

# Group B Streptococcus (GBS) in Pregnancy and Newborns

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## What is group B streptococcus (strep)?

- Group B streptococcus (GBS) is a type of bacteria. In Canada, 10 to 30% of pregnant people have GBS in their bodies.
- GBS is **not** spread through food or water. If you have GBS, you can give it to your baby during delivery, as they pass through your vagina or touch your rectum (bum).
- Your baby can also get GBS before they are born. This is rare.
- GBS infection in babies can be early-onset or late-onset.:
  - › Early-onset happens during the first 7 days (1 week) after they are born. Most early-onset GBS infections can be prevented.
  - › Late-onset happens when they are between 8 days and 3 months old.

## How do I know if I have GBS?

- All pregnant people are offered a GBS test at 35 to 37 weeks of pregnancy. The test can be done by:
  - › taking a sample from both your vagina and your rectum using a swab.
  - › taking a urine (pee) sample.
- Even if you do not plan to have a vaginal delivery, you should still be tested for GBS.
- Your baby may get GBS if:
  - › You have GBS and go into labour early
  - › You have ruptured membranes before your scheduled delivery

## What are the symptoms?

- Most people with GBS have no symptoms.
- GBS is not usually harmful, but it can cause a serious infection in babies, like:
  - › Sepsis (blood infection)
  - › Pneumonia (lung infection)
  - › Meningitis (infection of the fluid and membranes around the brain)
- Most babies who are treated right away fully recover.

## **Your baby's risk of getting a GBS infection is higher if:**

- › They are born premature (early), before 37 weeks of pregnancy. The earlier they are born, the higher the risk is.
- › You have tested positive for GBS during this pregnancy.
- › You have a fever (temperature above 38 °C or 100.4 °F) or other signs of infection during labour.
- › Your water breaks before your contractions start or more than 24 hours (1 day) before your baby is delivered.
- › You have delivered a baby with a GBS infection in the past.

**If your baby has symptoms of a GBS infection, they will need antibiotics right away (see page 5).**

## **How can I lower my baby's risk of a GBS infection?**

- Tell your health care provider if:
  - › You have had a baby with a GBS infection in the past.
  - › You have tested positive for GBS during this pregnancy.
- You may need to take antibiotics during labour. This can help to:
  - › lower your baby's risk of **early-onset** GBS infection.
- Taking antibiotics **does not** protect fully against **late-onset** GBS infection.

## **If you do not have GBS:**

- If your labour starts before 37 weeks of pregnancy:
  - › Your health care team will recommend getting antibiotics through an intravenous (I.V.) tube injected during labour.

## **If you have GBS:**

- **If you have a urinary track infection (UTI) caused by GBS:**
  - › **You will need to take antibiotic pills right away.**
  - › You may also get antibiotics through an I.V. tube during labour.

**If you have GBS in your vagina or rectum:**

- Taking antibiotics before labour will **not** lower your baby's risk of getting a GBS infection.
- You will get antibiotics through an I.V. tube during labour.

**If you had GBS in a past pregnancy and your baby was not affected:**

- You have a 50% chance of having GBS in this pregnancy.
- You will get antibiotics through an I.V. tube during labour.

**If you had GBS in a past pregnancy and your baby had a GBS infection:**

- You will get antibiotics through an I.V. tube during labour.

**If your water breaks after 37 weeks of pregnancy:**

- Your health care team will recommend an induction (a method used to start labour before it starts on its own). This can lower your baby's risk of getting GBS before birth.
- You will get antibiotics through an I.V. tube during labour.

- It is very important to tell your health care provider during your pregnancy **where** you plan to give birth. This way, they can make sure you get the antibiotics you may need during labour.
- **When your water breaks or you go into labour, tell your health care provider right away. It is very important that you get antibiotics as soon as you can.**

## Could taking antibiotics during labour hurt me or my baby?

- While taking antibiotics, you may have:
  - › Discomfort
  - › Nausea (feeling sick to your stomach)
  - › Diarrhea (loose, watery poop)
  - › An allergic reaction (this is more likely if you are allergic to penicillin or other medications). This is rare, but in severe (very bad) cases, it can be life-threatening.
- Talk with your health care provider about whether taking antibiotics during labour is right for you.

## What will happen after my baby is born?

- Your baby will be closely monitored for signs of a GBS infection if:
  - › They are at a higher risk of developing a GBS infection

**AND**

  - › You did **not** get antibiotics through an I.V. tube at least 4 hours before giving birth

**OR**

  - › You have had a baby with a GBS infection in the past, even if you got antibiotics through an I.V. tube during this labour
- Your health care team will monitor your baby's:
  - › General health
  - › Heart rate
  - › Temperature
  - › Breathing
  - › Feeding
- **After 12 hours**, the chance of your baby getting a GBS infection is much lower. You and your baby will only need antibiotics if there are symptoms.

## Your baby will not need close monitoring if:

- › They were delivered at or after 37 weeks of pregnancy
- AND**
- › You got antibiotics through an I.V. tube at least 4 hours before giving birth

## How do I know if my baby has a GBS infection?

- Your baby may get a GBS infection up to 3 months after birth. They will likely have symptoms within the first week after birth, usually within 12 to 24 hours.
- **If your health care team thinks that your baby has a GBS infection:**
  - › They may take a blood sample or a spinal fluid sample (through a lumbar puncture in their spine). Your health care team will talk with you about these tests.
  - › **Your baby will need to take antibiotics right away.**
- After at least 36 hours (1 ½ days), treatment will be stopped if:
  - › There are no signs of an infection**AND**
  - › Your baby tests negative for a GBS infection

**Call your health care provider or go to the Emergency Department (ED) right away and mention GBS if your baby has any of these symptoms:**

- › Trouble breathing
- › A lot of grunting or moaning
- › Appears sleepy or is not responsive
- › Crying that you cannot soothe
- › More limp or floppy than usual (like a ragdoll)
- › Trouble feeding or keeping food down
- › A fever (temperature above 37.5 °C or 99.5 °F)
- › Change in heart rate or blood pressure
- › Signs of low blood sugar (very tired or hard to wake, cranky, shaking or trembling [tremors], weak or high-pitched crying, sweating, refusing to eat or suck)

**It is very important to find and treat a GBS infection quickly. Waiting for treatment can cause severe or life-threatening problems.**

## Can I keep breast or chestfeeding?

If you have GBS, it is safe to breastfeed or chestfeed your baby.

## For more information:

### Group B Streptococcus screening

- › [www.pregnancyinfo.ca/your-pregnancy/routine-tests/group-b-streptococcus-screening/](http://www.pregnancyinfo.ca/your-pregnancy/routine-tests/group-b-streptococcus-screening/)



