

...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.⁸
- Be aware that your baby could still become infected even if you tested negative. Your baby could also become infected by other sources.
- Be aware that breastfeeding can supply your baby with important antibodies to fight infection.¹⁹ 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.²⁰⁻²³
- 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 IN BABIES

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: _____



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.



For more information or to donate, contact:

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References are available at www.groupbstrepinternational.org/references.

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

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Help Protect Your Baby from Group B Strep (GBS)



Group B strep is a leading cause of invasive infection in babies worldwide



*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 individuals “carry” or are “colonized” with GBS. Carrying GBS does not mean that you have an infection or are unclean. Anyone can carry GBS. However, invasive group B strep disease (iGBS) can occur when GBS causes an infection.

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 miscarriage, stillbirth, preterm birth and infection in newborn babies possibly resulting in lifelong health challenges or even death.

Fortunately, most GBS infections that develop at birth can be prevented if pregnant individuals who have tested positive receive at least 4 hours of IV antibiotics just prior to delivery.

How do I know if I carry GBS?

Although most people 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 healthcare provider promptly for an exam and possible GBS testing.

GBS can also cause bladder infections, with or without symptoms. Your healthcare provider should do a urine culture for GBS and other types of bacteria 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 (GBS+) 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 many countries to routinely test for GBS during the 36th or 37th week of each pregnancy unless a urine culture is positive in the current pregnancy or a previous baby was infected by GBS. Testing is done by taking a swab of both your vagina and rectum. Your test result should be available in 2–3 days. Be aware that you may test negative for GBS (GBS-), but be GBS+ later and vice versa as GBS colonization can change. Ask your provider about being tested again if GBS- in a test done before 36 weeks.

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 most babies acquire GBS from their mother's birth canal. GBS infections within the first 6 days of life are called “early-onset.”
- Once born, babies can become infected with GBS by sources other than their mother. GBS infections occurring between 7 days to 3 months of age are called “late-onset.” Although less common, “ultra 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.³ If you have symptoms of a urinary tract infection (UTI) or a significant level of GBS in your urine, your healthcare provider should prescribe oral antibiotics at the time of diagnosis.² GBSI advocates a recheck (“test of cure”) one month after treatment.
- See your healthcare provider promptly for any UTI and/or vaginitis symptoms.⁴
- Be aware that bacteria can be passed between sexual partners, including through oral contact.⁵
- Contact your healthcare provider immediately if you experience:
 - Decreased or no fetal movement after your 20th week
 - Frenzied or sudden excessive fetal movement⁶
 - Any unexplained fever
 - Any signs of preterm labor or your water breaks before your 37th week
- Get tested during your 36th or 37th week. Tell your provider if you are using antibiotics and/or vaginal medications which may cause false negative results.⁷ (If you test negative, ask your provider about being tested again if you have not given birth within five weeks.)
- 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 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. 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. Vaginal or perineal ultrasounds are less invasive options.⁸⁻¹²
- Discuss the risks vs. benefits 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. GBS can cross intact membranes and procedures such as stripping membranes and using cervical ripening gel to induce labor may push GBS as well as other bacteria closer to your baby.¹³⁻¹⁶
- 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 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 healthcare provider. Report any fever. Remind them of your GBS status, including if GBS+ in a test done before 36 weeks. If you previously had a baby with iGBS or have had GBS in your urine in this pregnancy, you should receive IV antibiotics for GBS regardless of this pregnancy's GBS test result.
- If you do not have a GBS test result at the onset of labor, IV antibiotics are indicated* for you per the US guidelines if you have any of 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 (38°C) or higher during labor.
 - Your test result from a rapid molecular test (if offered) is negative and any of the above risk factors develop.
 - Your test result from a rapid molecular test (if offered) is positive.
 - You were GBS positive in a previous pregnancy. *If this is your only risk factor and you are 37+ weeks, your provider may also choose to discuss IV antibiotics as an option.
- Go to the hospital immediately if you should receive IV antibiotics. Have any GBS results with you. Tell the staff you need to receive IV antibiotics for GBS as soon as possible.

*In half of GBS infections, the mother has no risk factors.
This is why testing is so important!¹⁷*