The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

FAQ

FREQUENTLY ASKED QUESTIONS
FAQ105
PREGNANCY

Group B Strep and Pregnancy

What is group B streptococcus (GBS)?

Group B streptococcus is one of the many types of bacteria that live in the body and usually do not cause serious illness. It is found in the digestive, urinary, and reproductive tracts of men and women. In women, it can be found in the vagina and rectum. GBS is not a ***sexually transmitted infection***. Also, although the names are similar, GBS is different from group A streptococcus, the bacteria that causes "strep throat."

What does it mean to be colonized with GBS?

A person who has the bacteria but shows no symptoms is said to be ***colonized***. The number of bacteria that a person has may change over time. A person colonized with a large number of bacteria may have low levels of bacteria months or years later. It also is possible for the number of bacteria to decrease to levels that cannot be detected.

Why is GBS a concern for pregnant women?

Most pregnant women who are colonized with GBS have no symptoms or health effects. In a small number of women, GBS can cause infections of the ***uterus*** and urinary tract. A woman who is colonized with GBS late in her pregnancy can pass it to her baby.

What are the types of GBS infection in newborns?

There are two types of GBS infections in newborns: 1) early-onset infections and 2) late-onset infections. Both types of infections can be serious.

What are early-onset GBS infections?

Early-onset infections occur during the first week of life, generally within the first 24–48 hours after birth. These infections can occur as the baby moves through the birth canal of a woman who is colonized with GBS. Only a few babies who are exposed to GBS develop an infection. Certain factors, such as ***preterm*** birth, may increase the risk of a baby becoming infected. The most common problems caused by early-onset GBS infections are lung infections, blood infections, and ***meningitis***.

What are late-onset GBS infections?

These infections occur after the first 6 days of life. Late-onset infections may be passed from the mother to the baby during birth or they may be caused by contact with other people who are colonized with GBS. Late-onset infection can lead to meningitis and other diseases, such as pneumonia.

Can these infections be prevented in newborns?

GBS testing late in pregnancy and treatment during labor can help prevent early-onset infections. However, it does not prevent late-onset infections. It is important to recognize the signs and symptoms of late-onset GBS infection in your baby:

- Slowness or inactivity
- Irritability
- Poor feeding
- Vomiting
- High fever

If your baby has any of these signs or symptoms, contact your pediatrician right away.

When are pregnant women tested for GBS?

To help prevent early-onset GBS infection, women are tested for GBS late in pregnancy, between weeks 35 and 37. The test is called a culture. In this test, a swab is used to take a sample from the woman's vagina and rectum. This procedure is quick and not painful. The sample is sent to a lab where it is grown in a special substance.

What if the test results are positive?

If results of the culture test are positive, showing that GBS is present, you most likely will receive treatment with ***antibiotics*** during labor to help prevent GBS from being passed to your baby. Antibiotics help get rid of some of the bacteria that can harm the baby during birth. The antibiotics work only if they are given during labor. If treatment is given earlier in pregnancy, the bacteria may regrow and be present during labor. Penicillin is the antibiotic that is most often given to prevent early-onset GBS infection in newborns.

What if I am allergic to penicillin?

If you are allergic to penicillin, tell your health care provider before you are tested for GBS. Women with mild allergic reactions can take an antibiotic called cefazolin. If you have had a severe reaction to penicillin, such as hives or ***anaphylaxis***, the bacteria in the sample need to be tested to determine the choice of antibiotic.

What if I already had a baby who had a GBS infection?

If you had a previous baby with GBS infection or if your urine has GBS bacteria during this pregnancy, you are at high risk of passing GBS on to your baby during labor and delivery. You will receive treatment during labor to protect your baby from infection. You will not need to be tested between weeks 35 and 37 of pregnancy.

What if I am having a planned cesarean birth?

If you are having a planned ***cesarean birth***, you do not need to receive antibiotics for GBS during delivery if your labor has not begun or the ***amniotic sac*** has not ruptured (your water has not broken). However, you should still be tested for GBS because labor may occur before the planned cesarean birth. If your test result is positive, your baby may need to be monitored for GBS infection after birth.

Glossary

Amniotic Sac: Fluid-filled sac in the mother's uterus in which the fetus develops.

Anaphylaxis: An allergic reaction with symptoms ranging from hives and itching to breathing problems and shock. It can be life threatening for some people.

Antibiotics: Drugs that treat infections.

Cesarean Birth: Birth of a baby through incisions made in the mother's abdomen and uterus.

Colonized: Having bacteria in your body that could cause illness, but having no symptoms of the disease.

Meningitis: Inflammation of the membranes of the brain or spinal cord.

Preterm: Born before 37 weeks of pregnancy.

Sexually Transmitted Infection: An infection that is spread by sexual contact, including chlamydia, gonorrhea, genital warts, herpes, syphilis, and infection with human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

If you have further questions, contact your obstetrician–gynecologist.

FAQ105: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.