



York Teaching Hospital
NHS Foundation Trust

Group B Streptococcus in Pregnancy (GBS)

Information for patients, relatives and carers

Maternity Services

York Teaching Hospital NHS Foundation Trust

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① For more information, contact your midwife

Caring with pride

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Introduction

Group B Streptococcus also known as GBS is a common bacteria of the Streptococcus family. It is one of a number of different bacteria that live in our bodies and carrying it is perfectly normal. Approximately a third of men and women have GBS in their intestines, and a quarter of women carry it in their vagina without experiencing any symptoms. If you carry GBS, no antibiotics can get rid of it and therefore once you are a carrier you are always a carrier. It will sometimes be present and sometimes not be present in the vagina. If a woman has previously had vaginal swabs that were positive for GBS there is a 50% (five in 10) chance of GBS being present in the vagina in the future.

GBS is not normally found in the urine. If it is found in the urine during pregnancy this should be treated at the time of diagnosis with antibiotics.

Carrying GBS does not usually cause any problems to healthy adults but for some newborn babies exposure to GBS can be a cause of serious illness during their first week of life. This illness is called early onset GBS infection.

What do I need to know about the birth of my baby and GBS?

GBS can cause a bacterial infection in newborn babies. It affects one in 1000 babies in the UK each year. Babies are usually exposed to GBS shortly before or during birth. This happens to thousands of babies with no ill effect. Why some babies are at risk to the bacteria and develop infection whilst others do not is unclear.

Most early onset GBS infections in newborn babies can be prevented, by giving those mothers who carry GBS, intravenous antibiotics during their labour. If your waters break before 37 weeks you may also be given oral antibiotics. This treatment has been found to be highly effective.

A caesarean section is not recommended to prevent the GBS infection being passed onto babies. For women having an elective caesarean section antibiotics for GBS are not beneficial unless the waters have already broken.

What are the signs of early onset GBS infection for a baby?

The signs which can be associated with early onset GBS infection are:

- Grunting
- Poor feeding
- Lethargy (lack of muscle tone)
- Irritability
- High or low temperatures
- High or low heart rates
- High or low breathing rates
- Involuntary body stiffening movements;

If your baby has any of these symptoms then you will need to contact your GP or Community Midwife straight away.

Which babies are most at risk of early onset GBS infection?

There are situations where your baby is more at risk of developing early onset GBS infection.

Women with increased risk factors (see over the page) are recommended to have intravenous antibiotics once they are in labour. This has shown to be effective in stopping most GBS infections in newborn babies.

Risk factors for GBS infection in newborn babies

Clinical risk factors – each increases the risk:

- When your labour or membrane rupture is pre-term, i.e. before 37 weeks of pregnancy;
- Preterm labour i.e. before 37 weeks
- Where you have a temperature of 38°C or higher during labour;
- If you carry GBS during your current pregnancy;
- When you have had GBS bacteria in your urine at any time during this pregnancy, (this should be treated at the time of diagnosis as well as treated in labour)
- If you have had a previous pregnancy when the baby was infected with GBS.

If you have had GBS in a previous pregnancy, your options will be discussed with you by your midwife or doctor. You will be offered a swab in this pregnancy (35-36 weeks is the ideal time for this) to test for GBS. If the swab is positive you will be offered intravenous antibiotics in labour however if it is negative, antibiotics will not be offered. You can opt, if you prefer, not to have a swab and simply request antibiotics in labour instead.

How can most GBS infections in babies be prevented?

Intravenous (IV) antibiotics during labour are highly effective in preventing an early onset of GBS infection in your baby. They reduce the risk of infection in your baby by over 80% (eight out of 10).

Key Recommendations

1. It is recommended that you have IV antibiotics once labour is established, or straight away if your waters break before contractions start. These will be given to you through a drip in your arm.
2. If your baby is born within four hours of the first dose of IV antibiotics, then your baby will need to remain in hospital for close observation of any signs of GBS infection. Temperature, heart rate, breathing, and feeding patterns are monitored for 24 hours. These observations can all be carried out whilst your baby remains with you on the ward (if your baby is otherwise well). Your baby may also be seen by a paediatrician if he or she has more than one risk factor (see previous page).
3. If your baby is born four hours or more after having IV antibiotics but you have one or more known risk factors (see previous page), then your baby will need to be observed on the postnatal ward for 12-24 hours, without treatment unless it is clinically needed.

Late onset GBS

Late onset GBS, occurring after the first week of life, can rarely occur up to three months. The possible signs of late onset GBS infection may include one or more of the following:

- Fever;
- Poor feeding and or vomiting;
- Impaired consciousness;
- Shrill or moaning cry or whimpering;
- Dislike of being handled, fretful;
- Tense or bulging soft spot on head (fontanelle);
- Involuntary body stiffening movements;
- Floppy body;
- Blank, staring or trance like expression;
- Altered breathing patterns;
- Turns away from bright lights;
- Pale and or blotchy skin.

If your baby has symptoms, which are on the list, you should speak to your GP. If your GP is not available, go straight to the nearest Emergency Department.

Early diagnosis and treatment is vital – **delay could be fatal.**

Will I still be able to use the Birthing Pool?

You can use the Birthing Pool if you are a GBS carrier. You can still be given intravenous antibiotics when required.

What should I do if I am worried?

You should discuss GBS with your Midwife and Obstetrician. Agree a pregnancy and birth plan, which will include your plan of care relating to GBS.

Where can I get further information?

Group B Strep Support telephone number: 01444 41676 or their web site which is www.gbss.org.uk.

References

NICE (2008) Clinical Guideline: Antenatal care: Routine care for the healthy pregnant woman. London

www.gbss.org.uk

RCOG Guideline No 36, July 2017

Group B Haemolytic Streptococcus support organisation (on line) available at: <http://www.gbss.org.uk>

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:
Maternity Services Patient Information Group,
c/o Patient Leaflet Team, Healthcare Governance, 98
Union Terrace, The York Hospital, Wigginton Road, York,
YO31 8HE, telephone 01904 721045 or 725230 or email
us at patient.information2@york.nhs.uk.

Teaching, Training, and Research

Our Trust is committed to teaching, training, and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

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require this information in a different
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Owner	Maternity Services Patient Information Group
Date first issued	November 2009
Review Date	September 2020
Version	4 (issued October 2018)
Approved by	Obstetrics and Gynaecology Clinical Governance Group
Document Reference	PIL 460 v4

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