

# INTERNATIONAL CONFERENCE ON GROUP B STREP 2020

JULY 20-22, 2020

E-CONFERENCE BAG



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.<sup>1</sup>







# Frühgeburten vermeiden durch Selbstvorsorge

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





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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.

## **Body temperature**

- Fever or low or unstable temperature
- Hands and feet may still feel cold even with a fever



## **Eating Habits**

- Feeds poorly or refuses to eat
- Not waking for feedings



# **Sleeping Habits**

- Sleeping too much
- Difficulty being aroused



## **Breathing**

Fast, slow, or difficult breathing

(Note: Being unable to latch can be a sign of breathing difficulties)



### Sounds

- High-pitched cry
- · Shrill moaning,
- Whimpering
- Inconsolable crying
- Constant grunting or moaning as if constipated or in distress



### **Behavior**

- Marked irritability
- Projectile vomiting
- Reacting as if skin is tender when touched
- Listless
- Floppy
- Not moving an arm or leg
- Blank stare
- Body stiffening
- Uncontrollable jerking



## Appearence of skin

- Blue, gray, or pale skin due to lack of oxygen
- Blotchy or red skin
- Tense or bulgy spot on top of head (fontanel)
- Infection (pus and/or red skin) at base of umbilical cord or in puncture on head from an internal fetal monitor



### 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



Note: Informed consent should be obtained and documented if membranes are to be stripped.

# ABOUT GBS

# 3 TYPES OF GBS

# SIGNS AND SYMPTOMS

# GROUP B STREP

# About 1 in 4 pregnant women carry GBS

# • 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

- 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
- · Babies can be infected by GBS before birth through several months of age
- GBS can cause babies to be miscarried, stillborn, born prematurely, become very sick, have lifelong handicaps, or die

# PRENAT/

# PRENATAL-ONSET GBS DISEASE OCCURS BEFORE BIRTH OR BEFORE EARLY-ONSET PREVENTION STRATEGIES WOULD BE EFFECTIVE

- Prenatal-onset is often unrecognized and includes miscarriages and stillbirths caused by GBS
- Avoid unnecessary invasive procedures which may push GBS closer to your baby where GBS is able to cross intact membranes
- Be aware that GBS can also cause preterm labor and PPROM

# ARLY

### EARLY-ONSET GBS DISEASE OCCURS WITHIN THE FIRST WEEK OF LIFE

- It is currently the only type of GBS that has a recommended prevention strategy
- Pregnant women should be tested for GBS during the 36th or 37th week of each pregnancy
- 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
- GBS colonization is transient meaning a woman could test negative, but be colonized later and vice versa

# ATE

### LATE-ONSET GBS DISEASE OCCURS IN BABIES FROM 7 DAYS OF AGE UP TO SEVERAL MONTHS OLD

- Once born, babies can become infected by sources other than the mother
- 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
- Be aware that your baby could still become infected even if you tested negative

# RECURRENT GBS IS WHEN A BABY HAS HAD A GBS INFECTION, BEEN TREATED SUCCESSFULLY, AND IS LATER INFECTED BY GBS, AGAIN

# 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

### **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 periodlike 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
- 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
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