

Group B Streptococcus in Pregnancy Information Leaflet

What is Group B Streptococcus (GBS) and how it is detected?

Group B streptococcus (GBS) is a common bacterium. Approximately one in 5 women in Ireland carry GBS. GBS carriage may come and go and is not sexually transmitted. Most women are unaware that they carry GBS, as it usually causes no symptoms. No antibiotic treatment is required until you go into labour or if you develop an infection around the time of child birth. The risk of GBS being passed from a mother to a baby is highest during labour. GBS is sometimes detected during pregnancy if a vaginal swab is taken. GBS detected vaginally does not require treatment until labour begins because antibiotics given during pregnancy do not reduce your chances of carrying GBS at the time of the birth and GBS may return after an antibiotic course. GBS may also be detected in a urine sample. If GBS causes cystitis (urinary tract infection) then it will require treatment with antibiotics when it is diagnosed and also when labour begins.

What could GBS mean for my baby? Many babies come into contact with GBS during labour or during birth. The vast majority of babies are not harmed by contact with GBS at birth and do not become unwell. However, a small number of babies (1 in 2000 of all babies born) develop GBS infection.

When might my baby be at higher risk of developing GBS infection?

Infection is more likely to occur if:

- You are diagnosed with GBS in a swab or urine during pregnancy
- Your baby is born or your water is broken prematurely (before 37 weeks of pregnancy)
- You previously had a baby who developed GBS infection
- You have a high temperature during labour
- More than 18 hours have passed between your waters breaking and your baby being born

How can the risk to my baby be reduced? If you have tested positive for GBS at any time during this pregnancy you are offered antibiotics (by injection) after your labour begins until you have given birth. If you need intravenous antibiotics, it will not be possible to give birth at home. Ideally you should receive 2 doses of antibiotics before giving birth. If you do not receive 2 doses of antibiotics then your baby will be closely monitored for signs of infection for 36 hours. The antibiotic usually used is penicillin. If you are allergic to penicillin, you will be offered a suitable alternative.

If you are having a planned caesarean section and your water is not broken, no treatment is required as your baby is unlikely to be in contact with GBS.

What are the signs of GBS infection in babies?

The typical signs include abnormal temperature or heart rate or breathing, poor feeding, poor colour, being floppy and unresponsive, irritability, low blood pressure or low blood sugar. Most babies who are infected show signs within 1 day of birth, although GBS may affect a baby anytime in the first 3 months of life.

If I had GBS in a previous pregnancy should I be given antibiotics during labour?

If you were a carrier in a previous pregnancy, it is recommended that you are screened for GBS close to the time of childbirth (usually week 36-37 of pregnancy).

What happens if my baby has GBS infection?

If it is suspected that your baby has an infection, tests will be performed. This will be discussed with you. Babies with signs suggestive of infection will be treated with antibiotics as soon as possible.

Is it safe to breast feed? Breastfeeding is safe and protects the baby against many other infections.

What happens if I have GBS, my waters break and I do not go into labour?

If you are 37 weeks pregnant or more and have GBS in this pregnancy, you will be offered induction of labour and antibiotics.

