

# Patient Information Sheet

## Group B Streptococcus (GBS)

GBS is a common type of bacteria which transiently lives in our bodies – in women it is found in the vagina, urethra and rectum – and is usually not harmful. Having GBS (or being a carrier) does not mean you have an infection or are unclean.

In Australia it has been estimated that 15-25% of women are vaginal carriers of Group B Streptococcus. These women do not usually experience any signs or symptoms of GBS.

### GBS and your baby

GBS can be passed on to your baby during childbirth and has the potential to make your baby very sick. GBS is transmitted to the baby during birth in approximately 1–2 per 1000 births.

This disease can be quite severe in newborn babies. It is because of the severity of this disease that it has become good practice to identify pregnant women who are carriers, and implement a management plan for their labour and birth.

Of the babies born to GBS carrier women who do not have treatment, there is a risk of a one in 200 chance that their baby will develop what is known as early onset 'Group B Streptococcal Disease of the Newborn'. This risk is reduced to a one in 4000 chance where adequate treatment has been given.

Following birth, your baby will be observed closely for the first 24 hours for any signs of illness.

### Identifying vaginal carriers of GBS

The ideal time and ways to identify whether a woman has the possibility of transferring GBS to her baby has been closely scrutinized. Numerous studies have revealed that by obtaining a cultured swab of the vagina and anus, carriers of GBS can be identified.

The optimal time of taking the swab is between 35-37 weeks gestation.

Obtaining the vaginal/anal swab involves a very small procedure that can usually be performed by the woman (under guidance), when she has her pregnancy check at 35-37 weeks gestation.

If a woman starts labour before the vaginal/anal swab is taken, or before the results are known, management will depend on the presence of certain other risk factors, e.g. if labour is premature.

# Group B Streptococcus (GBS) (cont)

## Management of GBS carriers

By managing GBS carrier women appropriately, the risk of their baby developing early onset GBS disease is significantly reduced (approximately 89%). Identifying women who are carriers and treating them with antibiotics has become an effective means of reducing the risk or preventing GBS infection in newborn babies.

The ideal management of women who have been identified as carriers of GBS, or for women who have not been screened for GBS and have certain risk factors, is to administer intravenous antibiotics to them every 4 hours whilst in labour, and no less than 4 hours prior to giving birth. By giving intravenous antibiotics at these optimal times the effectiveness of the antibiotics in treating the GBS in the vagina is at its peak.

The antibiotics are given via a plastic intravenous needle usually placed in the woman's forearm or back of her hand, and left in place for the duration of labour.

If for some reason antibiotics are not given according to the management plan, in some babies with certain risk factors it may be recommended to give the baby protective antibiotics. This management strategy will be decided between the birthing family and their doctor.

## References

- Group B Streptococcus (GBS) – screening and management Safer Care Victoria guidelines

***Please speak to the midwife or your doctor if you would like more information***