



Your doctor can advise you on the best approach to prevent GBS infection in your newborn.

Finally...

GBS is fairly common in pregnant women. Yet very few of their babies actually become sick from GBS infection. Treatment during labor and delivery may help prevent infection in your baby.

It is important to remember that no treatment offers perfect protection against GBS. Some infections, even fatal ones, will still occur despite treatment.

Glossary

Amniotic Sac: Fluid-filled sac in the mother's uterus in which the fetus develops.

Carriers: Persons who are infected with the organism of a disease without showing symptoms and who can transmit the disease to another person.

Colonized: Having a bacteria in your body that could cause illness, but having no symptoms of the disease.

Inflammation: Pain, swelling, redness, and irritation of tissues in the body.

Perineum: The area between the vagina and the rectum.

Sexually Transmissible Infection: An infection that is spread by sexual contact, including chlamydial infection, gonorrhea, genital warts, herpes, syphilis, and infection with human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

This Patient Education Pamphlet was developed under the direction of the Committee on Patient Education of the American College of Obstetricians and Gynecologists. Designed as an aid to patients, it sets forth current information and opinions on subjects related to women's health. The information in this pamphlet does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice may be appropriate.

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ISSN 1074-8601

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Group B Streptococcus and Pregnancy



Group B streptococcus (GBS) is a type of bacteria that can be found in up to 40% of pregnant women. A woman with GBS can pass it on to her fetus when she is pregnant or to her baby during delivery or after birth. Most babies who get GBS from their mothers do not have any problems. A few, though, will become sick. This can cause major health problems or even threaten their lives.

This pamphlet discusses the ways to help prevent GBS infection in newborns. Your doctor can advise you on the best approach.

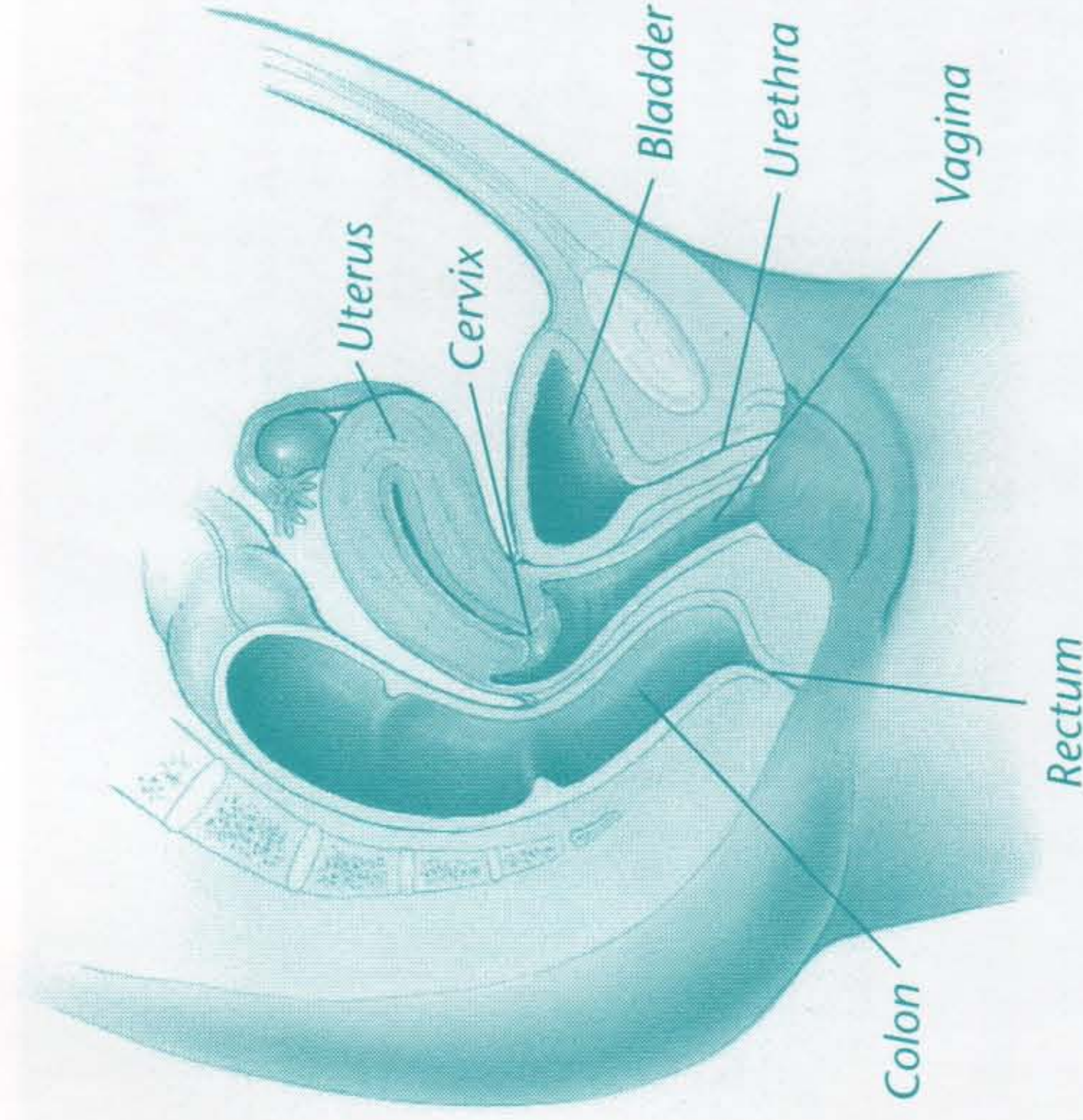
What Is GBS?

GBS is one of the many bacteria that do not usually cause serious illness. It may be found in the digestive, urinary, and reproductive tracts. In women, it is most often found in the vagina and rectum.

A person who has the bacteria but shows no symptoms is said to be *colonized*. If the bacteria grow and cause symptoms, infection has occurred. GBS is different from group A streptococcus, which is the bacteria that causes "strep throat." GBS is not a *sexually transmissible infection*.

Being colonized with GBS usually does not pose any danger to a woman's health, and, in most cases, a woman will not need to be treated. If a woman is pregnant, however, she can pass GBS to her fetus. It can also be passed to the baby after birth. For this reason, a woman may be tested or treated during pregnancy or labor even if she doesn't have symptoms.

A woman with GBS can pass it on to her fetus when she is pregnant or to her baby during delivery or after birth.



Effects on the Baby

Because many women are colonized with GBS, infection can occur during pregnancy or delivery. If the bacteria is passed from a woman to her baby, the baby may develop GBS infection. This happens to only 1 or 2 of every 100 babies whose mothers have GBS. Babies who *do* become infected may have early or late infections.

Early Infections

Early infections occur within the first 7 days after birth. Most occur within the first 6 hours. In most newborns with early infection, GBS is passed to them by their mother during labor and delivery.

Late Infections

Late infections occur after the first 7 days of life. About half of late infections are passed from the mother to the baby during birth. The other half result from other sources of infection, such as contact with other people who are GBS *carriers*.

Both early and late infection can be serious. They can cause *inflammation* of the baby's blood, lungs, brain, or spinal cord. Both early and late infections can lead to death of the newborn in about 5% of infected babies.

Testing for GBS

Tests are available to detect GBS and provide rapid results. These tests are of limited use because they work best with high levels of bacteria and not as well with low levels. Cultures are better tests for GBS.

With cultures, samples are taken from the mother's vagina, *perineum*, and rectum during pregnancy. These samples are then grown in a special substance. A urine sample may also be used for cultures. It may take up to 2 days to get the results. If your culture is positive for GBS, you should receive antibiotics during your labor to help GBS from being passed to your baby.

The usefulness of cultures is limited in early pregnancy. Cultures done at 35 to 37 weeks of pregnancy have a better chance of accurately telling whether GBS is present and might be passed to the baby during delivery. However, a culture cannot always detect women who will be colonized at the time of delivery. For this reason, your doctor may decide not to use cultures to test for GBS. Rather, he or she may decide to treat you based on whether you have a risk factor for GBS infection (see box).

Treatment

There are two ways to reduce the risk of GBS infection in the baby. One way is to treat all mothers who test positive for GBS with antibiotics during labor. Another way is to treat those who have risk factors for GBS.

Risk Factors for GBS

- Labor that begins before 37 weeks of pregnancy (preterm labor)
- Breaking of the *amniotic sac* before 37 weeks of pregnancy (preterm premature rupture of membranes)
- More than 18 hours since the amniotic sac broke (prolonged rupture of membranes)
- Prior baby with GBS infection
- Fever during labor