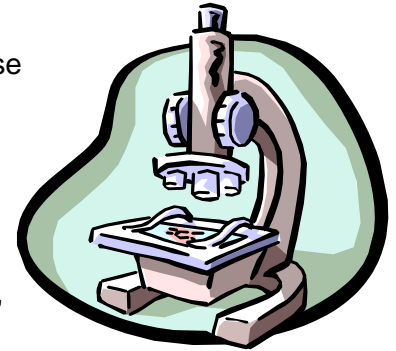


Group B Streptococcus (GBS)

What is it? Group B streptococcus (GBS) is a type of bacterium that can cause illness in newborn babies. GBS is the most common cause of life-threatening infections in newborns.

How common is GBS disease? GBS is the most common cause of sepsis (blood infection) and meningitis (infection of the fluid and lining surrounding the brain) in newborns. GBS is a frequent cause of newborn pneumonia and is more common than other, better known, newborn problems such as rubella, congenital syphilis, and spina bifida.



Does everyone who has GBS get sick? Many people carry GBS in their bodies but do not become ill. These people are considered to be "carriers." Adults can carry GBS in the bowel, vagina, bladder, or throat. One of every four or five pregnant women carries GBS in the rectum or vagina. A fetus may come in contact with GBS before or during birth if the mother carries GBS in the rectum or vagina. People who carry GBS typically do so temporarily -- that is, they do not become lifelong carriers of the bacteria.

How does GBS disease affect newborns? Approximately one of every 100-200 babies whose mothers carry GBS develop signs and symptoms of GBS disease. Three-fourths of the cases of GBS disease among newborns occur in the first week of life ("early-onset disease"), and most of these cases are apparent a few hours after birth. Sepsis, pneumonia, and meningitis are the most common problems. Premature babies are more susceptible to GBS infection than full-term babies, but most (75%) babies who get GBS disease are full term.

Can pregnant women be checked for GBS? GBS carriage can be detected during pregnancy by taking a swab of the vagina for special culture. Culture for GBS carriage should be done late in pregnancy (35-37wks gestation); cultures collected earlier do not accurately predict whether a mother will have GBS at delivery.

What will we do if the mother is a GBS carrier? A positive culture result means that the mother carries GBS -- not that she or her baby will definitely become ill. Women who carry GBS should not be given antibiotics before labour because antibiotic treatment at this time does not prevent GBS disease in newborns. Antibiotics (thru the vein) given during labour are effective in preventing the spread of GBS from mother to baby.

Can GBS disease among newborns be prevented? A GBS carrier without other risk factors (eg. High fever, long duration of ruptured membranes) has the following risks:

- 1 in 200 chance of delivering a baby with GBS disease if antibiotics are **not** given
- 1 in 4,000 chance of delivering a baby with GBS disease if antibiotics **are** given
- 1 in 10 chance, or lower, of experiencing a mild allergic reaction to penicillin (such as rash)
- 1 in 10,000 chance of developing a severe allergic reaction (anaphylaxis) to penicillin. Anaphylaxis requires emergency treatment and can be life-threatening.

For more information, see the [CDC](#) or the [RANZCOG](#).