Title: Group B Streptococcus and Pregnancy

Author: Jessica M. Voight

Date: October 2009

Key words: Group B streptococcus, pregnancy, infection

Abstract: The birth canal of some pregnant women can contain Group B Strep bacteria even though the women may have no symptoms. These bacteria pose a risk to their babies who can pick up the Group B Strep during delivery and develop an infection. All pregnant women should get tested for the bacteria at week 36 of their pregnancy, and those who carry the bacteria need antibiotics during their delivery to prevent an infection in their baby.
purposes only and are in no way intended to take the place of the advice and recommendations of your personal health care provider. The information provided may no longer be up to date since it has not been reviewed since the date of creation. The information provided should not be used to diagnose a health problem or disease, or as a means of determining treatment. In the event of a medical emergency, immediately contact a doctor or call 911.
Group B Streptococcus (GBS) is a type of bacteria that is commonly found in the birth canal of about 25% of women. Sometimes it can get passed on to your baby during the delivery and can make the baby very sick.

Most women do not have any symptoms from the bacteria and therefore lots of women do not even know that they “carry” GBS. The bacteria are not harmful to you, only to your baby during the delivery, so it is important to get tested and receive treatment if you do carry GBS.
What are the risks of a GBS infection in newborns?

If the bacteria gets passed from a mom to her baby during delivery, the baby could develop a GBS infection. Most infections happen within the first 6 hours after birth, but sometimes later infections can happen 7 days or more after delivery. Infection occurs in about 1 or 2 of every 100 babies whose moms have GBS. The GBS infection can get into the baby’s lungs, brain, blood, or spinal cord, and can sometimes even lead to death.

How can I get tested for GBS during pregnancy?

Around week 36 your doctor will recommend testing for GBS. The easiest way to do so is to swab the area around your vagina, and then send the swab to the laboratory to “culture” or grow GBS. Testing is not painful and does not require a blood draw. If the test is positive, you are a “carrier” of the GBS bacteria, and you will get treatment during your delivery.

What are the options for treatment if I have GBS?

Usually women who carry GBS are given intravenous antibiotics (through the vein) during labor. If your labor lasts more than 6 hours, you may get a second dose of antibiotic to make sure that the baby is protected during delivery. If you are allergic to penicillin or other antibiotics, be sure to let your doctor know. Once your baby is born, your doctor will check the baby and make sure that he or she did not pick up a GBS infection during delivery.

Women who have a scheduled C-section do not need antibiotic treatment for GBS.