Comox Valley Midwifery
343 Third Street
Courtenay
BC, V9N 1E3
250-338-4810

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GROUP B STREP

What is group B Strep (GBS)?

GBS is a bacteria that is normally found in and on both men and women's bodies. GBS bacteria are found mostly in the gut where they have a helpful role in digestion and nutrient absorption. GBS is not sexually transmitted. Except for women who are getting close to their due date this bacteria is normal and not concerning.

Why Is GBS concerning for the pregnant woman and her baby as she gets close to delivery?

GBS exposure during birth in most term deliveries will not cause problems. Babies can come into contact during a vaginal birth when the mother is GBS positive,40-50% of these babies will become colonized, (have GBS bacteria growing on and in their bodies) and have no problems. However 2% of these exposed babies will develop GBS disease, and of the 2% who get sick, 5-9% will die. If your baby is born prematurely the risk is higher. Overall 1-2 babies per 10,000 will die of GBS infection, 25% of these babies are born prematurely. Babies who get a GBS infection can get pneumonia, septicemia (blood infection), and meningitis. Babies who get GBS disease and survive have a significant risk of permanent neurological damage.

How do you know if you have GBS?

At a prenatal visit between 35-37 weeks of your pregnancy your midwife will give you a specimen swab. The q-tip-like swab is used to take a sample first from the vagina, then it is dragged backwards over the perineum then the tip of the swab is put into the anus. The results take 48 hours to come back from the lab. We know that your GBS staus can change, so swabbing in advance is not perfect but we do not have a fast test that could be done right when you are in labour.

What do we do if you are positive?

1) Screen and treat approach

The current recommended management is to screen all pregnant women at 35-37 weeks gestation and to treat all positive women with antibiotics in active labour, or, if the water breaks before labour treatment should begin right away. It is also recommended to induce labour soon after the water breaks if it doesn't begin on its own. The treatment is antibiotics given by IV in labour. It takes 20-30 minutes to run a dose into the IV. Then the IV tubing can be unhooked and the IV catheter is capped and left in place for further doses. This is the standard of care in our community. Managing GBS this way results in about 27% of women receiving antibiots, and an 86% reduction in GBS infection in the early newborn period.

2) Treat only for risk factors approach

The above screen and treat is strongly recommended. However in other places like the UK, screening is not recommended. They use a risk factor approach to managing GBS. Several years ago midwives in B.C. were offering women a choice between screening or no screening and treating only women who had risk factors.

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The risk factors for GBS infection of the baby are:

- Premature birth
- A GBS urinary tract infection during the pregnancy
- Previous baby with GBS infection
- Rupture of membranes (waters broken) for more than 18 hours
- Fever >38 C in labour

This approach results in 50-68% reduction in GBS infection, 25% of women will receive antibiotics.

3) Screen and teat for risk factors approach

The Canadian task force on Preventative Health (2002) recommends that all women be screened, but only GBS positive women who also have risk factors should be treated. The opinion of this task force is that it is more efficient to screen and treat only with risk factors. This management results in a 51% reduction in GBS infection, only 3-4% of women will receive antibiotics.

What are the side effects of antibiotic treatment in labour?

Allergic reactions are rare, anaphylaxis (life threatening reaction) occurs in 1 woman per 10,000.

In general health care professionals are becoming more aware of the risks of over-using antibiotics and most are trying to avoid unnecessary exposures. The main concern with this is antibiotic resistant organisms which can develop over time when antibiotics are used.

Antibiotic use can cause the healthy normal flora of our bodies to be disturbed. This can increase the risk of yeast infections (thrush) in the baby's mouth, intestinal tract and skin, especially in the diaper area, as well as causing yeast infections of the nipple and breast which can be painful and may require follow-up care and treatment. These problems can be reduced by eating live-culture yogurt and/or by taking probiotic supplements to support the normal healthy bacteria.