

Group B Streptococcus (GBS) in pregnancy

This information sheet aims to answer some commonly asked questions about early onset Group B Streptococcal disease.

IMPORTANT: This is general information only. Ask your doctor or midwife about what care is right for you.

What is Group B Streptococcus (GBS)?

Group B Streptococcus is a bacteria found in the vagina and bowel of around 10–30% of all healthy women. Women who *carry* GBS are not sick, do not have any symptoms and do not need any treatment. Carrying GBS has nothing to do with being clean, it is not a sexually transmitted disease and it is not spread from food or water. It can come and go at different times and you don't usually know if you are carrying GBS or not. Carrying GBS is not the same as being *infected* with GBS.

Why does it matter if you *carry* GBS?

Pregnant women who carry GBS may pass it on to their baby during the birth. Many of these babies may also carry GBS and will also remain well. A small number of babies get infected with GBS. Babies can get sick very quickly if infected with GBS and will need urgent treatment. Babies who get a GBS infection can have lung infections (pneumonia) blood infections (sepsis) or an infection around the brain (meningitis). Infection can also lead to longer term problems as your baby grows.

What if you have a GBS infection?

When you are pregnant, GBS *infection* can make you and your baby very sick. It can give you a urine infection or an infection in the fluid around your baby. Antibiotics are used to treat the infection if it is detected. GBS (and other infections) are thought to cause some babies to be born early (premature) and even to cause some babies to be stillborn. It is not known exactly how many.

How many babies get sick with GBS?

Around 65,000 babies are born in Queensland every year. Each year about 20 babies will get a GBS infection. Unfortunately, even with the best care, a baby will occasionally die from a GBS infection. In Queensland during the four years 2010 to 2014 one baby died from a GBS infection. The risk of dying is much higher if the baby is also premature.

Are some babies more likely to get GBS?

A baby born prematurely (before 37 weeks of pregnancy) has a much greater risk of getting a GBS infection than a baby born at term. Other risk factors for GBS infection include:

- you had a previous baby who was infected with GBS
- you have a urine infection or vaginal swab in this pregnancy showing GBS
- you have a high temperature (greater than 38 °C) in labour or within 24 hours of your baby being born
- your waters break more than 18 hours before your baby is born

Sometimes babies have no risk factors.

Can GBS infection be prevented?

GBS infection in babies is not completely preventable. If you have risk factors for GBS at the start of your labour (as stated above), an antibiotic can greatly reduce the chance of your baby becoming sick. The antibiotic (usually penicillin) works best if you have it 2–4 hours before your baby is born. It is given into your vein (IV). Taking antibiotic tablets by mouth does not work.



Photograph of mother breastfeeding baby.

What if you are allergic to penicillin?

Other antibiotics are used if you are allergic to penicillin. It depends on how severe your penicillin allergy is and what is best in your situation. If you know you are allergic to penicillin or any other medications, make sure you tell your health care provider.

What if you are having a caesarean section birth?

If you give birth by caesarean section before the start of labour and your waters have not broken, you do not need antibiotics for GBS. Other antibiotics that are given routinely during any operation will still be needed.

How do you know if your baby has GBS?

Only a small number of babies who carry GBS will become sick. Babies can also get sick from other infections. Signs that your baby is not well can include:

- noisy or difficulty with breathing or breathing too fast
- being overly sleepy and not interested in feeding
- vomiting
- having trouble keeping their temperature at the right level (being too hot or too cold)
- looking pale and/or mottled
- having floppy arms and legs

If you notice any of these signs in hospital or at home, get help from your health care provider straight away.

What is the difference between early and late onset GBS infection?

Early onset GBS happens in the first seven days after birth. Most babies (9 out of 10) with early onset GBS infection will get sick within 24 hours of being born. Late onset GBS infection happens seven days or more after birth. Antibiotics given to you in labour help prevent early onset GBS. They do not prevent late onset GBS in your baby.

Do all women get antibiotics in labour?

Queensland Health recommends that women with risk factors (as stated above) have antibiotics in labour. This is called the risk factor approach. Talk with your health care provider for more information.

Support & Information

13HEALTH (13 432584) is a phone line that provides health information, referral and services to the public.

Pregnancy, Birth & Baby Helpline 1800 882 436 (free call) offers free, confidential, professional information and counselling for women, their partners and families relating to issues of conception, pregnancy, birthing and postnatal care
www.health.gov.au/pregnancyhelpline

Lifeline 13 11 14 Lifeline offers a telephone crisis support service to anyone www.lifeline.org.au