

What else should I know?

- No screening test is entirely accurate. A test could give a falsely negative result. In other words a woman would be given a negative result when in fact she carried GBS in her vagina.
- No treatment can be guaranteed to work all the time for everyone and despite antibiotic treatment in labour some babies will develop GBS infection.
- You have the right to be fully informed about your healthcare and to make decisions about it.

For more information talk to your midwife or doctor.

For more information please visit,

www.rcog.org
www.gbss

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Group B Streptococcus (GBS) in Pregnancy

Information for you about the risks,
detection and treatment of GBS in your
pregnancy.

What is GBS?

GBS is a common type of streptococcus bacteria (not a virus). Like many other bacteria it lives normally in your body, including in the vagina and back passage.

It usually causes no harm but can be passed on from mother to baby around the time of birth and can cause serious illness in a newborn baby. No treatment is required if you have had a positive result in pregnancy from a swab taken from your vagina, however if a positive result is obtained from a sample of your urine in pregnancy you will need to take a course of tablet antibiotics from your Doctor.

What could it mean for my baby?

About 25% of mothers in the UK are likely to carry GBS in their vagina therefore many babies come into contact with it during labour. GBS will only colonise about half of these babies and the vast majority will not be harmed by contact with GBS.

A very small number of babies develop GBS infection and become seriously ill. It can show as a bloodstream infection (sepsis), lung infection (pneumonia) or infection of the fluid surrounding the brain (meningitis).

Most babies with GBS infection show symptoms within 12 hours after birth:

- They may be floppy
- They may feed poorly
- Other symptoms include grunting, high or low temperature, irritability, low blood pressure and low blood sugar.

How do I know if I have GBS?

Most people do not know they are carrying GBS infection as there are no symptoms. Testing isn't essential but is the only way to find out if you are carrying GBS.

Why is there no national screening programme?

Testing is not offered routinely as at present. The Royal College of Obstetricians and Gynaecologists (RCOG) guidelines have found no clear evidence to show that screening all pregnant women in the UK would be beneficial overall.

Is my baby at risk of GBS infection?

There are some circumstances where there is a greater risk of GBS infection in the newborn. These risk factors are:

- Prematurity – Labour starts before 37 weeks of pregnancy.
- Waters break more than 18 hours before delivery.
- Mum has a fever during labour above 38°C.
- Previous baby infected with GBS.
- GBS found in mum's urine or vagina during this pregnancy.

How can my baby be protected from GBS infection?

To reduce the risk of baby developing GBS antibiotics are offered during labour.

Treatment is offered to:

- All mothers found to be carrying GBS in this pregnancy.
- Mothers who have had GBS found in past pregnancies.
- Mothers who have previously had a baby with GBS infection.

If there is an increased risk of GBS being passed on to your baby the health professionals looking after you will discuss the option of antibiotic treatment during labour.

The antibiotics given are Penicillin or if you are allergic to this you will be offered an alternative. These antibiotics are given through a small plastic tube placed in a vein in your hand once you are in labour. If you need antibiotics it is recommended that you have your baby in hospital. However if you do wish to have a home birth, discuss this with your midwife or doctor.

If you were not able to receive antibiotics during your labour or you delivered very soon after receiving them you would be advised to stay in hospital with your baby for at least 24 hours for you both to be observed.

What happens if my baby has a GBS infection?

If your baby shows signs of infection they will be assessed by a doctor and given intravenous antibiotics and may need a short stay in the neonatal unit. With this treatment most babies with GBS infection recover fully.