

GROUP B STREPTOCOCCUS (GBS) FACT SHEET

What is Group B Streptococcus (GBS)?

GBS is a bacterium that lives in the vagina and rectum of 12-15% of Australian women. It is not a sexually transmitted disease, it usually causes no symptoms and is not harmful to the mother. If it is passed from the mother to her baby around the time of birth, it can occasionally cause a serious illness for the newborn baby.

What does this mean for my baby?

Many babies will come in contact with GBS during labour and birth and only a small number of babies will become infected with GBS (less than 1%). Of the babies who develop an infection a very small number will develop pneumonia or meningitis which can be life threatening. The majority of babies are not harmed by contact with GBS at birth.

Is there a test to see if my baby is at risk of GBS infection?

In NSLHD, all women are offered a vaginal swab at 36 weeks gestation. Your caregiver will give you an instruction sheet on how to collect the swab yourself. No screening test is perfect. Some women will have GBS in their vagina and the swab will be negative.

How can my baby be protected from developing an infection?

If you have tested positive to GBS during this pregnancy you are offered antibiotics in labour to prevent infection. The usual antibiotic is penicillin. However, other antibiotics can be given to women who have an allergy to penicillin. The other circumstances in which women are offered antibiotics are:

- GBS on a urine test this pregnancy
- Previous baby infected with GBS
- Fever in labour
- If a swab has not been taken during the pregnancy and your waters have been broken greater than 18 hours
- Labour before 37 weeks gestation

Are there risks with having antibiotics?

Some women will experience side effects such as nausea or diarrhoea. Rarely, an allergic reaction may occur. For most women antibiotics are safe.

Do the antibiotics guarantee that my baby will not develop an infection?

No treatment is perfect. A small number of women will be given antibiotics and their baby will still develop an infection. Screening and treatment does, however, decrease the small risk of infection.

Do I need antibiotics if I am having an elective Caesarean Section?

Yes, but for different reasons that will be explained to you at the time of caesarean.

Can I give birth in a Midwifery Model of care if I have GBS on a swab?

Yes

What do I do if my swab shows GBS, my waters break and I do not go into labour?

Prolonged rupture of the membranes increases the risk of infection. You will therefore be offered induction of labour generally within 24 hours.

If I have GBS on a swab, does my baby have extra monitoring after birth?

If you have a positive swab for GBS the midwives will monitor your baby on the postnatal ward for 12-24 hours. When you go home with the Midwifery Support Program (MSP) you will be given additional information.

What are the signs of a baby with an infection?

Some of the physical signs of an infection include: Lethargy/excessive sleepiness, poor feeding, high/low temperature, poor colour/mottled. If you notice this in your baby, please seek medical advice.

It is important to remember GBS is a common bacterium and if detected during pregnancy and treated during labour, there is a reduced chance of your baby being affected. If you have any further questions please discuss with your caregiver.

(Royal Hospital for Women's draft – modified by A Keating CMC RNS)



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Signs of GBS Infection in your baby

- Lethargy, excessive sleepiness
- Poor feeding
- High or low temperature
- Poor colour, mottled appearance
- Any breathing difficulties
- Any other concerns about your baby

What to do if these signs occur

- Contact Midwifery Support Program (MSP) midwife (*see brochure*)

OR

- Attend Emergency Department

OR

- Phone ambulance