

Patient information

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

Within this leaflet, we may use the terms 'woman' and 'women'. However, it is not only people who identify as women who may want to access this information. Your care will be personalised, inclusive and sensitive to your needs, whatever your gender identity.

What is Group B Streptococcus (GBS)?

GBS is a type of bacterium found in the vagina and bowel of approximately 2-4 in 10 women (or 20-40%). 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.

You can find out more using this link or QR code on why screening is not recommended for all women and pregnant people.

[Group B streptococcus - UK National Screening Committee \(UK NSC\) - GOV.UK \(view-health-screening-recommendations.service.gov.uk\)](https://www.service.gov.uk/view-health-screening-recommendations)



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 Gynaecologists) however does not recommend this as there is currently no accurate screening available. A negative swab test does not guarantee 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 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 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%.

If your previous baby was unaffected by GBS, you can choose to have an additional vaginal swab taken between the 35th – 37th week of pregnancy. This may help you to choose whether you would like antibiotics in labour.

- If the swab is positive, then intravenous antibiotics will be advised during labour, as the risk of infection is increased to 1 in 400 births.
- If the swab is negative, there is a very low risk that your baby will develop GBS infection (1:5000) and you may choose not to have antibiotics.
- You may also choose to have antibiotics in labour without having any further testing completed.

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. Very rarely, GBS can pass to your baby during the pregnancy and before labour.

The incidence of GBS infection in newborns in the UK is 1 in 1,600 in all babies born.

If you are known to have GBS, the likelihood of infection is higher at 1 in 400.

Babies from black or Asian ethnic groups have a higher risk of infection compared to babies from white ethnic groups.

- The risk of infection for babies from black ethnic groups is 51% higher than white babies (1 in 1000 births).
- The risk of infection for babies from Asian ethnic groups is 28% higher than white babies (0.85 per 1000 births).

With prompt treatment, most babies will make a full recovery.

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

Any baby can develop a Group B strep infection, however early onset 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 24hrs 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.

Late onset infection is more likely if:

- Your baby is born preterm before 37 completed weeks
- You have tested positive for GBS in this 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, your labour was too quick to receive antibiotics, or if you choose not to have antibiotics during labour (if recommended) then your baby will need observations for a minimum of 12 hours to check for any signs of infection.

If you have previously had a baby affected by GBS, observations would be recommended for a minimum of 12 hours for this baby regardless of whether you received antibiotics during labour or birth.

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

What are the signs of GBS in my newborn baby?

GBS infections are most common in babies in the first few days after birth, however, some babies may show signs of infection up to 3 months of age, and in very rare cases after 3 months.

There are two types of GBS infections:

- Early onset infection (EOGBS) - this presents before the baby is 7 days old.
- Late onset infection (LOGBS) - infection occurring after the baby is 7 days old, up until 90 days.

Usual signs of EOGBS may present as one or multiple of the below:

- Your baby being very sleepy and/or unresponsive
- Inconsolable crying
- Being very floppy or having little body tone
- Not feeding well, or keeping milk down
- Having a high, or low, temperature, either on a thermometer reading, or feeling hot/cold to touch
- Abnormal changes to skin colour such as blotchy skin
- Very fast, or slow heart or breathing rate
- Making a grunting noise when breathing or appearing to have difficulties in breathing.

Usual signs of LOGBS include:

- Being irritable with a high-pitched cry or moan
- A blank, or trance like stare
- Floppy or poor body tone; may dislike being picked up
- Tense, or bulging fontanelle (soft spot)
- Avoidance of bright light
- Involuntarily having a stiff body, or making jerking movements
- Pale, or blotchy skin.

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.

To confirm a diagnosis of GBS, a sample of your baby's blood or fluid from around the spine (lumbar puncture) may be taken. If this is recommended this will be discussed with you fully before any tests are carried out.

Whilst testing and having antibiotics in labour has been shown to reduce rates of EOGBS infections, they have not been shown to prevent LOGBS infection and there is currently no known way to prevent LOGBS.

Early recognition of the signs of infection is vital to ensure your baby receives early diagnosis and treatment.

What do I do if I am worried about my baby and where can I find additional information?

If you are concerned your baby is unwell, you should call your midwife, health visitor or GP who may ask you to bring your baby to the hospital to be seen.

If your baby is pale, floppy and/or unresponsive you should call 999 immediately.

If you are unsure if your baby is unwell you can use the following free App to help you decide if your baby needs to be seen by a health professional

Lullaby Trust – Baby Check App. Click on the following link to take you to the app
[The Baby Check App - The Lullaby Trust](#)

Or scan the QR code.



Additional information on GBS in pregnancy can be found by using the following link or QR code.

Group B Strep Support : [Group B Strep and pregnancy - Group B Strep Support \(gbss.org.uk\)](http://gbss.org.uk)



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.

Clinical research

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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