

Selkirk Medical Group

Information for Parents-to-be

Group B Streptococcus (GBS)

What is Group B Streptococcus (GBS)?

GBS is a type of bacteria that is found in the digestive systems of healthy people. Approximately 10-35% of pregnant women will have GBS in their vaginas at the time of birth. GBS in the vagina is normal, no symptoms generally appear, and does not usually cause any health risks to the pregnant woman. Occasionally GBS can cause a urinary tract infection which needs to be treated.

What is the chance of a baby becoming infected with GBS?

In the general population, GBS disease occurs in 0.5 to 2 per 1000 live births.

How does GBS affect the newborn?

GBS is a significant cause of neonatal morbidity (poor health outcome) and mortality. In newborns, GBS is a common cause of sepsis (infection in the blood), newborn pneumonia (infection of the lung) and meningitis (infection of the fluid around the brain), with the possibility of permanent neurological damage. The mortality rate of early onset GBS infection (within the first 7 days of life) ranges between 5 to 20%.

What are the risk factors for developing Newborn GBS Disease?

- Preterm labour (less than 37 weeks)
- Rupture of membranes for greater than 18 hours
- Maternal fever in labour
- GBS bacteria found in the urine at anytime this pregnancy
- History of a previous baby that developed GBS disease

How can GBS disease in the newborn be prevented?

The current recommendation is to screen all pregnant women for GBS colonization of the vagina between 35-37 weeks. The screening is unobtrusive and includes a vaginal-rectal swab done by the doctor or the woman herself. Since GBS colonization can come and go, testing within five weeks of the due date is shown to be predictive of GBS status at time of birth. There is anecdotal but not scientific evidence that taking good quality probiotics starting 3 weeks before swabbing for GBS may result in a lower chance of colonization in the vaginal area.



If the screening test is *positive*, IV antibiotics are recommended in active labour or when your water breaks. Penicillin is the antibiotic of choice, unless known penicillin allergies exist. If your water breaks before you are in labour, IV antibiotics along with induction of labour is the current standard. If the screening test is *negative*, you do not carry GBS and IV antibiotics will not be necessary.