Name: ____________________________________________

Urine Culture Date: ________________  GBS Pos  GBS Neg  (circle one)

GBS Test Date: ________________  GBS Pos  GBS Neg  (circle one)

Provider: ____________________________________________

Phone: ____________________________________________________________________________

Due Date: ________________________  Allergies: _________________________________________
If you can answer YES to any of the following questions, go to the hospital right away when your water breaks or at the first sign of labor — **do not wait** for your contractions to become stronger or closer together.

- Positive urine culture for GBS at any time during this pregnancy?
- Positive test for GBS in late gestation during this pregnancy?
- Previously gave birth to a baby with GBS disease?

**Tell the L&D staff that you carry GBS and need IV antibiotics ASAP!** Antibiotics given earlier in labor provide better protection for your baby.

For more information, visit [www.groupbstrepinternational.org](http://www.groupbstrepinternational.org).

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