

...AFTER MY BABY IS BORN?

- If you give birth before you have had 4 hours of antibiotics, the hospital may culture and should observe your baby for 48 hours. You can ask about your baby having antibiotics while waiting for the results of the culture.
- Ask about your baby getting a shot of penicillin within 1 hour of birth to further reduce the risk of GBS infection.¹⁵
- Have **everyone** wash their hands before handling your baby.
- Breastfeeding can supply your baby with important antibodies to fight infection.¹⁶
- Make sure **everyone** who takes care of your baby knows the symptoms of GBS infection in babies and how to respond.

What are the symptoms of GBS in babies?

...DURING PREGNANCY?

Contact your care provider **immediately** if you notice:

- Decreased or no fetal movement after your 20th week
- You have any unexplained fever

...ONCE BORN?

Take your baby to the emergency room or call your baby's care provider **immediately** if you notice any of these signs:

- High-pitched cry, shrill moaning, whimpering
- Marked irritability, inconsolable crying
- Constant grunting as if constipated
- Projectile vomiting
- Feeds poorly or refuses to eat, not waking for feedings
- Sleeping too much, difficulty being aroused
- High or low or unstable temperature; hands and feet may still feel cold even with a fever
- Blotchy, red, or tender skin
- Blue, gray, or pale skin due to lack of oxygen
- Fast, slow, or difficult breathing
- Body stiffening, uncontrollable jerking
- Listless, floppy, or not moving an arm or leg
- Tense or bulgy spot on top of head
- Blank stare
- Infection at base of umbilical cord or in puncture on head from internal fetal monitor

Footnote references are available at www.groupbstrepiinternational.org

This pamphlet is for informational purposes only and does not constitute medical advice.



About Group B Strep International

Group B Strep International (GBSI) promotes international awareness and prevention of group B strep disease in babies before birth through early infancy. Our focus includes all stages of a baby's development in which they are susceptible to GBS infection — from unborn babies in the first trimester to infants up to six months of age.

GBSI is a non-profit organization recognized as tax-exempt under Internal Revenue Code section 501(c)(3). GBSI relies on your donations to fulfill its mission.



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Help Protect Your Baby from Group B Strep (GBS)



According to the US Centers for Disease Control and Prevention (CDC), group B strep is the leading cause of sepsis and meningitis in newborns



Promoting awareness and prevention of GBS disease in babies before birth through early infancy

What is group B strep?

Group B strep (GBS) is a type of bacteria that is naturally found in the digestive tract and birth canal in up to 1 in 4 pregnant women who “carry” or are “colonized” with GBS. Since levels of GBS can change, each pregnancy can be different. Carrying GBS does not mean that you are unclean. Anyone can carry GBS.

Unfortunately, babies can be infected by GBS before birth and up to about 6 months of age due to their underdeveloped immune systems. Only a few babies who are exposed to GBS become infected, but GBS can cause babies to be *miscarried*, *stillborn*, or *become very sick* and sometimes even *die after birth*. GBS most commonly causes infection in the blood (sepsis), the fluid and lining of the brain (meningitis), and lungs (pneumonia). Some GBS survivors have permanent handicaps such as blindness, deafness, mental challenges, and/or cerebral palsy.

Fortunately, more than 90% of GBS infections that develop *at birth* can be prevented if women who have tested positive receive at least 4 hours of IV antibiotics just prior to delivery.

How do I know if I carry GBS?

Most women do not have any symptoms, but GBS can cause symptoms such as vaginal burning/irritation and/or unusual discharge which may be mistaken for a yeast infection and treated incorrectly.¹ If you have “vaginitis” symptoms, see your care provider promptly for an exam and possible GBS testing. Be aware that bacteria can be passed between sexual partners.

GBS can also cause bladder infections, with or without symptoms. Your provider should do a urine culture for GBS and other bacteria (*not* the standard prenatal urine “dipstick” check) at the first prenatal visit. GBS in your urine means that you may be heavily colonized which puts your baby at greater risk.² If your urine tests positive, your provider should consider you as “GBS colonized” for this pregnancy so that you receive IV antibiotics for GBS when labor starts/your water breaks. If you have a significant level of GBS in your urine, your provider should also prescribe oral antibiotics at time of diagnosis. GBSI advocates a recheck or “test of cure.”

It is now the standard of care in the USA and several other countries for all pregnant women to be routinely tested for GBS at 35–37 weeks of each pregnancy (unless already positive in their urine in current pregnancy.) Your provider will perform a swab test of your vagina and rectum and obtain the test results in 2–3 days. If the test result is positive, you carry GBS.

A few hospitals offer rapid, DNA-based tests which can be performed during labor or any time during pregnancy with results in

less than 2 hours.² Because your GBS status can change by the time you go into labor, culture tests can show a false negative, or your culture test results may not be available, these rapid tests can help supplement your routine GBS testing.

How can GBS infect my baby?

- GBS can infect your baby even before your water breaks. GBS infections before birth are called “*prenatal-onset*.”
- GBS can cause preterm labor, causing your baby to be born too early.
- GBS infection can also cause your water to break prematurely without labor starting, causing your baby to lose a significant layer of protection.
- It is thought that babies are most often infected with GBS as they pass through the birth canal. GBS infections within the first week of life are called “*early-onset*.”
- Babies can become infected with GBS by sources other than the mother. GBS infections after the first week of life are called “*late-onset*.”

Be aware that your womb and/or C-section wound can become infected by GBS.

How can I best protect my baby (☑ as done)

...DURING PREGNANCY?

- Ask your provider to do a *urine culture* for GBS and other bacteria in at least your first trimester.³ Request followup urine cultures if your urine has tested positive.
- See your provider promptly for any symptoms of vaginal infection.⁴
- Consult with your provider first before you check your vaginal pH while pregnant. Routine weekly vaginal pH testing can help detect early symptoms of bacterial colonization so that you can follow up with your provider for possible GBS culturing.⁵
- GET TESTED at 35–37 weeks.
- Get a copy of all culture test results and keep them with you!
- Plan ahead if you have short labors or live far from the hospital. Ask about a late third-trimester penicillin shot as a possible safeguard.⁶ (Note: not a widely accepted strategy.) The IV antibiotics you receive in labor generally take 4 hours to be effective.
- Know that alternative remedies have *not* been proven to prevent your baby from becoming infected.⁷ Some are unsafe.

Avoid unnecessary, frequent, or forceful internal exams. Knowing how far you are dilated does not accurately predict when your baby will be born and may push GBS closer to your baby.⁸ Vaginal ultrasounds are a less invasive option.⁹

Discuss the benefits vs. risks of possible methods of induction with your provider early in pregnancy as not all providers ask before “stripping” (also known as “sweeping”) membranes.

Ask your provider to not strip your membranes if you test positive for GBS. (Be aware that you may test negative, but be GBS positive later.) GBS can cross even intact membranes and procedures such as stripping membranes and using cervical ripening gel to induce labor may push bacteria closer to your baby.¹⁰⁻¹²

Tell your provider if you are allergic to penicillin. There are antibiotic alternatives.³

If you are having a planned C-section, talk to your provider about the risks vs. benefits of starting IV antibiotics well before your incision. C-sections may not completely prevent GBS infection although the risk during a planned C-section is extremely low if performed before your labor starts/water breaks.

Talk to your provider about whether or not to use internal fetal monitors and/or have your water broken before you have had IV antibiotics for at least 4 hours.

...WHEN MY WATER BREAKS OR I START LABOR?

Call your care provider. Remind him/her of your GBS status. If you have already had a baby with GBS disease or have had GBS in your urine in this pregnancy, you should receive IV antibiotics *regardless* of this pregnancy’s GBS test results.

Go to the hospital immediately if IV antibiotics are indicated for you/you have tested positive. Have all test results with you. Tell the *nurses* that you need to start IV antibiotics for GBS.

If you do not have a GBS test result, and your hospital does not offer a rapid GBS test, per the CDC guidelines you should be offered IV antibiotics based on the following risk factors:

- Your baby will probably be born before 37 weeks.
- Your water has been broken 18+ hours without delivering. (Even 12+ hours increases the risk.¹³)
- You have a fever of 100.4 °F or higher during labor.

In half of GBS infections, the mother has no risk factors.¹² This is why testing is so important!