

# NOW THAT YOU'VE TESTED POSITIVE FOR GROUP B STREP (GBS), LEARN HOW TO HELP PROTECT YOUR BABY

Testing positive for GBS means that you “carry” or are “colonized” with group B strep, a type of bacteria naturally found in the digestive tract and birth canal. Carrying GBS does not mean that you have an infection. However, GBS can infect babies before birth through several months of age due to their underdeveloped immune systems.

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

### ...DURING PREGNANCY?

- Ask your healthcare provider to do a urine culture for GBS and other bacteria if not already done early in pregnancy.<sup>1</sup> Oral antibiotics should be prescribed if you have urinary tract infection (UTI) symptoms or a significant level of GBS in your urine. GBS in your urine means that you are likely heavily colonized vaginally which puts your baby at greater risk.<sup>2</sup> GBSI advocates a recheck after treatment.
- See your healthcare provider promptly for any UTI symptoms.
- See your healthcare provider promptly for an exam and possible GBS testing if you have any vaginitis symptoms which can be mistaken for a yeast infection and treated incorrectly.<sup>3,4</sup>
- Contact your healthcare provider immediately if you experience:
  - Decreased or no fetal movement after your 20th week
  - Frenzied or sudden excessive fetal movement<sup>5</sup>
  - You have any unexplained fever
  - Any signs of preterm labor or your water breaks before your 37th week
- Get a copy of your GBS results to keep with you!
- Plan ahead if you have short labors or live far from the hospital. The IV antibiotics you receive in labor generally take 4 hours to be optimally effective.
- Tell your provider if you are allergic to penicillin and describe your reaction. There are antibiotic alternatives if necessary.<sup>2</sup>
- Know that “alternative medicine” treatments such as garlic or tea tree oil have not been proven to prevent your baby from becoming infected. Some treatments may be unsafe.
- Avoid unnecessary, frequent, or forceful internal exams which may push GBS closer to your baby. Knowing how far you are dilated does not accurately predict when your baby will be born.<sup>6-8</sup> Vaginal or perineal ultrasounds are less invasive options.<sup>9,10</sup>

- Discuss the risks vs. benefits of possible methods of induction with your healthcare provider well before your due date as not all providers ask before “stripping” (also known as “sweeping”) membranes.
- Ask your healthcare provider to not strip your membranes. GBS can cross intact membranes and procedures such as stripping membranes and using cervical ripening gel to induce labor may push GBS closer to your baby.<sup>11-14</sup>
- If you are having a planned C-section, talk to your provider about the potential risk of GBS infection and the risks vs. benefits of starting IV antibiotics for GBS well before your incision. IV antibiotics for GBS are not indicated per the US guidelines for a planned C-section done before your water breaks or labor starts as the risk of GBS infection in this situation is very low.
- Talk to your healthcare provider about whether or not to have an internal fetal monitor and/or have your water broken before you have had IV antibiotics for at least 4 hours.

### ...WHEN YOUR WATER BREAKS OR LABOR STARTS

- Call your healthcare provider. Remind them of your GBS status. Report any fever.
- Go to the hospital immediately. Have all GBS results with you. Be sure to tell the staff that you need to receive IV antibiotics for GBS as soon as possible.
- Avoid unnecessary, frequent, or forceful internal exams.<sup>6-8</sup> The IV antibiotics you receive in labor generally take 4 hours to be optimally effective. Vaginal or perineal ultrasounds are less invasive options.<sup>9-10</sup>

### ...AFTER YOUR BABY IS BORN

- If you give birth before you have had 4 hours of antibiotics, the hospital may culture and/or observe your baby for 36–48 hours.<sup>15</sup>
- Be aware that breastfeeding can supply your baby with important antibodies to fight infection.<sup>16</sup> Although a few late-onset and recurrent GBS infections are possibly associated with infected breast milk, it is currently thought that the health benefits of breastfeeding outweigh any potential risk of exposure to GBS.<sup>17-20</sup>

- Have everyone wash their hands before handling your baby.
- Make sure everyone who takes care of your baby knows the signs of GBS infection in babies and how to respond.

Cut out and post visibly for quick reference

## SIGNS OF GBS INFECTION

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

- Sounds — High-pitched cry, shrill moaning, whimpering, constant grunting or moaning as if constipated or in distress
- Breathing — Fast, slow, or difficult breathing
- Appearance of Skin — Blue or gray or pale skin, blotchy or red skin, tense or bulging fontanel, infection (pus and/or red skin) at base of umbilical cord or in puncture wound on head from an internal fetal monitor
- Eating and Sleeping Habits — Feeding poorly, refusing to eat, not waking for feedings, 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
- Body Temperature — Fever or low or unstable temperature, hands and feet may still feel cold even with a fever

### EMERGENCY CONTACT INFO:

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[www.gbs-intl.org](http://www.gbs-intl.org)  
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