

Group Beta Strep

Information, Options, Treatments



Group Beta Streptococci (GBS) is a common type of bacteria that 10-30% of pregnant women have in their rectum and/or vagina. It is considered “asymptomatic” (or shows no signs of disease) in adults who are colonized with GBS. A “positive” culture for GBS means that you have the bacteria living inside you. While it doesn’t cause you to have illness, there is a small chance that if your baby becomes colonized (GBS disease) it could cause serious health issues for baby. It is more likely that your baby will not develop GBS disease. However, because the potential risks can be very serious, it is our responsibility to inform you of the risks and options if you test positive for GBS.

Some Facts About GBS:

- GBS is not considered an STI, but may be passed from partner to partner
- GBS colonization may be either chronic, intermittent, or transient
- GBS is able to be transmitted into the uterus even with the amniotic sac intact, therefore may infect fetal lungs
- GBS is a leading cause of serious neonatal infection in the US and UK
- Clients who have negative cultures may still deliver infants that contract GBS disease
- A very small percentage of those who receive antibiotic treatment for GBS still contract GBS disease
- Antibiotic treatment has been shown to greatly reduce the amount of babies that contract GBS disease – 86-89% effective
- You may decide to have antibiotic treatment, natural remedy treatment, retest after natural treatment, use a vaginal wash during labor, or choose no treatment for your homebirth
- If you test “negative” for GBS, no treatment is necessary
- If you were “positive” your last pregnancy, you may be “negative” this pregnancy

The research that we have suggests that up to 91% of mothers who test negative during pregnancy will remain negative at the time of birth. This means that 9% will be positive for GBS at birth.

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Who Is At Risk?

What are the statistics?

There are certain things that we look for in order to know if you are at risk for testing "positive" for GBS:

- If you:
 - Have a recent history of UTIs
 - Have frequent sex
 - Have multiple sexual partners
 - Engage in oral or anal sex
 - Have poor hand hygiene
 - Are 20 years old or younger
 - Use tampons
 - Have a high vaginal pH
 - Have candida albicans (yeast)
 - Have only had 1 or 2 pregnancies

GBS Stats:

- Of the mothers that test positive and do NOT receive antibiotics, 50% of their babies contract GBS bacteria. Of those babies, only 1% will contract GBS disease.
- Out of the mothers who do not receive antibiotics during labor, 1 in 200 babies will have GBS disease.
- Out of the mothers who do receive antibiotics during labor, 1 in 4000 babies will have GBS disease.
- Mortality (death) rate for full term babies that contract GBS disease: 2-3% of those infected

Risks for Babies with GBS Disease:

- Sepsis
- Pneumonia
- Meningitis
- Death

S/S of GBS disease in newborn:

- Fever
- Lethargy
- High-pitched cry
- Irritable
- Disinterest in feeding
- Breathing difficulties
- Bluish or bright red skin tone

Reference:

Cagno, C., Pettit, J., & Weiss, B. (2012). Prevention of Perinatal Group B Streptococcal Disease: Updated CDC Guideline. Retrieved January 14, 2015, from <http://www.aafp.org/afp/2012/0701/p59-s1.html>

King, T., Brucker, M., Kriebs, J., Fahey, J., Geger, C., Varney, H. (2015). Varney's midwifery. Burlington, MA: Jones & Bartlett Learning.

LaBleu, Jes. (2015). Participation lecture – group b strep. MCU. 2015.

Tharpe, N., Farley, C., & Jordan, R. (2013). Clinical practice guidelines for midwifery & women's health (Fourth ed.). Burlington, MA: Jones and Bartlett.



How to be Tested:

Your midwife offers the GBS screen to all of her clients at 35-37 weeks. A sterile swab is used to collect samples from your vagina and rectum. You may wish to collect the sample on your own, or your midwife can do it. You may refuse the test and/or treatment after discussing risks and options with your midwife. An Informed Consent document will be kept on file. You may be retested if you choose.

Your Care

We respect your decisions for the care of you and your baby. No matter how you decide to navigate your GBS status, we will provide you and your baby with competent and skilled care. Please feel free to ask questions and discuss your concerns with us. We are happy to share treatment options.

Antibiotic Treatment Risks:

- Potential impact on the microbiome of the mother and baby
- Discomfort from IV administration
- Allergic reaction
- 16% are treated unnecessarily
- Contribution to antibiotic resistant bacteria

Consumer Information:

For the most current research that is distilled into easily digestible information and facts, please visit:

Evidence Based Birth

<http://evidencebasedbirth.com/groupbstrep/>

For the CDC's GBS recommendations, please visit:

<http://www.cdc.gov/groupbstrep/guidelines/guidelines.html>