



Even though you've tested **negative** for Group B Strep (GBS), learn how to help protect your baby

GBS is a type of bacteria naturally found in the digestive tract and birth canal of about 1 in 4 pregnant women. However, GBS status can change throughout pregnancy and culture tests can show a false negative so it is important to be aware that GBS can infect babies before birth, during birth, and even by sources other than the mother up to several months of age. Women who test negative are not usually treated with IV antibiotics during labor and delivery due to concerns about antibiotic resistance and altered vaginal flora.

You can help protect your baby from GBS (☑ as done)

...DURING PREGNANCY

- Ask for the results of your urine culture for GBS and other bacteria which should be done early in pregnancy. If you have already had a baby with GBS disease or have had GBS in your urine at any time during this pregnancy, you should receive IV antibiotics promptly when your water breaks/labor starts **regardless** of this pregnancy's GBS test results. **Use checklist for GBS positive women instead!**
- See your provider promptly for any symptoms of a bladder (urinary tract) infection. Oral antibiotics should be prescribed if you have a significant level of GBS in your urine. GBSI advocates a recheck ("test of cure") one month after treatment. GBS in your urine means that you may be heavily colonized, which puts your baby at greater risk.
- See your provider promptly for an exam and possible GBS testing if you have any "vaginitis" symptoms. Symptoms may be mistaken for a yeast infection and treated incorrectly. Be aware that bacteria can be passed between sexual partners, including through oral contact.
- Contact your care provider **immediately** if you notice either of these signs:
 - Decreased or no fetal movement after your 20th week
 - You have any unexplained fever
- Know that "alternative medicine" treatments such as garlic or tea tree oil have **not** been proven to prevent your baby from becoming infected. Some are unsafe.
- Avoid unnecessary, frequent, or forceful internal exams. Knowing how far you are dilated does not accurately predict when your baby will be born. Internal exams may push GBS, *E. coli*, or other microorganisms that can also cross intact membranes closer to your baby. Vaginal or perineal ultrasounds are less invasive options.

- Discuss the benefits vs. risks of possible methods of induction with your provider well before your due date as not all providers ask before "stripping" (also known as "sweeping") membranes.
- Ask your provider to **not** strip your membranes. Procedures such as stripping membranes and using cervical ripening gel to induce labor may push GBS, *E. coli*, or other microorganisms that can also cross intact membranes closer to your baby.
- Get tested between 35–37 weeks even if you tested negative earlier in pregnancy. (If you still test negative, ask your provider about having a new test after five weeks if you have not yet given birth.)
- Know that you still need to be tested at 35–37 weeks even if you are having a planned C-section.

... WHEN YOUR WATER BREAKS OR LABOR STARTS

- Call your care provider. Report any fever.
- Avoid unnecessary, frequent, or forceful internal exams. Vaginal or perineal ultrasounds are less invasive options.

...AFTER YOUR BABY IS BORN

- Breastfeeding can supply your baby with important antibodies to fight infection. Although possible transmission from breast milk has been suggested, the overall benefits of breastfeeding far outweigh any potential risk of exposure to GBS.

Post for Quick Reference

- Have **everyone** wash their hands before handling your baby. Babies can become infected with GBS by sources other than the mother.
- Make sure **everyone** who takes care of your baby knows the symptoms of GBS infection in babies and how to respond. GBS can infect babies up to several months of age.

SYMPTOMS OF GBS INFECTION

Call your baby's care provider **immediately** or take your baby to the emergency room if you notice any of these signs:

- High-pitched cry, shrill moaning, whimpering
- Marked irritability, inconsolable crying
- Constant grunting, as if constipated
- Projectile vomiting
- Feeds poorly or refuses to eat, not waking for feedings
- Sleeping too much, difficulty being aroused
- Fever or low or unstable 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
- Infection (pus or red skin) at base of umbilical cord or in head puncture from internal fetal monitor

EMERGENCY CONTACT INFO: _____

For More Information

www.groupbstrepinternational.org
www.leahs-legacy.org

