

Group B Streptococcus (GBS) in Pregnancy: What You Need to Know

What is GBS?

Group B Streptococcus (GBS) is a type of bacteria that naturally lives in the gastrointestinal and genital tracts of healthy adults. It's not a sexually transmitted infection, and it usually causes no symptoms at all. About 20-30% of pregnant people carry GBS at any time. For most, it's harmless - but during pregnancy and birth, it becomes important because it can occasionally be passed to the baby during labour and cause serious illness.

Why GBS Matters for Your Baby

Most babies born to parents with GBS will be completely fine. But in rare cases, GBS can be passed to the baby during vaginal birth, causing early-onset GBS disease. This can lead to: Sepsis, Pneumonia, or Meningitis. Without treatment, GBS affects about 1-2 in every 1,000 babies. With proper care and antibiotics, this risk drops to less than 1 in 4,000.

GBS: The Two Types

Early-Onset GBS (within 7 days of birth): This is the type we aim to prevent with screening and antibiotics during labour. Late-Onset GBS (after 7 days, up to 3 months): This type is not related to birth or preventable with labour antibiotics.

Testing for GBS: Two Approaches in Australia

There are two approaches: 1) Universal Screening (most private hospitals): A vaginal and rectal swab is taken at 35-37 weeks. If positive, IV antibiotics are given during labour. 2) Risk-Based Approach (used in some public hospitals): No routine swab. Antibiotics given if specific risk factors are present during labour, such as GBS in urine, previous GBS baby, preterm labour, prolonged ruptured membranes, or fever.

What Happens if You're GBS Positive?

If your GBS swab is positive (or if you're considered at risk), you'll likely be offered IV antibiotics during labour. Usually penicillin. Given every 4 hours until birth. Most effective if received at least 4 hours before birth.

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What Happens After Birth?

If you received antibiotics and the baby is well: routine newborn care continues. If not, and you had risk factors: baby may be monitored for signs of GBS and possibly tested or treated.

Can I Still Breastfeed if I Have GBS?

Yes! Breastfeeding is safe and strongly encouraged. It may actually provide antibodies and immune protection to your baby.

Can I 'Clear' GBS Before Birth?

GBS is a naturally occurring bacteria. Even if it clears, it can come back. Self-treatment methods are not recommended.

Questions to Ask Your Midwife or Doctor

Does your hospital use universal screening or risk-based care? Will I be tested for GBS? What happens if my test is positive? What if I go into labour before my test?

Common Myths About GBS

MYTH: Only 'dirty' people get GBS. FACT: GBS is a natural bacteria.

MYTH: If I test negative, I can't give GBS to my baby. FACT: GBS can come and go.

MYTH: Antibiotics in labour will harm my baby. FACT: Penicillin is safe.

MYTH: If I have a C-section, I don't need to worry. FACT: It depends on timing.

Key Takeaways

GBS is common and usually harmless - but in some cases, it can cause serious infection in newborns. IV antibiotics during labour are very effective. Breastfeeding is safe. GBS is not your fault.

Final Thoughts

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Being GBS positive doesn't mean something is wrong with you. It means you've got important information to make birth safer for your baby.

Sources

RANZCOG - Royal Australian and New Zealand College of Obstetricians and Gynaecologists

NSW Health & QLD Health GBS Guidelines

CDC (Centers for Disease Control and Prevention)

Cochrane Reviews on GBS prevention strategies