are more likely to get a GBS infection?

Your baby is more likely to develop a GBS infection if:

- You have previously had a baby who developed a GBS infection
- Your baby is born prematurely (before 37 weeks of pregnancy)
- Your waters break more than 18 hours before your baby is born
- You develop a high temperature (more than 38 degrees) in labour or within the first 24 hours after birth

## Can GBS be prevented?

GBS infection in babies is not completely preventable. There are two approaches to treating GBS that are known to reduce the risk of a baby getting a GBS infection. You may choose to take a test for GBS in pregnancy **OR** you may choose to only treat for GBS if you have any of the risk factors discussed above. The next page discusses these options in detail.

At your 36-week appointment, you will be offered a test for GBS. This test is a swab of your vagina that you are able to do yourself in privacy. The results take 2-3 days. If you test positive for GBS you will be offered antibiotic treatment in labour as this can reduce the risk of your baby getting an infection. The antibiotic is given through a cannula into the vein and is most effective if it is

given at least 2-4 hours before your baby is born. If your waters break before labour starts you will be offered an induction of labour instead of allowing time for your body to start labour naturally.

GBS is a transient bacteria. This means that it can come and go. As the GBS swab needs time to provide a result it cannot be done in labour. It is thought that doing a swab at around 36 weeks gives the most accurate prediction of whether there will be GBS present when a woman goes into labour. However:

- Some women who test positive will not have GBS in the vagina during labour and will receive unnecessary antibiotics (13%)
- Some women will have a negative test and will have GBS present during labour, not receiving antibiotics (4%)

Penicillin is the antibiotic usually given for women who have tested positive to GBS. If you have an allergy to penicillin there are other antibiotics that can be used. .

**If you choose not to test for GBS in pregnancy,** you will be offered antibiotic treatment if you have any other risk factors listed above (previous GBS infection, premature labour, waters broken for more than 18 hours, or a have high temperature in labour).

**It is important to remember** that the main benefit of antibiotic treatment is that it is proven to reduce the amount of GBS in the vagina, but there are down sides to antibiotics as well. These include:

- Less exposure for your baby to good, healthy bacteria which is important for your baby's gut and digestive health and ongoing wellbeing.
- Risk of a yeast infection or rash for you and your baby.
- Risk of your baby developing asthma and/or allergies.
- Increased resistance to antibiotics in GBS and other bacteria.

### How do you know if your baby has a GBS infection?

Only a small number of babies who carry GBS will become sick. Signs that your baby is becoming unwell can include:

- Difficulty with breathing or breathing too fast
- Sleepy and lethargic
- Not being interested in feeding
- Having trouble keeping their temperature at the right level (being too hot or too cold)
- Looking pale and/or mottled
- Having floppy arms and legs

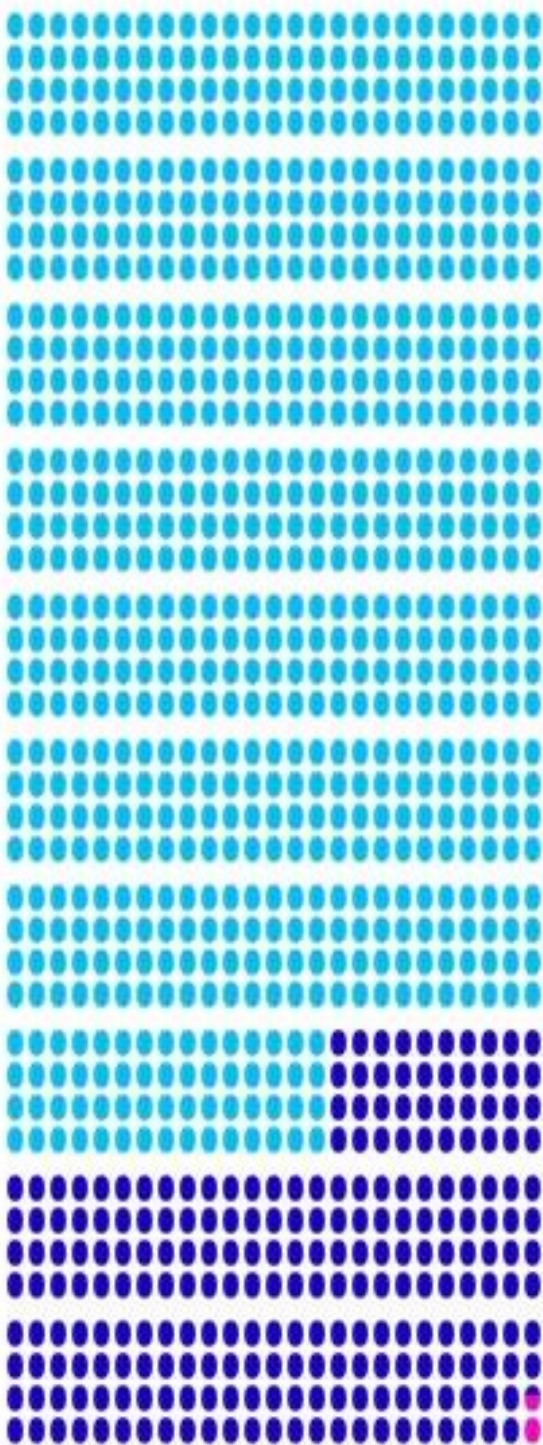
### What is the difference between early and late onset GBS infection?

Early onset GBS happens in the first seven days of a baby's life. Most babies will get sick in the first 24 hours after being born. Late onset GBS happens seven days or more after birth. Antibiotics given in labour help prevent early onset GBS but do not prevent late onset GBS.

*The next page contains a visual tool to support you to make an informed choice about GBS testing and treatment.*

*The statistics around GBS vary depending on a number of factors. The graphics can help you understand what these numbers might mean for you and your baby.*

# Visual tool to support informed choice for the testing and treatment of Group B Streptococcus (GBS) in pregnancy



Out of 1000 women:

- More than 760 women DO NOT carry GBS
- Fewer than 240 woman DO carry GBS
- Fewer than 2 babies will develop a GBS infection