

Group B Streptococcus (GBS)

What is GBS?

You will hear us refer to Group B Streptococcus by a number of names: Group B Strep, GBS, or Strep B.

GBS is a normal part of our body's bacterial flora. GBS is not a sexually transmitted infection and it is not associated with poor hygiene. GBS may come and go in people's bodies, so having had it previously does not mean you have it now.

Why does GBS matter in pregnancy?

If GBS is present in your vagina or anus at the time your baby is born, there is a chance your baby may pick up the bacteria on their skin. A small number of babies who pick up the bacteria will become sick. They can develop an infection that includes symptoms of fever, irritability, and difficulty breathing or being very sleepy. There is a rare chance that if your baby becomes sick that the condition will be fatal.

What are my options for testing and treating?

It is recommended to swab for GBS at 35-37 weeks of pregnancy. You will do this test yourself at a clinic visit by taking a cotton tipped swab and gently inserting it about an inch into your vagina, drawing the swab along the perineum and over the anus. *Don't worry; your midwife will explain it to you when the time comes!!*

If the swab is negative: There will be no changes to your care. You will not be offered antibiotics in labour.

If the swab is positive: Routine management is antibiotics given to you through an IV either when your water breaks or when you are in active labour. This helps to decrease the amount of bacteria that you have in your system to then decrease the chance of your baby picking the bacteria up on their skin. The antibiotic used is Penicillin and can be given at either home or hospital. If you are allergic to Penicillin, there are other drug options available. It takes about 15-20 minutes to run the antibiotics and they are given every 4 hours. Ideally, you will get 2 doses of antibiotics before your baby is born.

If the swab has not yet been done or your GBS status is unknown: If the result from your GBS test is not back before you go into labour or your water breaks, antibiotics will be recommended if you develop any risk factors including fever, a high heart rate in either yourself or your baby.

How does treating with antibiotics help?

The risk of infection to your newborn baby when we treat with antibiotics is significantly decreased to 1 in 4000 (from 1 in 200).

Are there any downsides to treating GBS with antibiotics?

It can be uncomfortable to get an IV and some people find having the IV in place during labour to be annoying. Aside from that, we don't have research to show any negative or long-term effects from antibiotics to your or your baby in labour.

Are there any alternatives to treating with antibiotics?

There are no other effective treatment options for GBS. Some places have what is called a risk-factor based approach to screening and treatment. However, this is not the standard in BC.

Check these out for more info:

- <https://www.pregnancyinfo.ca/your-pregnancy/routine-tests/group-b-streptococcus-screening/>
- https://www.cdc.gov/groupbstrep/downloads/gbs_swab_sheet21.pdf
- <https://avivaromm.com/group-b-strep-gbs-in-pregnancy-whats-a-mom-to-do/>