

GROUP B STREP

About 1 in 4 pregnant women carry GBS

ABOUT GBS

- GBS is naturally found in the digestive and lower reproductive tracts. Carrying GBS does not mean you are infected, but GBS can be passed to your baby, causing an infection
- Women should have their urine cultured for GBS early in pregnancy and receive a GBS swab test between 36 and 37 weeks if their urine culture was negative
- Babies can be infected by GBS before birth through several months of age
- GBS can cause babies to be miscarried, stillborn, born prematurely, become very sick, have lifelong handicaps, or die

3 TYPES OF GBS

PRENATAL

PRENATAL-ONSET GBS DISEASE OCCURS BEFORE BIRTH OR BEFORE EARLY-ONSET PREVENTION STRATEGIES WOULD BE EFFECTIVE

- Prenatal-onset is often unrecognized and includes miscarriages and stillbirths caused by GBS
- Avoid unnecessary invasive procedures which may push GBS closer to your baby where GBS is able to cross intact membranes
- Be aware that GBS can also cause preterm labor and PPROM

EARLY

EARLY-ONSET GBS DISEASE OCCURS WITHIN THE FIRST WEEK OF LIFE

- It is currently the only type of GBS that has a recommended prevention strategy
- Pregnant women should be tested for GBS during the 36th or 37th week of each pregnancy
- If you test positive for GBS in your urine culture or your late third trimester swab test, you should receive IV antibiotics for GBS when labor starts or your water breaks
- GBS is a transient bacteria meaning a woman could test negative, but be colonized later and vice versa

LATE

LATE-ONSET GBS DISEASE OCCURS IN BABIES OVER 1 WEEK OF AGE UP TO SEVERAL MONTHS OLD

- Once born, babies can become infected by sources other than the mother
- A few late-onset and recurrent GBS infections have been associated with infected breast milk - it is currently thought that the health benefits of breastfeeding outweigh any potential risk of exposure
- Be aware that your baby could still become infected even if you tested negative

RECURRENT GBS IS WHEN A BABY HAS HAD A GBS INFECTION, BEEN TREATED SUCCESSFULLY, AND IS LATER INFECTED BY GBS, AGAIN

SIGNS AND SYMPTOMS

GBS IS A FAST-ACTING TYPE OF BACTERIA SO IT IS IMPERATIVE THAT EVERYONE WHO TAKES CARE OF YOUR BABY KNOWS THE SYMPTOMS OF POSSIBLE GBS INFECTION IN BABIES

During pregnancy

- Decreased or no fetal movement after your 20th week
- Frenzied fetal movement
- Any unexplained fever

Signs of Preterm Labor

- Water breaking
- More vaginal discharge than usual or vaginal discharge changes
- Vaginal bleeding
- Increased pressure in pelvis or vagina
- Cramping in the lower abdomen or period-like cramps
- Nausea, vomiting, or diarrhea
- Dull lower backache
- Regular or frequent contractions

After birth

- Sounds: high-pitched cry, shrill moaning, whimpering, inconsolable crying, constant grunting or moaning as if constipated or in distress
- Breathing: fast, slow, or difficult breathing
- Appearance of skin: blue, gray, or pale skin, blotchy or red skin, tense or bulging fontanel, infection (pus/red skin) at base of umbilical cord or in puncture on head from internal fetal monitor
- Eating Habits: feeding poorly, refusing to eat, not waking for feedings,
- Sleeping Habits: 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
- Temperature: fever or low or unstable temperature, hands and feet may feel cold even with a fever

LEARN MORE AT GBS-INFO.ORG