

Women and Children's Care Group Patient information

Group B streptococcus (GBS) Preventing infection in newborn babies



This information is for women who are pregnant and for those who have just had their baby. It tells you:

- What Group B streptococcus (GBS) is
- What a positive GBS result means
- What it can mean for your baby
- How you can reduce the risk of your baby developing a GBS infection
- When treatment would be offered, how it will be given and any risks
- What to look out for in your baby if you are worried

What is GBS?

GBS is a common bacterium which is naturally present in the many women, including in the vagina and rectum. If you have this bacterium on your body, you are described as a GBS carrier, or as being colonised by GBS. GBS usually causes no harm and it is difficult to detect as it doesn't cause any symptoms. About a quarter of pregnant women in the UK carry GBS.

What does my GBS positive result mean?

GBS carriage may sometimes be detected during pregnancy from testing a vaginal or rectal swab. If this happens to you, you do not need immediate treatment as it is usually harmless and occurs without symptoms in these areas. (Sometimes a swab also identifies other infections which may need treatment.)

If GBS is found in a mid-stream urine sample (MSU), it should be treated with antibiotics because it can give a symptomatic urine infection.

What could it mean for my baby?

Many babies come into contact with GBS during labour or birth, and GBS will colonise some of them. The vast majority of babies are not harmed by contact with GBS at birth. A small number of babies develop GBS infection and this can occasionally cause serious illness for the newborn baby known as neonatal GBS.

If you have been identified as being colonised with GBS in your current pregnancy, or if you have had a previous baby with a GBS infection, you will be offered antibiotics during labour to reduce the chances of your baby developing the infection.

Most babies who are infected show symptoms within 12 hours of birth. Babies who show signs of GBS infection need to be treated with antibiotics to get well. Although it is rare, GBS is the most common cause of life-threatening infection in babies during the first week after birth. Out of every 20 000 newborn babies in the UK and Ireland, only 10 are diagnosed with neonatal GBS infection; of these 10, one baby will die. This means that, overall, the risk of a baby dying from neonatal GBS is 1 in 20 000 (rare).

It is safe to breastfeed your new baby if you are colonised with GBS. Breastfeeding has not been demonstrated to increase the risk of GBS infection, and it protects against many other infections.

What can help reduce the risk of GBS in a newborn baby?

Most GBS infections in newborn babies can be prevented by giving intravenous antibiotics (through a vein) from the onset of labour and at 4 hourly intervals until the baby is born. If you follow our advice to have these antibiotics, it will mean having your baby on the Consultant-led Labour Ward.

You may be offered antibiotics during labour if:

- GBS has been found in your urine in your current pregnancy
- GBS has been found on swabs from your vagina and/or rectum which have been taken for another reason in your pregnancy
- You have previously had a baby with a GBS infection
- You develop symptoms of infection in labour

Oral antibiotics (by mouth) for GBS, given during pregnancy, have been shown not to be effective at preventing GBS infection in babies. Caesarean sections are not recommended as intravenous antibiotics are found to be the most effective way of reducing infection in newborn babies.

What will my treatment involve?

Depending upon your particular circumstance, your healthcare professional will discuss your antibiotic treatment during labour.

It is important that at least one dose of antibiotics is given at least 4 hours before your baby is born. For this reason, **please phone the Consultant-led labour ward as soon as possible after your labour starts and mention that you will require antibiotics in labour**, so that we can start giving the antibiotics as soon as possible.

The antibiotic used is penicillin unless you are allergic to penicillin, when you will be offered an appropriate alternative. The antibiotic will be given through a 'drip' into a vein in your arm or hand, and you will be offered further doses every 4 hours until your baby is born.

Are there any risks with antibiotics?

For most women, antibiotics are safe, although some women may experience temporary side effects such as diarrhoea or nausea. The most likely risk is an allergic reaction, but because you will be in hospital, you will be carefully monitored, and steps can be taken to counteract the allergic reaction if it happens.

What if I don't get treatment?

If you decline antibiotics in labour, or you give birth quickly before antibiotics have been given or taken effect, the medical staff will discuss the options with you taking account of the potential risks and benefits of each approach.

Will my baby need treatment?

Babies who show no signs of GBS and who are well do not routinely receive antibiotics or tests for GBS.

Babies with any signs of GBS infection should be treated with antibiotics as soon as possible. Most babies who are infected show symptoms within 12 hours of birth. They may:

- be floppy and unresponsive
 - not feed well
 - grunt when breathing
 - have a high or low temperature
 - have a fast or slow breathing rate
 - be irritable
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Can I have screening for GBS?

There is no national screening programme for routine screening for GBS carriage during pregnancy in the UK. There is conflicting evidence, and differing views, about whether a national screening programme would be effective. Research is being carried out to provide a clearer picture. The RCOG (2012) has carefully considered the benefits and harms of screening for GBS carriage during pregnancy. It agreed that there is still no clear evidence to show that screening all pregnant women in the UK would be beneficial overall.

One of the potential harms of screening for GBS carriage during pregnancy is that large numbers of women would be given antibiotics during labour. This increases the risk of more women having allergic reactions against the antibiotics, and also facilitates the development of antibiotic-resistant strains.

Are there tests for GBS?

Currently the evidence suggests that screening all pregnant women routinely would not be beneficial overall. You can be tested privately for GBS but the RCOG does not recommend this (see above). If a test is done, the most sensitive method of detection requires swabs from the vagina and rectum that are cultured in the laboratory in a special solution.

What else do I need to know?

1. As with all screening tests, you can get false positive and false negative results. Therefore, having a negative result when screened for GBS does not guarantee that you are not a carrier of GBS.
 2. Antibiotics in labour reduce the risk of infection, but some babies may still develop GBS infection.
 3. If your baby does develop a GBS infection, he or she may become seriously ill if not treated with antibiotics.
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References

- RCOG 2007: Preventing GBS infection in newborn babies www.rcog.org
- UK National Screening Committee www.screening.nhs.uk/cpd/gbs.htm

Further Information

For more information about GBS, please speak with your medical professionals and/or contact:

Group B Strep Support

PO Box 203, Haywards Heath, West Sussex,
RH16 1GF

Telephone: 01444 416176

Website: www.gbss.org.uk

NHS Choices has been developed to help you make choices about your health, from lifestyle decisions about things like smoking, drinking and exercise, through to the practical aspects of finding and using NHS services when you need them.

Website: www.nhs.uk

Patient Advice and Liaison Service (PALS)

PALS will act on your behalf when handling patient and family concerns; they can also help you get support from other local or national agencies. PALS, is a confidential service.

Royal Shrewsbury Hospital Tel: 0800 783 0057 or 01743 261691

Princess Royal Hospital Tel: 01952 282888

Website: www.sath.nhs.uk

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