**Group B Streptococcus Infection in Pregnancy**

**What is Group B Streptococcus?**

Group B Streptococcus (GBS) is a common bacteria which is found intermittently in the vagina of a quarter of women. In the majority, GBS does not cause any symptoms and most women are unaware that it is there.

**What are the risks? Why is it important?**

Occasionally GBS can cause life threatening infection in a newborn baby and infections in the mother after delivery. Although GBS is common in pregnant women (up to 1 in 4), rarely does this cause any problems for mother and baby with only 1 in 1000 babies in UK developing GBS infection.

The majority of early GBS infections in the newborn can be prevented by giving intravenous (into the vein) antibiotics at the onset of labour.

**It sounds serious: should I be screened in pregnancy?**

At present there is not enough evidence that antenatal screening for GBS is effective.

A urine sample is sent to look for infection at your booking visit and this will detect GBS in some women.

You may have a vaginal swab for other reasons in pregnancy and this may pick up that you carry GBS by chance.

**If I have a positive urine culture during my pregnancy, should I receive antibiotics?**

YES. All urine positive results should be treated antenatally.

**If I have a positive swab during my pregnancy, should I receive antibiotics before I go into labour?**

Oral (tablet) antibiotics given prior to labour for GBS have not been shown to be effective at preventing GBS infections in babies.

**If I carry GBS, should I have a caesarean section?**

A caesarean section is a major operation with associated risks. Treatment with the recommended intravenous antibiotics during labour is highly effective and therefore carriage of GBS alone is not an indication for a caesarean section.

**Who should receive intravenous antibiotics in labour?**

1. Women who have had a positive swab or urine culture for GBS during their current pregnancy.
2. Women whose previous baby was infected with GBS.
When should the antibiotics commence?

Intravenous antibiotics should be given as soon as possible after the onset of labour. If in doubt, contact the maternity unit for advice.

I am allergic to penicillin, is this a problem?

The recommended antibiotic is penicillin but in those allergic to penicillin, clindamycin is as effective.

Will I need to continue the antibiotics after the birth?

No, once the baby is born your antibiotics will be stopped.

Are antibiotics safe for my baby?

Both penicillin and clindamycin are safe in pregnancy and do not affect the baby.

If my waters break before I go into labour, should I commence antibiotics then?

If you are known to have GBS and your waters break at term (after 37 weeks), you will be advised to attend the maternity unit. Once this is confirmed, induction of labour is advised and intravenous antibiotics are commenced when you are in established labour/when induction of labour process commences.

If your waters break before you are 37 weeks pregnancy, you must attend the maternity unit as soon as possible.

What if I don’t get my intravenous antibiotics in labour in time?

After labour begins, IV antibiotics are recommended more than 4 hours before your delivery to prevent transmission of infection to your baby. If treatment is inadequate, immediately after birth the paediatrician will discuss with you two days of IV antibiotics for your newborn baby to minimise the risk of serious infection.

I had a positive swab in my last pregnancy, should I have a swab this time and if so when?

No, there is currently no evidence to suggest that you need a routine swab.

My baby was treated for GBS infection last time. Should I receive antibiotics in labour?

This is one of the indications to give IV antibiotics in labour, regardless of whether you had a positive swab or not in your current pregnancy.

Any other questions?

If you have further questions, do not hesitate to contact your community midwife.

If further reassurance is required, an appointment can be made with an obstetrician.

References