

Can pregnant women be checked for GBS?

In New Zealand, it is not recommended that all pregnant women be routinely screened for GBS colonization. Instead a clinical risk factor approach is recommended. Lead Maternity Carers (LMCs) can have differing views about the value of GBS testing. Because of this uncertainty you may encounter different opinions about whether a test may be helpful in your situation.

A pregnant woman can be checked for GBS at 35-37 weeks pregnant with a test that involves collecting a swab from the lower vagina and anus, and culturing the sample on a special medium. The test result is usually ready in 2 or 3 days. Unfortunately, there is no accurate rapid screening test to detect the presence of GBS that can be used when a woman goes into labour. No screening test is perfect so it may miss a small number of women who carry GBS (approximately 5%).

A positive culture result means that the mother is colonised with GBS. It does not mean that she has GBS infection, or that her baby will become ill. Rather, a positive test means that a woman and her LMC need to plan for her labour and birth with this test result in mind. In particular, if membranes rupture at 37 weeks or beyond, it would be recommended that labour be induced as soon as possible.

GBS and Breastfeeding

Women with GBS may breastfeed without concern about infecting their baby as GBS does not pass from a mother to her baby during breastfeeding. Good hygiene is always important so keep your hands and nipple areas clean.

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**Group B
Streptococcus
(GBS)**

What is Group B Streptococcus (GBS)?

Group B Strep (GBS) is a common bacteria found in the lower intestine and the genitourinary tract. It is estimated that 10-35% of all healthy adult women have GBS in the vagina and/or their lower intestine.

It is almost always harmless in adults and even if a pregnant woman has GBS, her baby is likely to be healthy.

Effects of Group B Streptococcus Infection

GBS infection in newborn babies can be acquired during childbirth when a baby comes into direct contact with the bacteria from the mother's birth canal. In newborns, GBS can cause serious infections such as:

- septicaemia (infection of the blood)
- meningitis (infection of the fluid and lining surrounding the brain) or
- pneumonia (lung infection).

Most babies who are born to mothers who carry GBS will NOT develop an infection. Only 1% of babies who have GBS on their skin (or elsewhere) will actually develop a major infection.

Although it is uncommon for a baby to get GBS, when it does occur, it mostly happens in the first week of life. Most of these babies become ill within a few hours of birth. Occasionally an infant can develop GBS at a later stage, from one week to several months after birth.

A baby who develops GBS infection may have one or more of the following signs:

- problems with controlling their temperature
- seizures (fits)
- breathing problems such as grunting
- changes in behaviour such as stiffness, limpness, inconsolable screaming, or refusal to feed.

These signs can also indicate other conditions needing medical treatment.

How is a baby tested for GBS infection?

Babies who develop the signs listed previously should be seen immediately by a doctor even if there are no known risk factors. Blood tests, cultures, and x-rays can help determine if a baby has GBS infection and if treatment is required immediately.

Are certain babies more like to get GBS?

Premature babies are more vulnerable to GBS infection as their immune systems are immature and they are less able to cope with an infection. Premature babies infected with GBS are at higher risk of serious complications than babies born at full-term.

What are the risk factors for a baby developing GBS infection?

The risk factors include the mother of the baby having:

- Already had a baby who had a GBS infection
- A urine infection with GBS anytime in this pregnancy
- A positive vaginal swab result for GBS colonisation after 35-37 weeks pregnant
- Her membranes rupture (waters break) more than 18 hours before the baby is born
- Her labour starts or her waters break before 37 weeks
- A fever in labour

How can GBS infection be prevented?

Giving intravenous (IV) antibiotics (such as Penicillin) during labour and birth to women who have a positive GBS test, or who have particular risk factors, can reduce the risk of early onset GBS disease in their newborn babies. For example, a woman who has previously had a baby with GBS infection may have IV antibiotics recommended at the time of coming into hospital in labour, and body swabs taken from the baby at birth.