

Group B Streptococcus

Group B Streptococcus (GBS) in Adults

Group B streptococcus, more commonly known as **Group B strep** or **GBS**, is a normal bacteria found near the genitals or rectum. **Around 25% of all pregnant people carry Group B strep bacteria.** GBS bacteria can come and go, but some people are more prone to GBS colonization than others. GBS can cause minor infections such as UTIs, but it usually does not cause any problems in healthy adults.

Group B Streptococcus (GBS) in Newborns

Although GBS is normal and is not dangerous for healthy adults, it can cause serious infections in newborns. In newborns, GBS is a leading cause of **meningitis** (infection of the fluid and lining around the brain and spinal cord), **pneumonia** (infection of the lungs), and **sepsis** (infection of the blood).

How Is Group B Streptococcus (GBS) Detected?

At 35 – 37 weeks gestation, you or your midwife will swab your vagina and rectum with a Q-tip. The swab will be sent to a laboratory to see if GBS grows. Your test results will be available after 2 – 3 days. Occasionally, GBS is found in a urine sample. This suggests a high degree of colonization.

If You Test Positive for GBS

If your urine or swab test is positive for GBS you will receive intravenous (IV) antibiotics during labor. Penicillin and ampicillin are often used, but alternatives are available if you are allergic to these medications.

You will *not* need continuous IV medication— rather, you will receive IV antibiotics once every 4 hours or so (exact timing depends on the antibiotic medication used). In order to receive **complete prophylaxis** (preventative treatment with antibiotics), you will need to receive at least one dose of antibiotics at least 4 hours before giving birth.

If you are GBS+ and you do not receive antibiotics during labor, your baby will have about a **50% chance** of becoming **colonized** with GBS bacteria and a **1 – 2% chance** of developing a **serious infection**. The Centers for Disease Control and Prevention (CDC) recommends 48 hours of hospital observation for infants born to parents with untreated or inadequately treated GBS.

Current research does not support the use of alternative remedies, such as raw garlic or Hibiclens / Chlorhexadine. However, it is thought that taking probiotics may help to reduce GBS colonization.

For more information, please explore the following websites:

American College of Obstetricians and Gynecologists: ACOG.org

American Pregnancy Association: americanpregnancy.org

Centers for Disease Control and Prevention: CDC.gov

Evidence-Based Birth: evidencebasedbirth.com