

# EVEN THOUGH YOU'VE TESTED NEGATIVE FOR GROUP B STREP (GBS), LEARN HOW TO HELP PROTECT YOUR BABY

GBS is a type of bacteria naturally found in the digestive tract and birth canal of about 1 in 4 pregnant individuals. Even though you've tested negative, it is important to know that GBS colonization can change and culture tests can show a false negative. GBS can infect babies before birth, during birth, and, once born, up to several months of age even by sources other than the birthing parent. Pregnant individuals who test negative are not usually treated with IV antibiotics for GBS during labor and delivery due to concerns about antibiotic resistance and changing both the baby's and parent's microbiome.

## You can help protect your baby from GBS (✓ as done)

### ...DURING PREGNANCY?

- Ask for the results of your urine culture for GBS and other bacteria which should be done early in pregnancy.<sup>1</sup> If you have previously had a baby with invasive GBS disease or have had GBS in your urine at any time during this pregnancy, you should receive IV antibiotics promptly when your water breaks or labor starts regardless of this pregnancy's GBS test result. Use the checklist for pregnant individuals who have tested positive instead!
- See your healthcare provider promptly for any symptoms of a urinary tract infection (UTI). Oral antibiotics should be prescribed if you have UTI symptoms or a significant level of GBS in your urine. GBS in your urine means that you are likely heavily colonized vaginally which puts your baby at greater risk.<sup>2</sup> GBSI advocates a recheck after treatment.
- See your healthcare provider promptly for an exam and possible GBS testing if you have any vaginitis symptoms which can be mistaken for a yeast infection and treated incorrectly.<sup>3,4</sup>
- Be aware that bacteria can be passed between sexual partners, including through oral contact.<sup>5</sup>
- 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.
- Contact your healthcare provider immediately if you experience:
  - Decreased or no fetal movement after your 20th week
  - Frenzied or sudden excessive fetal movement<sup>6</sup>
  - You have any unexplained fever
  - Any signs of preterm labor or your water breaks before your 37th week
- 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.<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 provider well before your due date as not all providers ask before "stripping" (also known as "sweeping") membranes.
- Ask your healthcare 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 and other bacteria closer to your baby.<sup>12-15</sup>
- Get tested during your 36th or 37th week even if you tested negative earlier in pregnancy. (If you still test negative, ask your provider about having a new test after five weeks if you have not yet given birth.) Otherwise, per the US guidelines, you should be offered IV antibiotics when your labor starts or water breaks if you have any of several risk factors.<sup>2</sup>
- Know that you still need to be tested during your 36th or 37th week even if you are having a planned C-section as you may go into labor or your water may break sooner.

### ...WHEN YOUR WATER BREAKS OR LABOR STARTS

- Call your healthcare provider. Report any fever.
- Avoid unnecessary, frequent, or forceful internal exams.<sup>7-9</sup> Vaginal or perineal ultrasounds are less invasive options.<sup>10,11</sup>

### ...AFTER YOUR BABY IS BORN

- Be aware that breastfeeding can supply your baby with important antibodies to fight infection.<sup>16</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>17-20</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.

Cut out and post visibly for quick reference

## 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

## EMERGENCY CONTACT INFO:

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www.gbs-intl.org  
GROUP B STREP  
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