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. 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. However, 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.

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

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**

1. **Behavior** — Marked irritability, projectile vomiting, constipation, or diarrhea.
2. **Appearance of Skin** — Blue or gray or pale skin, red skin, tinge of purplishness or bluish tinge, rash, redness, blisters, or petechial (small, red spots)
3. **Eating and Sleeping Habits** — Feeding poorly, refusing to eat, vomiting, not waking for feedings, sleeping too much, difficulty being aroused
4. **Body Temperature** — Fever or low or unstable temperature

Call your baby’s care provider immediately if you notice any of these signs:

Promoting awareness and prevention of GBS disease in babies before birth through early infancy

GROUP B STREP INTERNATIONAL

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 health globally per the World Health Organization (WHO).

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GROUP B STREP INTERNATIONAL
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.

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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.9 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

**...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.

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.

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