

## Special considerations if you are Group B Strep positive

Dear Expectant Parent(s):

Group B streptococcus (GBS) is a type of bacteria commonly found in the digestive tract and vagina in about 40% of women. While it does not typically cause a problem during pregnancy, it is important to know if a pregnant woman is carrying this bacteria as it can infect the baby during delivery. This is not the same type of strep bacteria that causes “strep throat” and it is not a sexually transmitted disease.

Even for those women who carry GBS, the risk of infection to the baby is very low (1-2%). If GBS does infect the baby, it can become a very serious infection causing sepsis with symptoms ranging from mild respiratory symptoms to severe illness and even death of the newborn. There are two forms of GBS sepsis: 1) early onset sepsis and 2) late-onset sepsis. Early onset sepsis occurs in the first week of a newborn’s life and the risk can be significantly decreased if a GBS positive mother receives penicillin (or other antibiotic) during labor. Late onset sepsis is an infection that develops after 7 days of age and cannot be prevented by treating mothers who are GBS positive during labor.

Your obstetric provider will offer testing for the presence of vaginal GBS typically between 35 and 37 weeks gestation. This is done by swabbing the vagina and rectum with a special culture swab. It takes approximately 2-3 days to get the results. If you test positive for GBS, you should receive intravenous (IV) antibiotics to decrease the risk of early-onset sepsis in your baby. If GBS was found in your urine during your pregnancy, you are considered positive and will be treated with IV antibiotics as if you had a positive GBS vaginal culture. This practice change of giving GBS + women antibiotics during labor was introduced in the 1990’s and has reduced the risk of infection in the newborn by 80%, an astonishing public health success!

All babies born at Mount Auburn Hospital are screened for their individual risk of early onset sepsis using the answers to these 5 questions regarding your pregnancy: 1) what is your baby’s gestational age at birth? 2) how long before the baby was born did your waters break? 3) what was your highest body temperature during labor? 4) what is your GBS status (positive or negative)? and 5) how long before delivery did you receive antibiotics? Based on the answers to these 5 questions and the baby’s clinical exam, the individual risk for early onset sepsis is calculated and a treatment plan is made. If the baby is healthy, “routine care” (no blood work or IV antibiotics are needed) is usually recommended. Antibiotics are most commonly recommended if the baby is not well (e.g. breathing fast, needs oxygen, etc).

We hope this information helps to describe the care we provide in keeping your baby healthy and safe while at Mount Auburn Hospital.

Please feel free to contact us at the email addresses listed below, if you have any further questions. If you would like to meet with us before your baby is born to discuss any specific concerns, ask your OB provider to make contact with us.

We look forward to caring for you and your baby at Mount Auburn Hospital.

Sincerely,

  
Janet S. Lloyd, MD, MPH, FAAP  
Chair, Department of Pediatrics

  
Nicole Grady, MD, FAAP  
Director, Newborn Medicine