

INTERNET CROWDSOURCED  
PARENT-SUGGESTED  
RESEARCH AGENDA FOR THE  
PREVENTION OF GROUP B  
STREPTOCOCCAL (GBS)  
DISEASE

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BACKGROUND

Parents of GBS-infected babies send relevant research-focused questions to Group B Strep International, a special interest GBS-focused organization. GBSI reviews and analyzes parental-posed research suggested to GBSI's website or through their social media pages.

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Question 1

- Timeframe
- Preterm Labor
- Fever

□ How should prenatal-onset GBS disease be defined? What criteria can be used to determine if infection started before membrane rupture/labor started (when early-onset prevention measures would be effective)?

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### Question 2

- Thickness of membranes
- Necessity of early pelvic exams

□ If health care providers hold off on pelvic exams until the placenta is formed, would that give a developing baby some additional measure of protection?

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### Question 3

- Should women have their pH levels checked?
- Can treating GBS help fix elevated pH levels?

□ What is the association between elevated pH and normal GBS colonization? Is there a link between elevated pH and heavy GBS colonization?

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### Question 4

- Should pregnant women have their sexual partners tested for GBS?
- Should pregnant women refrain from intercourse if they test positive?
- Does climax push bacteria closer to the baby?
- Hand washing

□ Does sexual intercourse during pregnancy put a GBS positive mom at higher risk to have a GBS infected baby? Climaxing without sexual intercourse?

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### Question 5

- How much to be viable?
- Would it help with other bacteria?
- What is the risk?
- Male hygiene

□ Do the antibacterial properties in semen react against GBS?

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### Question 6

- Should GBS status be monitored?
- Test of cure
- Additional sexual partners

□ What is the efficacy of multiple urine cultures during pregnancy?

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### Question 7

- Garlic
- Essential oils
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□ Which alternative medicines are safe or unsafe and do any of them have a limited use in reducing colonization?

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### Question 8

- Case study  
- Should rapid test be conducted first?

□ What is the incidence of infection after cervical exams? Membrane stripping? Applying cervical ripening gel? Internal fetal monitors?

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### Question 9

- What measure could be taken to prevent recolonization  
- Should the partner be tested  
- Likelihood of infecting partner and re-infecting self

□ How often do women recolonize after sex? Sex with multiple partners?

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### Question 10

- Is there antibiotic resistant GBS?  
- Test of cure  
- Likelihood of recolonization  
- Sexual intercourse

□ Is heavy colonization reason to take oral antibiotics during pregnancy? What are the additional risks for GBS disease in baby at various levels of colonization?

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### Question 11

- Would it effect IV antibiotics?

- Precautions?

- Rapid tests before action

□ If GBS colonization in urine is 1) a marker for heavy genital tract colonization, 2) has been associated with an increased risk for early-onset disease, and 3) therefore treated with oral antibiotics at the time of diagnosis if the colony account is above a significant level, why aren't oral antibiotics prescribed when vaginal/rectal test results show heavy colonization? Until research/protocols address this, should a pregnant woman whose vaginal/rectal test results show heavy colonization, request that her urine be cultured so that, if GBS in her urine is found to be above a significant level, she could be treated with oral antibiotics to reduce her colonization and theoretically reduce the risk of GBS infection in her baby?

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### RESULTS

- 1) Identify more effective means to prevent GBS-invasive disease in pregnancy or after birth.
- 2) Hasten development an effective GBS vaccine.
- 3) Promote research to reduce neonatal sepsis.
- 4) Common questions include:
  - a) Does vaginal coitus increase risks of GBS perinatal infection?
  - b) How does GBS get into breast milk and is this contamination a cause of disease?
  - c) What are the differences between group B strep vaginal and rectal colonization and symptomatic infections such as vaginitis?
  - d) Should heavy GBS colonization be identified and treated?

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### CONCLUSION

- 1) Parents of GBS-infected babies are informed regarding practicable research needs to prevent GBS disease in babies.
- 2) Parents of GBS-infected babies may be a rich source of ideas for identifying relevant research goals to prevent GBS disease.

Further GBS research is needed to answer these questions and promote better GBS disease prevention strategies.

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