

## **Group B Streptococcus**

Group B Streptococcus (GBS) is a type of very common bacteria that is found both men and women in the digestive, urinary, and reproductive tracts. In women, GBS can travel from the digestive tract to the vagina and rectum. The bacteria are not transmitted from food, sex, water or any other external contacts. They occur naturally in the human body. GBS is not contagious to household members. One in 4 women are carriers of GBS, which means that bacteria are present in the body, but not causing an active infection. A GBS positive test result does not mean that there is GBS disease or if pregnant, that the newborn will become ill.

GBS can cause infections in pregnant women, newborns, the elderly, and people with immune system problems. Since most women never show any signs or symptoms of GBS, it is very important to be tested during all pregnancies. These bacteria generally do not cause any harm to the carrier but can be very harmful to a newborn.

In newborns, GBS can produce serious infections such as blood infections (sepsis), lung infections (pneumonia) or an infection that affects the fluid and lining around the brain (meningitis). GBS infections can also be fatal in newborns. It is passed to the newborn baby during labor and delivery, when the water breaks, or the GBS can travel from the mother's vagina into the womb. Newborns can also become infected when they swallow or inhale the bacteria as they pass through the birth canal.

GBS can be prevented in newborns by giving antibiotics to the pregnant mother during labor.

### Risk Factors for developing GBS Disease:

- Positive lab test results at 35-37 weeks of pregnancy
- Previous newborn with GBS infection
- Previous GBS infection before or during previous pregnancy
- Urine bladder infection caused by GBS with or without symptoms
- Water breaking which lasts more than 18 hours before delivery
- Labor onset or water breaks before 37 weeks
- Fever in labor > 100.4 degrees F

There is not currently a vaccine to prevent GBS.

### **Symptoms may include:**

- Generally no symptoms are present in the pregnant mother
- Urinary tract infection in the bladder symptoms like strong urge to urinate, burning sensation during urination, passing small amounts of urine, blood in urine, strong smelling urine, painful urination, abdominal/pelvic pressure
- Fever before and during labor > 100.4 degrees F

### **What your doctor can do:**

- Diagnose your status by evaluating your symptoms and performing a physical exam.
- Order laboratory tests including taking a swab sample of the vagina and rectum to assess your GBS status.
- Order laboratory tests like a urinalysis or urine culture if you are showing signs of a urinary tract infection (bladder infection).
- Order antibiotics, generally penicillin, to be administered by IV (through a vein) when water

This material has been provided by your doctor as an educational tool and is not meant to take the place of professional care. Please consult your doctor for any questions, concerns or changes in your condition.

## Heartland Women s Health

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breaks or at time of labor.

### What you can do:

- Keep all regularly set prenatal appointments.
- Talk to your doctor about GBS and your status when you are 35 to 37 weeks pregnant (9<sup>th</sup> month). Request the test if it is not offered.
- Take only prescribed medications as directed by your doctor.
- Tell your doctor if you are allergic to penicillin or any other antibiotics. Be sure to explain any reactions you may have experienced.
- Talk to your doctor about your GBS status and labor plan for a normal delivery or if you are anticipating a cesarean section (C-Section) procedure. Remember that a C-section may not prevent GBS disease.
- If your water breaks early, call your doctor and go to the hospital.
- Notify the hospital labor and delivery staff if you are GBS negative, GBS positive or if you have not been tested for GBS.
- GBS is **not** passed with breastfeeding.

### What you can expect:

- In your 9<sup>th</sup> month, your doctor will order and perform a GBS test. This involves taking a swab sample of the vagina and rectum. This sample is then sent to the lab to see if bacteria grow. The test result is usually ready within 2-3 days.
- If you test positive, had a previous baby who was infected with GBS, or if you had a bladder infection caused by GBS, your doctor will order antibiotics given through an IV (through the vein) during childbirth. This will help in stopping the infection from spreading to your newborn during labor. For best prevention, antibiotics should be given 4-6 hours prior to delivery.
- You will need to be tested for GBS during every pregnancy regardless if you tested negative previously. Some women can test positive at certain times and negative at others.
- If you do not know your GBS status, your doctor may order antibiotics if your labor starts at less than 37 weeks, if your water breaking last for more than 18 hours before labor starts, and/or if you have a fever during labor.
- Group B infections can develop in newborns as early as a few hours after birth or from 1 week to several months after birth.
- Newborns who are infected with GBS may have symptoms like problems controlling their body temperature, fever, breathing problems, difficulty feeding, seizures, stiffness or extreme limpness, hard to awaken, inconsolable crying/screaming, and/or grunting sounds.

**Consult with your doctor** if you are planning on becoming pregnant, if you are pregnant and have not been tested for GBS, if you have a history of being GBS positive, if you had a newborn with GBS previously, or if you have any questions about your pregnancy and GBS.

**Seek immediate medical advice** if you are pregnant and your water breaks prematurely (prior to your estimated due date), if you labor starts prematurely (prior to your estimated due date), or if you have a fever (> 100.4 degrees F) before labor or any other symptoms of infection during your pregnancy.