

Group B Streptococcus

Group B streptococcus (GBS, or group B strep) is a type of bacteria that lives in our bodies.

It is very common and is part of the normal population of bacteria that we carry around in our intestines or vagina. If you happen to carry GBS while you are healthy, it is not considered a disease that needs to be treated. It is not a sexually transmitted infection.

About 1 in every 5 women (20%) have GBS in their vagina around the time of giving birth.

If GBS is present in the vagina at the time of labour, there is a chance that it will be passed to the baby.

Most babies who catch GBS remain well, but some babies get very sick and need neonatal care unit admission and intravenous antibiotics in the first few days of life. This is called early-onset GBS sepsis.

Without treatment, about 1 in 200 women with GBS will have a baby that develops a severe infection.

To minimise the risk of harm to your baby, your doctor or midwife may discuss whether you should be tested for GBS and what treatment is required if you test positive.

Testing for GBS

Some studies have identified that routine testing during pregnancy can reduce the incidence of GBS in newborn babies and that taking the test at 35-37 weeks is the most accurate.

Some hospitals will test all pregnant women for GBS with a vaginal swab at around 36 weeks. Other hospitals only give antibiotics to women with specific risk factors, such as preterm labour or prolonged rupture of membranes. Some hospitals may offer a rapid test for GBS which is performed in early labour.

You should talk to your doctor or midwife about which approach they use.

How will I know if my baby is at risk of GBS sepsis?

If you are a carrier of GBS, there are particular situations where the risk of GBS infection is increased. These include:

- premature labour or if your waters break (rupture of membranes) before 37 weeks
- fever above 38°C in labour (at any gestation)
- if your waters have been broken for more than 18 hours (prolonged rupture of membranes)
- if GBS is detected in your urine during pregnancy
- a previous child with severe GBS infection
- GBS detected on a vaginal swab performed within the past 5 weeks, or



at the time of labour

If any of these risk factors are present, then your doctor or midwife should talk to you about receiving antibiotics in labour.

What can be done to prevent my baby getting sick from GBS?

Your baby can be protected from GBS disease if you have antibiotics during labour. These antibiotics pass across the placenta to the baby before it is born and helps to prevent severe infection during the first few days of life. Treatment will be offered to you depending on risk factors for transmission during labour and your test results.

Your doctor or midwife will discuss with you the benefits and risks of taking antibiotics so that you can make an informed choice on your treatment and have a system in place during labour.

How do I take the antibiotics if I need them?

Penicillin is the most effective antibiotic against GBS. It is given during labour through an intravenous drip in your arm or hand. It provides the best protection if it is given at least four hours before the baby is born.

There is no need to treat GBS before labour if your waters have not broken. Women who are planning a birth by elective caesarean section without labour do not require specific treatment for GBS before the caesarean.

Are there any potential side effects from having antibiotics during labour?

As with any antibiotic, there is a very small risk of a severe allergic reaction (anaphylaxis). This risk is less than 1 in 2000, which is lower than the risk of a baby dying from GBS infection. Other milder side effects for the mother include rash, nausea, or diarrhoea.

If you have a known penicillin allergy, there are alternative antibiotics that can be used. Please remind your doctor or midwife about your drug allergy before accepting any medication.

There are no known serious adverse effects for the baby. The antibiotic treatment should not affect the way you plan to feed your baby.

How is my baby checked for GBS sepsis after birth?

If you needed antibiotics in labour because of a chance of GBS infection, your baby should have some additional observations in the first two days of life to make sure there are no signs of a developing infection.

These include regular checks of the baby's breathing, heart rate and temperature. If you have any concerns about the condition of your baby, you should alert your doctor or midwife. Your baby will not routinely receive antibiotics unless there are signs of infection.



To swab or not to swab?

There remains some controversy about whether to swab and test all women for the presence of GBS in the vagina and then subsequently treating all those women during their labour.

Remember that 1 in 5 (20%) of women will test positive, but only about 1 in 200 babies will have a severe infection. However, severe GBS infection is a very serious infection when it occurs. It is an important topic to discuss with your doctor or midwife. It is also important to discuss this information with your family/whanau to help with your decision making.

If you have any further questions about GBS, please ask your doctor or midwife.

Useful resources

- <https://www.health.gov.au/resources/pregnancy-care-guidelines/part-f-routine-maternal-health-tests/group-b-streptococcus>
- <https://www.healthdirect.gov.au/group-b-streptococcal>
- <https://www.pregnancybirthbaby.org.au/group-b-strep-test>
- <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/streptococcal-infection-group-b>
- <https://ranzcof.edu.au/news/statement-on-inclusive-language/>

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