

...AFTER MY BABY IS BORN?

If you give birth before you have had 4 hours of antibiotics, the hospital may culture your baby and should observe him/her for 48 hours.² You can ask about your baby having antibiotics while waiting for the results of the culture. (Note: Recent research suggests antibiotic treatment may disturb the baby's protective intestinal flora.)

Breastfeeding can supply your baby with important antibodies to fight infection.¹⁶ Although possible GBS transmission from breast milk has been suggested,¹⁷ overall the benefits of breastfeeding far outweigh any potential risk of exposure to GBS.^{18, 19}

Post visibly for quick reference

Have *everyone* wash their hands before handling your baby.

Make sure *everyone* who takes care of your baby knows the symptoms of GBS infection in babies and how to respond.

SYMPTOMS OF GBS INFECTION IN BABIES

Call your baby's care provider *immediately* or take your baby to the emergency room if you notice any of these signs:

- High-pitched cry, shrill moaning, whimpering
- Marked irritability, inconsolable crying
- Constant grunting, as if constipated
- Projectile vomiting
- Feeds poorly or refuses to eat, not waking for feedings
- Sleeping too much, difficulty being aroused
- Fever or low or unstable temperature; hands and feet may still feel cold even with a fever
- Blotchy, red, or tender skin
- Blue, gray, or pale skin due to lack of oxygen
- Fast, slow, or difficult breathing
- Body stiffening, uncontrollable jerking
- Listless, floppy, or not moving an arm or leg
- Tense or bulgy spot on top of head
- Blank stare
- Infection (pus/red skin) at base of umbilical cord or in puncture on head from internal fetal monitor

EMERGENCY CONTACT INFO: _____



About Group B Strep International

Group B Strep International (GBSI) promotes international awareness and prevention of group B strep disease in babies before birth through early infancy. Our focus includes all stages of a baby's development in which they are susceptible to GBS infection — from unborn babies in the first trimester to infants up to several months of age.

GBSI is a non-profit organization recognized as tax-exempt under Internal Revenue Code section 501(c)(3). GBSI relies on your donations to fulfill its mission.



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This pamphlet is for informational purposes only and does not constitute medical advice.

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Help Protect Your Baby from Group B Strep (GBS)



According to the US Centers for Disease Control and Prevention (CDC), group B strep is the leading cause of sepsis and meningitis in newborns in the USA

Worldwide, group B strep is one of the most important infectious causes of newborn illness and death per the World Health Organization (WHO)



Promoting awareness and prevention of GBS disease in babies before birth through early infancy

What is group B strep?

Group B strep (GBS) is a type of bacteria that is naturally found in the digestive and lower reproductive tracts of both men and women. About 1 in 4 pregnant women “carry” or are “colonized” with GBS. Carrying GBS does not mean that you have an infection or are unclean. Anyone can carry GBS.

Unfortunately, babies can be infected by GBS before birth through several months of age due to their underdeveloped immune systems. Only a few babies who are exposed to GBS become infected, but GBS can cause babies to be *miscarried, stillborn, or become very sick* and sometimes even *die after birth*. GBS most commonly causes infection in the blood (sepsis), the fluid and lining of the brain (meningitis), and lungs (pneumonia). Some GBS survivors experience handicaps such as blindness, deafness, mental challenges, and/or cerebral palsy.

Fortunately, most GBS infections that develop *at birth* can be prevented if women who have tested positive receive at least 4 hours of IV (through the vein) antibiotics just prior to delivery.

How do I know if I carry GBS?

Although most women do not have any symptoms, GBS can cause vaginal burning/irritation and/or unusual discharge which may be mistaken for a yeast infection and treated incorrectly.¹ If you have “vaginitis” symptoms, see your care provider promptly for an exam and possible GBS testing.

GBS can also cause bladder infections, with or without symptoms. Your provider should do a urine culture for GBS and other bacteria (this is *not* the standard prenatal urine “dipstick” check) at the first prenatal visit. GBS in your urine means that you may be heavily colonized which puts your baby at greater risk.² If your urine tests positive, your provider should consider you as “GBS colonized” for this pregnancy so that you receive IV antibiotics for GBS when labor starts/your water breaks.

It is now the standard of care in the US for all pregnant women to be routinely tested for GBS at 35–37 weeks during *each* pregnancy unless their urine already cultured positive in the current pregnancy. (Since levels of GBS can change, each pregnancy can be different.) Your provider will perform a swab test of *both* your vagina and rectum and receive your test results in 2–3 days. Inform your provider if you are using antibiotics and/or vaginal medications which may cause false negative results.³

Some hospitals will offer rapid, DNA-based tests which can be performed during labor or any time during pregnancy with results in just a few hours.² These tests can help supplement your routine GBS testing because:

- Your GBS status can change by the time you go into labor
- Culture tests can show a false negative
- Your culture test results may not be available

How can GBS infect my baby?

- GBS can infect your baby even before your water breaks. GBS infections before birth are called “*prenatal-onset*.”
- GBS can cause preterm labor, causing your baby to be born too early.
- GBS infection can also cause your water to break prematurely without labor starting, causing your baby to lose a significant layer of protection.
- It is thought that babies are most often infected with GBS as they pass through the birth canal. GBS infections within the first week of life are called “*early-onset*.”
- Babies can become infected with GBS by sources other than the mother. GBS infections after the first week of life are called “*late-onset*.”

Be aware that your womb and/or C-section wound can become infected by GBS.

How can I help protect my baby (☑ as done)

...DURING PREGNANCY?

- Ask to have a urine culture for GBS and other bacteria done at your first prenatal visit.⁴ If you have a significant level of GBS in your urine, your provider should prescribe oral antibiotics at the time of diagnosis. GBSI advocates a recheck (“test of cure”) one month after treatment.
- See your provider promptly for any symptoms of bladder (urinary tract) infection and/or vaginitis symptoms.⁵ Be aware that bacteria can be passed between sexual partners, including through oral contact.⁶
- Contact your provider *immediately* if you experience either:
 - Decreased or no fetal movement after your 20th week
 - Any unexplained fever
- Get tested at 35–37 weeks. If the test result is positive, you should receive IV antibiotics when labor starts or your water breaks.
- Get a copy of all culture test results and keep them with you!
- Plan ahead if you have short labors or live far from the hospital. The IV antibiotics you receive in labor generally take 4 hours to be optimally effective. Ask about a late third-trimester penicillin shot as a possible safeguard.⁷ (Note: This is not a widely accepted strategy.)
- Tell your provider if you are allergic to penicillin. There are IV antibiotic alternatives.⁸

Know that “alternative medicine” treatments such as garlic or tea tree oil have *not* been proven to prevent your baby from becoming infected.⁸ Some are unsafe.

Avoid unnecessary, frequent, or forceful internal exams which may push GBS closer to your baby.⁹ (Knowing how far you are dilated does not accurately predict when your baby will be born.) Vaginal or perineal ultrasounds are less invasive options.¹⁰

Discuss the benefits vs. risks of possible methods of induction with your provider well before your due date as not all providers ask before “stripping” (also known as “sweeping”) membranes.

Ask your provider to *not* strip your membranes if you test positive for GBS. (Be aware that you may test negative, but be GBS positive later.) GBS can cross even intact membranes and procedures such as stripping membranes and using cervical ripening gel to induce labor may push bacteria closer to your baby.^{11–13}

If you are having a planned C-section, talk to your provider about the risks vs. benefits of starting IV antibiotics well before your incision. C-sections may not completely prevent GBS infection although the risk during a planned C-section is extremely low if performed before your labor starts/water breaks.

Talk to your provider about whether or not to use internal fetal monitors and/or have your water broken before you have had IV antibiotics for at least 4 hours.

...WHEN MY WATER BREAKS OR LABOR STARTS?

Call your care provider. Report any fever. Remind him/her of your GBS status. If you have already had a baby with GBS disease or have had GBS in your urine in this pregnancy, you should receive IV antibiotics *regardless* of this pregnancy’s GBS test results.

Go to the hospital immediately if you should receive IV antibiotics. Have all test results with you. Be sure to tell the nurses that you need to start IV antibiotics for GBS.

If you do not have a GBS test result, and your hospital does not offer a rapid GBS test, per the CDC guidelines you should be offered IV antibiotics based on the following risk factors:

- Your baby will be born before 37 weeks.
- Your water has been broken 18+ hours without delivering. (Even 12+ hours increases the risk.¹⁴)
- You have a fever of 100.4 °F or higher during labor.

In half of GBS infections, the mother has no risk factors.¹⁵ This is why testing is so important!