NHS
West Suffolk
NHS Foundation Trust

Patient information

Group B Streptococcus (GBS) - your pregnancy and your baby

What is Group B Streptococcus (GBS)?

GBS is a type of bacterium found in the vagina and bowel of approximately 2 in 10 women. It is not sexually transmitted and being a carrier is not harmful to you. GBS does not usually cause any symptoms.

How is GBS detected?

Routine universal screening is not currently offered within the NHS for GBS as the evidence does not support this. GBS can be in your body for a short time and can come and go hence the reason for not offering routine screening. Many women carry the bacteria and in the majority of cases their babies are born safely and without developing the infection.

GBS is sometimes detected during pregnancy when tests for other infections are carried out. Vaginal swabs may show that you carry the bacteria and GBS may also be detected in your urine.

If GBS is detected on a vaginal swab during pregnancy it is not recommended that you receive oral antibiotic treatment. However intravenous antibiotics are recommended during labour to protect your baby from getting the infection.

If GBS is detected in a urine sample during pregnancy you will receive oral antibiotics to treat the infection. It will also be recommended that you have intravenous antibiotics in labour.

You may access private testing for GBS if you wish. The RCOG (Royal College of Obstetricians and Gynaecologist) however does not recommend this as there is currently no accurate screening available. A negative swab test does not guarantee

Putting you first

that you are not a carrier of GBS in your vagina. The vast majority of babies born with GBS are premature therefore the recommended screening would not have been carried out. If testing is carried out privately by an accredited laboratory and you are found to be positive for GBS then intravenous antibiotics will be offered during labour.

What if I have screened positive for GBS in a previous pregnancy?

If GBS was identified in a previous pregnancy the chance of carrying it in this pregnancy is 50%. You will therefore be given a choice:

- Intravenous antibiotics during labour without any further screening

- Further testing for GBS infection in this pregnancy by a vaginal swab at 35-37 weeks of pregnancy. If the swab is positive then intravenous antibiotics will be advised during labour. If the swab is negative there is a very low risk that your baby will develop GBS infection (1:5000).

What if my previous baby developed GBS infection?

If you have had a previous pregnancy where your baby went on to develop GBS infection after birth, you will be offered intravenous antibiotics in labour without having any further GBS testing in this pregnancy.

What if I have GBS and am having a planned Caesarean Section?

Intravenous antibiotics specifically for GBS in pregnancy are not required if you are having a planned Caesarean Section before your labour starts as long as your waters have not broken, as the risk of your baby developing GBS infection is extremely low. If you have a planned caesarean section and your waters break before this date, you will be offered intravenous antibiotics and then you will have your caesarean section carried out that day.

What if I have GBS and my waters break before my labour starts?

If your waters break before your labour starts you will be offered an induction of labour to reduce the risk of your baby developing GBS infection. You will be given intravenous antibiotics during your labour.

If your waters break and you are less than 36 weeks pregnant, induction of labour may not be offered straight away as the risks of prematurity are higher than the risks of

infection to your baby. If this happens you will be given oral antibiotics and an individual management plan will be made with you.

What could GBS mean for my baby?

Many babies come into contact with GBS during labour or birth. The vast majority of babies will suffer no ill effects. However, if GBS is passed from you to your baby around the time of the birth there is a small chance your baby will develop an infection and become seriously ill.

The incidence of GBS infection in new-borns in the UK is 0.57 per 1000 births. Of these 22% of babies were born prematurely, and 7.4% were reported as having a disability. The mortality rate has dropped significantly since 2000 from 10.6% to 5.2%.

Which babies are most at risk of infection including GBS after birth?

Infection is more likely to occur if:

- Your baby is born prematurely before 37 weeks
- You have previously had a baby who developed GBS
- You have a high temperature in labour of 38 degrees or above and require antibiotics for a bacterial infection in labour
- More than 18hrs passed after your waters broke before the baby was born
- You have been diagnosed during the pregnancy with GBS and have not had IV antibiotics during labour
- Suspected or confirmed infection in another baby in the case of a multiple pregnancy

Will my baby need any monitoring for infection after birth?

After your baby has been born the midwife will complete a risk assessment. If your baby was born full term (more than 37 weeks) and you received intravenous antibiotics more than 4 hours before birth, no extra observations will be required as long as your baby is clinically well. This is because the risk of infection is very low.

If your baby was born less than 4 hours after you had intravenous antibiotics in labour,

or if your labour was too quick to receive antibiotics your baby will need observations for 12 hours to check for any signs of infection.

If your baby was born prematurely, or showing any signs of being unwell then extra observations will be required.

What treatment is available for my baby?

Babies with signs of GBS infection should be treated with intravenous antibiotics as soon as possible. Not all babies requiring antibiotics will necessarily need to be in the Neonatal Unit. Your baby may be able to stay with you on the transitional care bay of the postnatal ward.

Can I breastfeed my baby if I have or had GBS?

Breastfeeding has not been shown to increase the risk of GBS infection, and it protects against many other infections, it is the best way to feed your baby.

West Suffolk NHS Foundation Trust is actively involved in clinical research. Your doctor, clinical team or the research and development department may contact you regarding specific clinical research studies that you might be interested in participating in. If you do not wish to be contacted for these purposes, please email info.gov@wsh.nsh.uk. This will in no way affect the care or treatment you receive.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo) https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust

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