

Group B Strep in Pregnancy: Frequently Asked Questions

1. What is Group B Strep (GBS)?

GBS is one of many common bacteria that live in the human body without causing harm in healthy people. GBS is a normal bacteria of the intestines and can be found in the rectum and/or vagina in about 2 of every 10 pregnant women near the time of birth. GBS is NOT a sexually transmitted disease, and it does not cause discharge, itching, or other symptoms.

2. How Does GBS Cause Infection?

At the time of birth, as babies pass through the vaginal canal, they are exposed to the GBS bacteria if it is present in the vagina, and this can cause them to get pneumonia or a blood infection. Full-term babies who are born to mothers who carry GBS in the vagina at the time of birth have a 1 in 200 chance of getting sick from GBS during the first few days after being born. Occasionally, moms can get a postpartum infection in the uterus also.

3. How Do You Know if You Have GBS?

Three to five weeks before your due date, during a regular prenatal visit, your provider will collect a sample by touching the outer part of your vagina and just inside the anus with a sterile Q-tip. If GBS grows in the culture that is sent to the lab from that Q-tip sample, your clinician will make a note in your chart and you should be notified so you can share this information when you go into labor.

4. How Can Infection from GBS Be Prevented?

If your GBS culture is positive within 5 weeks before you give birth, your provider will recommend that you receive antibiotics during labor. GBS is very sensitive to antibiotics and is easily removed from the vagina. A few intravenous doses given up to 4 hours before birth almost always prevents your baby from picking up the bacteria during the birth. It is important to remember that GBS is typically not harmful to you or your baby before you are in labor. Your provider will review with you the appropriate timing of when to come to Labor and Delivery to ensure that you have enough time to receive antibiotics.

5. Why Do You Have to Wait for Labor to Take the Antibiotics?

Although GBS is easy to remove from the vagina, it is not easy to remove from the intestine where it lives normally. Although GBS is not dangerous to you or your baby before birth, if you take antibiotics before you are in labor, GBS will return to the vagina from the intestine, as soon as you stop taking the medication. Therefore, it is best to take antibiotics during labor when it can best help you and your baby. The one exception is that, occasionally, GBS can cause a urinary tract infection during pregnancy. If you get a urinary tract infection, it should be treated at the time it is diagnosed, and then you should receive antibiotics again when you are in labor.

6. How Will We Know if Your Baby Is Infected?

Babies who get sick from infection with GBS almost always do so in the first 24 hours after birth. Symptoms include difficult breathing (including grunting or having poor color), problems maintaining temperature (too cold or too hot), or extreme sleepiness that interferes with nursing. If you do not get at least one to two doses of antibiotics during labor, most pediatricians recommend that your baby stay in the hospital at least 48 hours for observation.

7. What Is the Treatment for a Baby with GBS Infection?

If the infection is caught early and your baby is full-term, most babies will completely recover with intravenous antibiotic treatment. Of the babies who get sick, about one in six can have serious complications. Some very seriously ill babies will die. In the large majority of cases if you carry GBS in the vagina at the time of birth and if you are given intravenous antibiotics in labor, the risk of your baby getting sick is 1 in 4,000.

8. What If You Are Allergic to Penicillin?

Penicillin or a penicillin-type medication is the antibiotic recommended for preventing GBS infection. Women who carry GBS at the time of birth and who are allergic to penicillin can receive different antibiotics during labor. Be sure to tell your clinician if you are allergic to penicillin and what symptoms you had when you got that allergic reaction. If your penicillin allergy is mild, you will be offered one type of antibiotic, and if it is severe, you will be offered a different one.

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