INTERNATIONAL CONFERENCE ON GROUP B STREP 2020

JULY 20-22, 2020

E-CONFERENCE BAG
Power in Sensitivity

In a clinical trial, the Panther Fusion® GBS assay demonstrated **100% sensitivity** and **96.5% specificity** when compared to culture-based testing methods.¹

When screening for Group B streptococcus, molecular is the optimal choice when compared to culture-based screening.²

The Panther Fusion GBS assay provides excellent, accurate results expectant mothers and their providers can rely on.¹


PANThER FUSION® GBS Assay

Proud Supporter of GBS Awareness Month

GROW ON PANTHER
Frühgeburten vermeiden durch Selbstvorsorge

Thüringer Frühgeburtenvermeidungsaktion unter Schirmherrschaft von Heike Werner, Ministerin für Arbeit, Soziales, Gesundheit, Frauen und Familie

Noch immer kommt es bei etwa 9% aller Schwangerschaften zu einer Frühgeburt. Eine häufige Ursache hierfür sind Infektionen in der Scheide, die von der Schwangeren oft nicht selbst bemerkt werden können.

Scheideninfektion frühzeitig erkennen

Einfacher Selbsttest zur Bestimmung des pH-Wertes

Eindrucksvolle Erfolge mit der Selbstvorsorge
Wissenschaftliche Untersuchungen zeigen, dass insbesondere die frühen Frühgeburten (< 32. SSW) bei Anwendung dieses einfachen Selbsttestes deutlich abnehmen.

Also: Frühgeburten vermeiden durch Selbstvorsorge!
 Nähere Informationen erhalten Sie in Ihrer Frauenärztlichen Praxis.

Initiiert von:
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Help Protect Your Baby from Group B Strep

GBS is a very fast-acting type of bacteria and an otherwise healthy-appearing baby can become critically ill within a matter of hours. However, being able to recognize the signs of GBS infection in babies is imperative for prompt medical treatment for better outcomes.

<table>
<thead>
<tr>
<th>Body temperature</th>
<th>Eating Habits</th>
<th>Sleeping Habits</th>
<th>Sounds</th>
<th>Behavior</th>
<th>Appearence of skin</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Fever or low or unstable temperature</td>
<td>• Feeds poorly or refuses to eat</td>
<td>• Sleeping too much</td>
<td>• High-pitched cry</td>
<td>• Marked irritability</td>
<td>• Blue, gray, or pale skin due to lack of oxygen</td>
</tr>
<tr>
<td>• Hands and feet may still feel cold even with a fever</td>
<td></td>
<td>• Difficulty being aroused</td>
<td>• Shrill moaning, whimpering</td>
<td>• Projectile vomiting</td>
<td>• Blotchy or red skin</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Inconsolable crying</td>
<td>• Reacting as if skin is tender when touched</td>
<td>• Tense or bulgy spot on top of head (fontanel)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Constant grunting or moaning as if constipated or in distress</td>
<td>• Listless</td>
<td>• Infection (pus and/or red skin) at base of umbilical cord or in puncture on head from an internal fetal monitor</td>
</tr>
</tbody>
</table>

Source: Group B Strep International (gbs-info.org)
GBSI advocates:

**Membranes should NOT be stripped**

GBS, *E. coli*, & other local microflora can be transported into the lower uterine segment

GBS, *E. coli*, & other local microflora can cross/weaken intact membranes

If present, GBS, *E. coli*, & other local microflora can cause stillbirth/damaged babies at birth

**GBS-**

**GBS+**

*GBS status can change!*

Testing not routinely done to determine if *E. coli* and other microorganisms present

**Membrane Stripping**

Note: Informed consent should be obtained and documented if membranes are to be stripped.
# GROUP B STREP

About 1 in 4 pregnant women carry GBS

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<th>ABOUT GBS</th>
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<tr>
<td>• GBS is naturally found in the digestive and lower reproductive tracts. Carrying GBS does not mean you are infected, but GBS can be passed to your baby, causing an infection</td>
</tr>
<tr>
<td>• Women should have their urine cultured for GBS early in pregnancy and receive a GBS swab test between 36 and 37 weeks if their urine culture was negative</td>
</tr>
<tr>
<td>• Babies can be infected by GBS before birth through several months of age</td>
</tr>
<tr>
<td>• GBS can cause babies to be miscarried, stillborn, born prematurely, become very sick, have lifelong handicaps, or die</td>
</tr>
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<tr>
<th>PRENATAL-ONSET GBS DISEASE OCCURS BEFORE BIRTH OR BEFORE EARLY-ONSET PREVENTION STRATEGIES WOULD BE EFFECTIVE</th>
</tr>
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<tbody>
<tr>
<td>• Prenatal-onset is often unrecognized and includes miscarriages and stillbirths caused by GBS</td>
</tr>
<tr>
<td>• Avoid unnecessary invasive procedures which may push GBS closer to your baby where GBS is able to cross intact membranes</td>
</tr>
<tr>
<td>• Be aware that GBS can also cause preterm labor and PPROM</td>
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<th>EARLY-ONSET GBS DISEASE OCCURS WITHIN THE FIRST WEEK OF LIFE</th>
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<tr>
<td>• It is currently the only type of GBS that has a recommended prevention strategy</td>
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<tr>
<td>• Pregnant women should be tested for GBS during the 36th or 37th week of each pregnancy</td>
</tr>
<tr>
<td>• If you test positive for GBS in your urine culture or your late third trimester swab test, you should receive IV antibiotics for GBS when labor starts or your water breaks</td>
</tr>
<tr>
<td>• GBS colonization is transient meaning a woman could test negative, but be colonized later and vice versa</td>
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<tr>
<th>LATE-ONSET GBS DISEASE OCCURS IN BABIES FROM 7 DAYS OF AGE UP TO SEVERAL MONTHS OLD</th>
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<td>• Once born, babies can become infected by sources other than the mother</td>
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<tr>
<td>• A few late-onset and recurrent GBS infections have been associated with infected breast milk - it is currently thought that the health benefits of breastfeeding outweigh any potential risk of exposure</td>
</tr>
<tr>
<td>• Be aware that your baby could still become infected even if you tested negative</td>
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<tr>
<th>RECURRENT GBS IS WHEN A BABY HAS HAD A GBS INFECTION, BEEN TREATED SUCCESSFULLY, AND IS LATER INFECTED BY GBS, AGAIN</th>
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<th>3 TYPES OF GBS</th>
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<td>• GBS IS A FAST-ACTING TYPE OF BACTERIA SO IT IS IMPERATIVE THAT EVERYONE WHO TAKES CARE OF YOUR BABY KNOWS THE SYMPTOMS OF POSSIBLE GBS INFECTION IN BABIES</td>
</tr>
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### Signs and Symptoms

**During pregnancy**
- Decreased or no fetal movement after your 20th week
- Frenzied fetal movement
- Any unexplained fever

**Signs of Preterm Labor**
- Water breaking
- More vaginal discharge than usual or vaginal discharge changes
- Vaginal bleeding
- Increased pressure in pelvis or vagina
- Cramping in the lower abdomen or period-like cramps
- Nausea, vomiting, or diarrhea
- Dull lower backache
- Regular or frequent contractions

**After birth**
- Sounds: high-pitched cry, shrill moaning, whimpering, inconsolable crying, constant grunting or moaning as if constipated or in distress
- Breathing: fast, slow, or difficult breathing
- Appearance of skin: blue, gray, or pale skin, blotchy or red skin, tense or bulging fontanel, infection (pus/red skin) at base of umbilical cord or in puncture on head from internal fetal monitor
- Eating Habits: feeding poorly, refusing to eat, not waking for feedings.
- Sleeping Habits: sleeping too much, difficulty being aroused
- Behavior: marked irritability, projectile vomiting, reacting as if skin is tender when touched, not moving an arm or leg, listless, floppy, blank stare, body stiffening, uncontrollable jerking
- Temperature: fever or low or unstable temperature, hands and feet may feel cold even with a fever

[Learn more at GBS-INFO.ORG](http://GBS-INFO.ORG)