

Group B Streptococcus: *Protecting your baby*

Group B streptococcus [strep-tuh-KOK-uh s] (also called “group B strep” or simply “GBS”) is a common bacteria. It’s not the same bacteria that causes strep throat and in adults it usually doesn’t cause illness. **However, when a pregnant woman has GBS, it can be dangerous for her baby.**

For this reason, most hospitals have adopted a national standard of care to help protect moms and babies from GBS. This handout explains Intermountain’s plan and tells you what you can do to support it.

Why is GBS during pregnancy a concern?

If you have GBS during your pregnancy, there’s a chance that you could pass the bacteria on to your baby. In women, GBS bacteria live in the rectum and vagina, so a baby can become infected during childbirth.


Infection with GBS can cause serious, even life-threatening, problems in a newborn. These include lung infections, blood infections, and meningitis (inflammation of the tissues around the brain and spinal cord).

Testing all pregnant women

Studies show that about 20% (1 out of 5) of pregnant women carry the GBS bacteria but have no symptoms. For this reason, **it’s recommended that all pregnant women be tested for GBS late in pregnancy,** usually in the last 5 weeks of pregnancy. Testing during pregnancy is the only way to detect this common bacteria so that your doctor can plan steps to help protect your baby.

Testing is quick and painless. Your doctor will swab your vagina and rectum and send the sample to the lab. There, the sample will be cultured (grown in a special substance).

GBS swab test results are usually available within 48 hours. A positive test result means that GBS is present.



If routine testing shows that you carry the GBS bacteria, you and your medical team can take steps to help protect your newborn.

Treatment and care to manage GBS risk

To protect against GBS risk, your baby will need special treatment and care in any of these circumstances:

- Your GBS swab test shows that you have GBS
- You’ve previously had a baby who developed GBS infection after birth
- During this pregnancy, you’ve had a UTI (urinary tract infection) caused by GBS
- The labor is preterm (at less than 37 weeks gestation) and there are no results from a GBS swab test

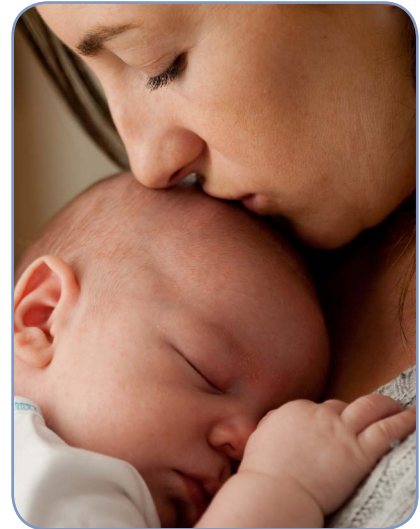
Special treatment and care may include antibiotics for you and special monitoring for your baby. See the next page for more information.

If your history and test show that there is no increased risk of GBS infection, no special care is needed.

Antibiotics during labor

To minimize the risk of GBS, your doctor will probably recommend that you receive antibiotics during labor. Antibiotics given at this time can help get rid of some of the bacteria that can harm the baby. You'll receive the antibiotics through an IV, a small and flexible tube placed through your skin into a vein.

If you are planning a C-section delivery, your labor hasn't begun, and the amniotic sac hasn't broken (your water hasn't broken), you may not need to take antibiotics. That's because in these circumstances, there is less chance that GBS will pass to your baby during a planned C-section.



Monitoring after the birth

After the birth, your baby will need to be watched carefully for any signs of GBS disease. You and your baby's caregivers need to work together to monitor your baby in the hospital and at home. Here's how it works:

- **In the hospital, watching for early-onset GBS:** Although antibiotics given during labor lower the chance that your baby will have early-onset GBS infection, they don't totally eliminate the risk. In the hospital, your baby will be closely watched for problems. You may need to stay in the hospital 48 hours or more after the birth, especially if your baby's doctor orders tests or medicines.
- **At home, watching for late-onset GBS:** Late-onset GBS infection can happen up to 3 months after the birth, even if you were treated with antibiotics during labor. (Antibiotics don't affect the chance that your baby will have late-onset GBS infection.) For this reason, you need to be alert to signs of infection in your new baby. Call your baby's doctor if you notice any of the things listed in the box at right.



Call your baby's doctor right away if you notice any of the following:

- **Slowness or lethargy:** your baby is less active than usual, doesn't want to move arms or legs
- **Poor feeding or decreased output:** your baby is breastfeeding poorly, is taking less formula than usual, or is making fewer wet diapers
- **Vomiting**
- **Fever:** your baby's temperature (taken in the armpit) is 100.4°F (38.0°C) or higher
- **Fussiness:** your baby seems very fussy and is hard to soothe or comfort
- **Rapid breathing:** your baby is breathing more than 60 times per minute
- **Apnea:** your baby stops breathing for short periods of time
- **Skin infection:** your baby has reddened skin with pimples or sores, and the skin may be tender or warm to the touch
- **Your baby seems sick:** you know your baby best — call if you feel that something's just not right

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