

### What is Group B strep?

Group B streptococcus (GBS) is a common bacterium that lives in the body without causing harm to healthy people. Anyone can be a “carrier” for GBS. GBS develops in the intestine, rectum and vagina in about 25% of pregnant women.

- GBS is not a sexually transmitted infection
- GBS does not cause itching, discharge or other symptoms
- GBS is not the same bacteria as other forms of streptococci bacteria, such as those that cause strep throat

### Why does GBS matter?

Although GBS does not cause any problems for the woman, it is one of the more common causes of bacterial infection in newborn babies. The baby is exposed to GBS bacteria during the birth, if the bacteria are present in the woman's vagina at the time of birth. Even if you have GBS, your baby will not necessarily be infected. Many babies are exposed to the bacteria without becoming unwell. Only 1 in 100 newborn babies of women who have GBS may develop a GBS infection. Giving antibiotics during labour to women at risk of passing GBS to their baby can help prevent infection developing.

### How do I know that I have GBS?

The Women's Health Service support a 'risk based' GBS prevention approach, in line with the New Zealand GBS Consensus Working Party. This approach involves treating women who have risk factors for GBS disease with antibiotics during labour. Your Lead Maternity Carer (LMC) may also

discuss with you the option of a universal screen for GBS which involves taking a low vaginal and anal swab at 35 – 37 weeks gestation and treating with antibiotics if GBS is found.

### What can increase the risk of GBS?

- If you have had a baby born with a GBS infection
- If you have had a urinary tract infection with GBS during your pregnancy
- Positive GBS screening at any time in your current pregnancy
- If you go into labour earlier than 37 weeks gestation
- If your membranes break earlier than 37 weeks gestation
- If your membranes break more than 18 hours before labour begins
- Signs of infection during labour e.g. temperature over 38°C

### Why do I have to wait for labour to take the antibiotics?

GBS is not dangerous to you or your baby before birth. If the antibiotics are started before you are in labour, GBS will return to the vagina from the intestine as soon as you stop taking the antibiotics.

As bacteria can grow quickly, giving antibiotics before labour has started does not prevent the problem. Therefore it is best to receive antibiotics during labour, or after your membranes have ruptured, as this is when antibiotics can best help you and your baby.

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The one exception is if you have a GBS urinary tract infection. This should be treated at the time it is diagnosed, and then you should receive antibiotics again when you are in labour.

## **How can newborn GBS infection be prevented?**

Most early onset GBS disease in newborns can be prevented by giving antibiotics through the vein (IV) during labour to women who have risk factors for GBS or have tested positive to GBS during their pregnancy.

Any woman who has tested positive for GBS during their pregnancy should receive antibiotics, unless they are having a planned caesarean delivery without going into labour or having ruptured their membranes.

## **What if I am allergic to antibiotics?**

If you are allergic to some antibiotics such as penicillin, there are different antibiotics that can be used during labour.

Be sure to tell the staff if you are allergic to penicillin and what reaction you have had to the antibiotic.

## **What do I need to do during pregnancy or labour if I am a carrier of Group B strep?**

When your membranes rupture, or you go into labour you should make contact with your midwife or the hospital midwives in delivery suite. You will be asked to come into hospital earlier as the antibiotics should be given at least four hours before delivery (if possible) to work effectively.

When you get to the hospital, remind your LMC or the staff that you are a GBS carrier. Although this treatment helps prevent early-onset (first 48hrs of life) GBS infections in babies, some babies may still get a GBS infection later on.

Antibiotic treatment given during labour significantly reduces the risk of early-onset GBS which is the most common type.

### **Contact us**

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