

...AFTER MY BABY IS BORN?

If you give birth before you have had 4 hours of antibiotics, the hospital may culture your baby and/or observe him or her for 36–48 hours after birth.¹⁴

Be aware that your baby could still become infected even if you tested negative as well as even become infected from other sources.

Breastfeeding can supply your baby with important antibodies to fight infection.¹⁵ However, a few late-onset and recurrent GBS infections are possibly associated with infected breast milk.^{16,17} It is currently thought that the health benefits of breast-feeding outweigh any potential risk of exposure to GBS.^{18,19}

Post visibly for quick reference

Have **everyone** wash their hands before handling your baby.

Make sure **everyone** who takes care of your baby knows the symptoms of GBS infection in babies and how to respond.

SYMPTOMS OF GBS INFECTION IN BABIES

Call your baby's care 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 (soft spot on a baby's head), 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:



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 several months of age.

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



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Footnote references are available at www.groupbstrepiinternational.org/ references.

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

Revised September, 2019

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 leading cause of sepsis and meningitis in newborns in the USA

Group B strep is a major, yet preventable, cause of maternal and infant ill health globally per the World Health Organization (WHO)



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 type of bacteria that is naturally found in the digestive and lower reproductive tracts of both men and women. About 1 in 4 pregnant women “carry” or are “colonized” with GBS. Carrying GBS does not mean that you have an infection or are unclean. Anyone can carry GBS.

Unfortunately, babies can be infected by GBS before birth through several months of age due to their underdeveloped immune systems. Only a few babies who are exposed to GBS become infected, but GBS can cause babies to be *miscarried, stillborn, born premature, or become very sick* and sometimes even *die after birth*. GBS most commonly causes infection in the blood (sepsis), the fluid and lining of the brain (meningitis), and lungs (pneumonia). Some GBS survivors experience handicaps such as blindness, deafness, mental challenges, and/or cerebral palsy.

Fortunately, most GBS infections that develop *at birth* can be prevented if women who have tested positive receive at least 4 hours of antibiotics through the vein (IV) just prior to delivery.

How do I know if I carry GBS?

Although most women do not have any symptoms, GBS can cause vaginal burning, vaginal irritation and/or unusual discharge which may be mistaken for a yeast infection and treated incorrectly.¹ If you have “vaginitis” symptoms, see your care provider promptly for an exam and possible GBS testing.

GBS can also cause bladder infections, with or without symptoms. Your provider should do a urine culture for GBS and other types of bacteria (this is *not* the standard prenatal urine “dipstick” check) at the first prenatal visit. GBS in your urine means that you are likely heavily colonized vaginally which puts your baby at greater risk.² If your urine tests positive, your provider should consider you to be GBS positive for this pregnancy so that you receive IV antibiotics for GBS when labor starts or your water breaks.

It is now the standard of care in the US for all pregnant women to be routinely tested for GBS during the 36th or 37th week of each pregnancy unless their urine already cultured positive in the current pregnancy. (Since levels of GBS can change, each pregnancy can be different.) Your provider will perform a swab test of *both* your vagina and rectum and should have your test result in 2–3 days. Inform your provider if you are using antibiotics and/or vaginal medications which may cause false negative results.³

How can GBS harm my baby?

- GBS can infect your baby even before your water breaks. GBS infections before birth are called “*prenatal-onset*.”
- 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.
- It is thought that babies are most often infected with GBS as they pass through the birth canal. GBS infections within the first 6 days of life are called “*early-onset*.”
- Babies can become infected with GBS by sources other than the mother. GBS infections occurring between 7 days to 3 months of age are called “*late-onset*.” Although less common, “very-late-onset” may occur after 3 months of age.

How can I help protect my baby (☑ as done)

...DURING PREGNANCY?

- Ask to have a urine culture for GBS and other types of bacteria done at your first prenatal visit.⁴ If you have urinary symptoms or a significant level of GBS in your urine, your provider should prescribe oral antibiotics at the time of diagnosis.² GBSI advocates a recheck (“test of cure”) one month after treatment.
- See your provider promptly for any symptoms of bladder (urinary tract) infection and/or vaginitis symptoms.⁵
- Be aware that bacteria can be passed between sexual partners, including through oral contact.⁶
- Contact your provider *immediately* if you experience:
 - Decreased or no fetal movement after your 20th week
 - Frenzied fetal movement
 - Any unexplained fever
 - Any signs of preterm labor or your water breaks before your 37th week
- Get tested during your 36th or 37th week. Ask for your test result. If the test result is positive, you should receive IV antibiotics when labor starts or your water breaks.
- Get a copy of all culture test results and keep them 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 IV antibiotic alternatives if necessary.²

- Know that “alternative medicine” treatments such as garlic or tea tree oil have *not* been proven to prevent your baby from becoming infected.⁸
- Avoid unnecessary, frequent, or forceful internal exams which may push GBS closer to your baby.⁸ (Knowing how far you are dilated does not accurately predict when your baby will be born.) Vaginal or perineal ultrasounds are less invasive options.⁹
- 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 if you test positive for GBS. (Be aware that you may test negative, but be GBS positive later.) GBS can cross even intact membranes and procedures such as stripping membranes and using cervical ripening gel to induce labor may push bacteria closer to your baby.¹⁰⁻¹²
- If you are having a planned C-section, talk to your provider about the risks vs. benefits of starting IV antibiotics for GBS well before your incision. C-sections may not completely prevent GBS infection although the risk during a planned C-section is extremely low if performed before your labor starts and before your water breaks.
- Talk to your 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 MY WATER BREAKS OR LABOR STARTS?

- Call your care provider. Report any fever. Remind him or her of your GBS status. If you have already had a baby with GBS disease or have had GBS in your urine in this pregnancy, you should receive IV antibiotics *regardless* of this pregnancy’s GBS test results.
- Go to the hospital immediately if you should receive IV antibiotics. Have all test results with you. Be sure to tell the nurses that you need to start IV antibiotics for GBS.
- If you do not have a GBS test result, per the US guidelines you should be offered IV antibiotics based on the following risk factors:
 - Your baby will be born before 37 weeks.
 - Your water has been broken 18+ hours without delivering.
 - You have a fever of 100.4 °F or higher during labor.
 - If a rapid molecular test is offered, any of the above risk factors develop even if your test result is negative.
 - If a rapid molecular test is offered, your test result is positive.
 - You were GBS positive in a previous pregnancy.

In half of GBS infections, the mother has no risk factors.¹⁵ This is why testing is so important!