



Now that you've tested positive for Group B Strep (GBS), learn how to help protect your baby

Testing positive for GBS means that you “carry” or are “colonized” with group B strep, a type of bacteria naturally found in the digestive tract and birth canal of 1 in 4 pregnant women. Carrying GBS does not mean that you are unclean. Anyone can carry GBS. However, GBS can infect babies before birth and up to several months of age.

You can help protect your baby from GBS (☑ as done)

...DURING PREGNANCY

- Ask your provider to do a **urine culture** for GBS and other bacteria in at least your first trimester. Oral antibiotics should be prescribed if you have a significant level of GBS in your urine. GBSI advocates a recheck or “test of cure” after treatment. Request followup urine cultures if your urine has tested positive. *GBS in your urine puts your baby at greater risk.*
- See your provider promptly for an exam and possible GBS testing if you have any symptoms of vaginal infection. *Be aware that bacteria can be passed between sexual partners.*
- Consult with your provider before checking your vaginal pH while pregnant. Routine weekly vaginal pH testing can help detect early symptoms of abnormal bacterial colonization so you can follow up with your provider for possible GBS culturing.
- 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 3rd trimester penicillin shot as a possible safeguard. (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. 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. Vaginal ultrasounds are a less invasive option.*
- 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.*

- Tell your provider if you are allergic to penicillin. There are antibiotic alternatives.
- 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 YOUR WATER BREAKS OR YOU START LABOR

- Call your care provider. Remind him/her of your GBS status. Report any fever.
- 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.
- Avoid unnecessary, frequent, or forceful internal exams. *The IV antibiotics you receive in labor generally take 4 hours to be effective. Vaginal ultrasounds are a less invasive option.*

...AFTER YOUR 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.
- Have **everyone** wash their hands before handling your baby. *GBS infection can be caused by sources other than the mother.*
- Breastfeeding can supply your baby with important antibodies to fight infection.
- Make sure **everyone** who takes care of your baby knows the symptoms of GBS infection in babies and how to respond.

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 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
- Sleeps 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 (pus/red skin) at base of umbilical cord or in puncture on head from internal fetal monitor



FOR MORE INFORMATION, PLEASE VISIT
www.groupbstrepinternational.org

GROUP B STREP INTERNATIONAL

Email: info@gbs-intl.org

Tel: 909.620.7214

Fax: 909.620.5557