HONEYCOMB

· Midwives ·

Group B Strep Screening and Treatment Options

Group B Streptococcus is a type of bacteria present in the genital area of between 1—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 no harm to a woman. If very heavily colonized, a woman may experience higher instance 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 wouldb e colonized. Of these, 1-2% will become infected by BGS. 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 labour.

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.