

## Women's and The Newborn Services

# Patient Information: Group B Streptococcus (GBS) in Pregnancy

Group B Streptococcus (GBS) is a bacteria that is commonly found in pregnant women. It is only occasionally a problem for the baby. Treatment is offered in labour to women found to have GBS to reduce the risk of problems in the new born period.

### What is Group B Streptococcus?

- GBS is a bacteria present in the intestine (bowel) and vagina in up to 30% of women.
- Most women are unaware that they have the bacteria – most women have no symptoms.
- However GBS is the commonest cause of serious infection in newborns and meningitis in babies under 3 months.
- When women are found to have GBS in pregnancy, treatment with antibiotics does not make it go away permanently. It may recur before you have your baby.
- GBS can be dangerous because it is sometimes picked up by the baby during labour. Most babies whose mothers have GBS do not become ill, but unfortunately around 1 in 300 babies whose mothers have GBS develop the infection.
- Carrying GBS is not a problem for women who are not pregnant or for pregnant women before labour unless it is causing a urine infection. In this case it will be treated.

### How do we detect if you carry GBS?

GBS can be detected in pregnancy by testing either a urine sample or vaginal swab. Tests are performed for women where there are signs of an infection, for example a vaginal or urine infection. If you do have a positive test result for GBS during your pregnancy, you may not carry GBS at the time of birth but it is likely that you will.

If GBS is found during your pregnancy, or you or one of your babies had GBS in the past, this will be recorded in your maternity records. The doctor or midwife can discuss your results with you and offer you the recommended treatment in labour. Your obstetrician (doctor in Maternity care) or midwife will discuss the plan of care with you.

If you know you have previously had GBS, it is important that you tell us.

### Screening for GBS:

In line with national guidance, we do not offer routine screening for GBS. One of the reasons for this is that it does not identify all women who carry GBS.

## **Stopping babies from getting ill with GBS**

Preventative treatment (antibiotic treatment into a mother's vein) reduces the risk of baby having problems by up to 90%. This treatment is most effective if it is given at least 2 hours before the baby is delivered. In Bradford we usually arrange this treatment when:

- GBS is known to be present in the vagina or urine at any time during pregnancy
- GBS infection was found in a previous baby
- GBS is detected prior to the current pregnancy (not in keeping with national guidance)
- You are less than 37 weeks and your 'waters' have been leaking for more than 18 hours prior to labour regardless of whether you are GBS positive

**It is very important that if you think you are in labour and you are a carrier of GBS, you should immediately contact the Maternity Assessment Centre or Labour Ward. Coming to hospital early will give us the best chance of giving treatment early enough for your baby to get maximum benefit.**

## **What will happen if you give birth to your baby in less than 2 hours from antibiotic treatment?**

The neonatologists (doctors specialising in caring for new born babies) will review the situation and decide if baby needs further treatment. Baby may need intravenous antibiotics, which can be given on the postnatal ward. When we give antibiotics to baby it is to make sure baby stays well. Once antibiotics are started they are usually given for two days.

## **If I have GBS in this pregnancy, would giving birth at home be recommended?**

**No.** We would not be able to give you antibiotics and therefore would not recommend it.

## **Could I still use water for comfort during my labour and birth?**

**Yes** you could. There is no evidence that using water during labour or giving birth in water increases the likelihood of your baby having GBS. If you access our labour ward you may have antibiotics and use the pool.

## **What about babies who have GBS infection?**

Babies with GBS infection are sometimes very unwell and need intensive care in the Neonatal Unit. This can be to help with their breathing, their blood pressure, feeding and antibiotics. Most babies make a full recovery, although some babies can be left with problems. Sadly 5 to 10% of babies who develop early onset GBS infection will die, commonly from septicaemia (blood poisoning), pneumonia (infection of the lung) or meningitis (infection of the meninges of the brain).

## **How would I tell if my baby was unwell?**

If you carried GBS (or if your baby was thought at increased risk of GBS illness) and you had appropriate treatment, the risk to your baby is much reduced. However, in spite of our best efforts to prevent GBS illness, we know that some babies will still get ill.

Babies are more commonly ill with GBS in the days after the birth, but GBS and other bacteria can sometimes make babies ill even up to 3 months of age. It can be hard to know if a baby is unwell, particularly if you have not had a baby before.

## **Particular things that should worry you about a baby would be:**

- If breathing seemed quicker than normal, laboured or difficult. Such babies often make a moaning or sighing noise with every breath - this is sometimes called "grunting".
- Poor feeding, particularly if it is worsening.
- Fever (if your baby feels abnormally hot).
- Difficulty rousing or waking baby.
- Blank, staring or trance-like expression.
- Persistent shrill or moaning cry.
- If you have already taken professional advice, and baby has not improved in the way that was expected.

If your baby shows these or other signs that worry you, do not delay. Seek urgent medical advice from your doctor, your out of hours service (via NHS 111), Maternity Assessment Centre, Labour ward or the nearest emergency department.

## **Frequently asked questions:**

### **If GBS is found in pregnancy, do I need antibiotics to treat it immediately?**

If GBS is found in your urine, you will need a course of antibiotics to treat it immediately and you will also require antibiotics through a drip in labour. If it is found on a vaginal swab, you will not need treatment immediately. This is because it is a common finding on a vaginal swab and not considered an infection. However, we would recommend antibiotics through a drip in labour.

### **As a GBS carrier would it help to reduce the risks to the baby if I took antibiotics during the pregnancy?**

This is not necessary. Antibiotics given into a mother's vein 2 hours before the birth are the treatment needed to reduce the risk to the baby.

### **Are there any side effects or risks from having the antibiotics?**

There is a small risk of an allergic reaction to the antibiotic. Please tell staff if you are allergic to any medicines. There is a slightly higher chance that you or your baby could have a yeast infection (thrush) following the use of antibiotics. This is usually harmless.

### **How long will I need to stay in hospital?**

If both you and your baby are well, you will be able to go home 24 hours following the birth. If your baby requires antibiotics, you may be in hospital for up to two days.

### **Will my baby go to the Neo-Natal Unit?**

If your baby show signs of being unwell after delivery, they may need to go to the Neo-natal Unit.

If your baby is well, they will go to the postnatal ward with you, although they may need to go to the neonatal unit for approximately half an hour to start the antibiotics.

If your baby requires antibiotics but is well, they can be given these on the ward.

### **Does having GBS alter the way I should deliver?**

GBS should not influence the type of delivery you have. Vaginal delivery is appropriate, unless there are other complications in your pregnancy or labour, where the obstetrician would advise a caesarean section.

### **Will I need treatment if I have a caesarean section?**

Treatment is not required if you have an elective (planned) section. If you are in labour but have an emergency section, you should have already been given antibiotics whilst in labour.

### **Do I need any treatment after delivery?**

**No.** Antibiotics can be discontinued once you have given birth to your baby.

### **Are there any implications for future pregnancies?**

In future pregnancies you should tell your midwife and obstetrician if you have had GBS for the correct care to be planned for that pregnancy and birth. At any time in your pregnancy, during labour or after the birth, if you have any questions or concerns, please speak to a midwife or obstetrician.

#### **Contact numbers (24 hours):**

- Midwifery office - 01274 364533
- Labour Ward - 01274 364515
- Maternity Assessment Centre - 01274 364531
- NHS - 111

By Textphone: We use Next Generation Text for people with hearing difficulties. To contact us dial 18001 before the numbers above.

#### **Smoking**

Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke or use e-cigarettes in any of the hospital buildings or grounds.

#### **For further information see:**

The Prevention of Early-onset Neonatal Group B Streptococcal Disease. Royal college of Obstetricians and Gynaecologists, Greentop Guideline no. 36 2nd Edition July 2012.

NICE clinical guideline 149: Antibiotics for early onset neonatal infection (2012):

<http://www.nice.org.uk/nicemedia/live/13867/60633/60633.pdf>

Group B Strep Support at [www.gbss.org.uk](http://www.gbss.org.uk)

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