

## What GBS symptoms do babies show?

Take your baby to the emergency room or call your baby's doctor **immediately** if you notice these signs:

- High-pitched cry, shrill moaning, whimpering
- Marked irritability, inconsolable crying
- Grunting as if constipated
- Projectile vomiting
- Feeds poorly or refuses to eat
- Sleeping too much, not waking for feedings
- High or low 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



Footnote references are available at [www.groupbstrepiinternational.org](http://www.groupbstrepiinternational.org)

This pamphlet is for informational purposes only and does not constitute medical advice.



## About Group B Strep International

Group B Strep International (GBSI) promotes international awareness and prevention of group B strep disease in babies before birth through early infancy. Our focus includes all stages of a baby's development in which they are susceptible to GBS infection — from unborn babies in the first trimester to infants up to six months of age.

Group B Strep International was founded to be a central resource for GBS information in a variety of languages for both the general public and medical professionals. The scope of our mission includes actively supporting the GBS awareness and prevention efforts of individuals and organizations on a community or national level. We are also developing GBS awareness and prevention resources for countries that do not have an active program readily available.

GBSI is a non-profit organization recognized as tax-exempt under Internal Revenue Code section 501(c) (3). GBSI relies on your donations to fulfill its mission.

For more information or to donate, contact Group B Strep International:

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## Help Protect Your Baby from Group B Strep (GBS)



*According to the US Centers for Disease Control and Prevention (CDC), group B strep is the most common cause of life-threatening infections in newborns*



*Promoting awareness and prevention of GBS disease in babies before birth through early infancy*

## What is group B strep?

Group B strep (GBS) is a bacteria naturally found in the digestive tract and birth canal of 1 in 4 pregnant women. These women “carry” or are “colonized” with GBS. However, GBS can come and go at any time so each pregnancy can be different. Babies can be infected by GBS before birth and up to 6 months of age because of their underdeveloped immune systems.

GBS most commonly causes infection in the blood (sepsis), the fluid and lining of the brain (meningitis), and lungs (pneumonia). It can cause babies to be miscarried, stillborn, or die after being born. GBS survivors can have permanent handicaps such as blindness, deafness, mental retardation, and cerebral palsy.

## How do I know if I carry GBS?

You may carry GBS with or without symptoms, such as vaginal burning/irritation or unusual discharge. If you have symptoms, see your doctor promptly for a bacterial culture test.

GBS can also cause bladder infections, with or without symptoms. Ask your doctor to do a urine culture for GBS and other bacteria (not the standard prenatal urine check.) GBS in your urine means that you are heavily colonized, which puts your baby at greater risk.<sup>1</sup> Oral antibiotics should be prescribed.

It is now the standard of care in the USA and Canada for all pregnant women to be tested for GBS at 35 to 37 weeks of pregnancy. Your doctor will perform a swab test of your vagina and rectum and obtain the test results in 2–3 days. If the test result is positive, you carry GBS. Ask to make sure you are tested during *each* pregnancy!

Many hospitals now offer rapid, DNA-based tests such as the Xpert™ GBS Assay (Cepheid, CA, USA). This test can be performed during labor or any time during pregnancy with results in less than 1 hour.<sup>2</sup> Rapid test results are important because your GBS status can change by the time you go into labor, culture tests can show a false negative, or your culture test results may not be available.

## How can GBS infect my baby?

- GBS can infect your baby before birth — even before your water breaks. Procedures such as cervical exams and stripping membranes or using cervical ripening gel to induce labor can all push GBS closer to your baby.<sup>3–8</sup>
- GBS can cause preterm labor, causing your baby to be born too early.
- GBS can also cause your water to break prematurely without labor starting, causing your baby to lose a significant layer of protection.
- Babies are most often infected with GBS as they pass through the birth canal. Internal fetal monitors can allow GBS to enter your baby’s bloodstream through the cut in his/her scalp.<sup>1</sup> GBS infections in the first week of life are called “early-onset”.
- Babies can become infected with GBS by sources other than the mother. GBS infections after the first week of life are called “late-onset”.

Be aware that your womb and/or C-section wound can become infected by GBS.

## How can I best protect my baby

### ...DURING PREGNANCY?

- Ask your doctor to do a urine culture for GBS and other bacteria in at least your first and third trimesters.<sup>9</sup>
- See your doctor promptly for any symptoms of vaginal infection.<sup>10</sup>
- Make sure you are tested at 35–37 weeks.
- Avoid unnecessary, frequent, or forceful internal exams. Internal exams can tell how far you are dilated, but do not accurately predict when your baby will be born.<sup>5</sup> Vaginal ultrasounds may be available as a less invasive alternative.<sup>3</sup>
- Talk with your doctor about not stripping your membranes and not using cervical ripening gel to induce labor.<sup>4,6–8</sup>
- Tell your doctor if you are allergic to penicillin. There are antibiotic alternatives.<sup>1</sup>
- Plan ahead if you have short labors or live far from the hospital. The intravenous (IV) antibiotics you should receive in labor generally take 4 hours to be effective.<sup>1</sup>

- If you are having a planned C-section, ask to start IV antibiotics 4 hours before your incision. Your baby is still at risk if you have a C-section.
- Talk to your doctor about whether or not to use internal fetal monitors during labor before you have had IV antibiotics for at least 4 hours. Benefits may outweigh the risks.

### ...WHEN MY WATER BREAKS OR I START LABOR?

- Call your doctor.
- If you tested positive for GBS, *immediately* go to the hospital to start IV antibiotics.
- If you do not have a GBS test result, and your hospital does not offer a rapid DNA-based test such as the Xpert™ GBS test (Cepheid, CA, USA), you should be offered IV antibiotics based on the following risk factors:
  - You have already have had a baby with GBS disease.
  - You have had GBS in your urine during this pregnancy.
  - Your baby will be born before 37 weeks.
  - Your water has been broken 18+ hours without delivering. (Even 12+ hours increases the risk.<sup>11</sup>)
  - You have a fever of 100.4 °F or higher during labor.

*In half of GBS infections, the mother has no risk factors.<sup>12</sup> This is why testing is so important!*

### ...AFTER MY BABY IS BORN?

- Antibiotics generally take 4 hours to be effective. If you give birth before having received antibiotics for 4 hours, the hospital may culture and observe your baby for 48 hours.
- You can ask for your baby to have antibiotics while waiting for the results of the culture.
- Some hospitals will give your baby a penicillin shot within 1 hour of birth to further reduce the risk of GBS infection.<sup>14</sup> Ask your doctor.
- Have everyone wash their hands thoroughly 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.<sup>15</sup>