

**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. 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 babies to be miscarried, stillborn, born premature, or become very sick and sometimes have lifelong health challenges or even die after birth. Fortunately, most GBS infections 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 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.<sup>1</sup> 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.<sup>2</sup> If your urine tests positive, your healthcare 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 test of both your vagina and rectum. Your test result should be available in 2–3 days. Be aware that you may test negative, but be GBS+ later and vice versa as GBS colonization can change.

## ☑ Help Protect Your Baby from Group B Strep

### During pregnancy

- Ask to have a urine culture for GBS and other types of bacteria done at your first prenatal visit.<sup>3</sup> If you have symptoms of a urinary tract infection (UTI) or a significant level of GBS in your urine, your provider should prescribe oral antibiotics at the time of diagnosis.<sup>2</sup> GBSI advocates a recheck after treatment.
- See your healthcare provider promptly for any UTI and/or vaginitis symptoms.<sup>4</sup>
- Contact your provider immediately if you experience:
  - Decreased or no fetal movement after your 20th week
  - Frenzied or sudden excessive fetal movement<sup>5</sup>
  - 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.<sup>6</sup>
- 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 healthcare provider if you are allergic to penicillin and describe your reaction. There are IV antibiotic alternatives if necessary.<sup>7</sup>
- Know that “alternative medicine” treatments such as garlic or tea tree oil have not been proven to prevent your baby from becoming infected.
- Avoid unnecessary, frequent, or forceful internal exams which may push GBS closer to your baby.<sup>7-9</sup> Vaginal or perineal ultrasounds are less invasive options.<sup>10,11</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 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>12-15</sup>
- If you are having a planned C-section, talk to your healthcare 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 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 my water breaks or labor starts

- Call your healthcare provider. Report any fever. Remind them of your GBS status. If you have previously had a baby with invasive GBS disease or have had GBS in your urine in this pregnancy, you should receive IV antibiotics regardless of this pregnancy’s GBS test result.
  - Go to the hospital immediately if you should receive IV antibiotics. Have your GBS results with you. Be sure to tell the staff that you need to start IV antibiotics for GBS.
  - If you do not have a 36+ week GBS test result, per the US guidelines you should be offered IV antibiotics 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 temperature 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.
- In almost half of GBS infections, the mother has no risk factors.<sup>16</sup> This is why testing is so important!*

### 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.<sup>17</sup>
- 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 help protect your baby with important antibodies to fight infection.<sup>18</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>19-22</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.

### 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.”
- Once born, 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, “ultra late-onset” may occur after 3 months of age.

### 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



Footnote references are available at [groupbstrepiinternational.org/references](http://groupbstrepiinternational.org/references). This handout is for informational purposes only and does not constitute medical advice. Revised January 2023.