

Honeycomb Midwives



Group B Strep Screening and Treatment Options

Group B Streptococcus is a type of bacteria present in the genital area of between 10-30% of women at any given time. When the bacteria are present in this fashion a woman is colonized by GBS. There is a great difference between being *infected* by GBS, and being *colonized* by GBS. Most often GBS colonization occurs with no symptoms, and with no harm to a woman. If very heavily colonized, a woman may experience higher instances of urinary tract infection.

Babies can become colonized with GBS when passing through the vagina during birth. In untreated women, about 50% of babies born would be colonized. Of these, 1-2% will become infected by GBS. This means that in 250 births to untreated mothers, 1 baby would become infected by GBS.

Infection with GBS can result in sepsis, meningitis, or pneumonia in babies. In very rare cases a baby can die from GBS infection. Death occurs in 5-9% of babies who become infected by GBS. This means that in 5000 women who are GBS positive and not treated, 1- 4.5 babies will die from GBS related complications.

Risk Factors For GBS Infection

The following are risk factors that make it more likely for a baby to become infected with GBS:

- GBS present in mother's urine in pregnancy
 - Labour <37 weeks gestation
 - Membranes ruptured for >18 hours
 - Maternal fever in labor

Screening for GBS

In Canada, the standard of care is to offer women a vaginal-rectal swab between 35-37 weeks gestation to test for the presence of GBS.

Preventative Treatment of GBS

Medication:

In Canada, the standard of care is to treat all women who test positive for GBS with antibiotics at the rupture of membranes, or onset of active labour and throughout. The antibiotics are administered by IV injection, every 4-6 hours until the baby is born.

Penicillin-G is the most common treatment however there are alternate medications for women who have an allergy to penicillin. GBS status does not affect choice of birth place; medication can be administered at home, in the birth center, or at the hospital.

Administration of antibiotics does not guarantee that a baby will not get sick or die from GBS infection. When treated in labour, the number of babies who get sick from GBS is around 1 in 2000, and the number who die are about 1 in 20,000.

Risks of Antibiotic Treatment

Preventative administration of antibiotics exposes the baby to antibiotics immediately at birth. Unknown allergy of mother or baby is a possibility. Overuse of antibiotics is well known to contribute to the development of antibiotic-resistant strains of bacteria. Antibiotics can cause side effects like yeast infections, thrush infections, and diarrhea in mother and baby.

GBS and Pre-labour Rupture of Membranes

The standard of care in Canada is to recommend induction of labour via oxytocin drip if a woman screens GBS positive and she has rupture of membranes (her water breaks) before contractions start. Instances of babies getting infected with GBS are lower when labour is induced in these cases.

Risks of Induction of Labour

Induction of labour may be associated with:

- Failure to progress in labour
- Over-stimulation of the uterus
 - Fetal distress
- The use of vacuum or forceps during birth
 - Cesarean birth

This hand-out is not meant to replace discussion with your midwife, rather, it is to act as a tool to facilitate informed choice. Talk to your midwife about your options and your thoughts.

Sources, and for more information see:

*The Society of Obstetricians and Gynecologists of Canada Clinical Guideline for the Prevention of Early Onset Neonatal GBS Disease.

*Ontario Association of Midwives Clinical Practice Guidelines GBS: Prevention and Management in Labour.