MATERNAL OBESITY AND THE RISK OF GROUP B STREPTOCOCCAL COLONIZATION IN PREGNANT WOMEN.

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Objetive

A case-control study to test if **maternal obesity** and being overweight are **independent risk factors** for rectovaginal GBS colonization in pregnancy and for early onset GBS disease in the neonate.

Methods

INCLUSION CRITERIA

- Single live born foetus
- > 26 weeks
- Virgen de las Nieves University Hospital
- Between 2012-2014
- BMI data available
- GBS data available

EXCLUSION CRITERIA

- Stillbirth
- Live born foetus ≤ 26 weeks
- BMI/GBS data NOT available

STUDY GROUP

- GBS (+) in a recto-vaginal swab in the 35-37 weeks, **OR**
- GBS bacteriuria at any time of gestation.

CONTROL GROUP

- GBS (-) in a recto-vaginal swab in the 35-37 weeks, **AND**
- NO GBS bacteriuria.

Results

1. The **obese** gravidas were significantly **more likely to be colonized by GBS** when compared with non-obese gravidas (22.7% versus 17.5%, P < .001).
2. This happened **even after adjusting for the perinatal factors** (adjusted OR 1.33 [95% CI 1.12–1.56]).
3. The risk of early onset GBS disease was not calculated due to its very low incidence.

Table 3. Risk of GBS colonisation with increasing obesity categories.

Maternal BMI	GBS colonisation	Unadjusted *p* value	OR	Adjusted OR
18–24.9	17.5%	–	_[a]	_[a]
25–29.9	18.9%	.28	1.07 (0.95–1.2)	1.05 (0.92–1.21)
≥30	22.7%	<.001	1.32 (1.14–1.53)	1.33 (1.12–1.56)

[a]Reference category.

Conclusion

Maternal **obesity** is a significant and **independent risk factor for GBS colonization** at term.