Gentle Beginnings Midwifery
Educational Handout
Group B Streptococcus (GBS)

What is Group B streptococcus (GBS)?

GBS is one of the many bacterias that normally lives in your body and usually does not cause any problems. In fact, many women do not even know that they have the bacteria. 10-35% of pregnant women will have the bacteria living in their vagina or rectum at any time during their pregnancy. It is also a bacteria that comes and goes, for example, it may be present in one pregnancy and not the other. It is not known why some have it and some do not.

What does it mean if I have GBS?

GBS can cause sickness in babies within 7 days of birth (called early-onset GBS disease) or after 7 days (called late-onset GBS disease). GBS can cause blood infections (bacteremia), lung infection (pneumonia), inflammation in the brain and spine (meningitis), respiratory infections and death. Some babies with early-onset GBS may have long term problems such as small to large delays in mental function, paralysis of all four limbs or deafness.

How is GBS transmitted?

The majority of babies will get GBS through transmission from being born vaginally. 50% of babies born to untreated moms with GBS will have the bacteria but will often not have any symptoms of infections and of those babies, 1-2% will contract an infection such as the ones listed above. Mortality rates for babies who contract early-onset GBS disease is 5-9%.

What increases the risks of my baby getting early onset GBS disease?

1- You are GBS positive in active labour or when your water breaks
2- Baby being born before 37 weeks (preterm labour)
3- Baby weighing less than 2500g (low-birth weight)
4- Your water is broken for more than 18 hours
5- Fever during labour (>38°C)
6- You had a previous baby with GBS disease
7- You have GBS in your urine during the pregnancy

How do I know if I have GBS?

Current recommendations (Society of Obstetrician and Gynecologist of Canada and Community Standards) are that all women are offered a simple swab between 35-37 weeks, to see if you carry the GBS bacteria. The swab is done by yourself by inserting a Q-tip style swab into your vagina first then into your rectum (your midwife will show you how) and sent to the lab for culture. As no test is 100% accurate, this test is the best way of finding out if you carry the bacteria and will identify correctly the presence of GBS 87% of the time. If the test comes back positive, you will be considered GBS positive, if it is negative, you will be GBS negative and if you refuse to do the test, you will be considered GBS unknown.

What is the treatment to prevent early-onset GBS disease?
If you are GBS+ or your baby is at risk of developing GBS disease, you will be offered antibiotics in labour or when your water breaks. You will be given the antibiotics through your veins (IV) every 4-8 hours (depending on which antibiotic is used) until your baby is born. Current recommendations and community standards are that all women who are GBS positive or have risk factors be treated with Penicillin (other antibiotics are available if you are allergic to Penicillin). Antibiotics can be given in hospital or at home. Since the start of these recommendations, rates of early-onset GBS disease have decreased from 2-3/1000 of babies born to 0.5/1000.

Risks of using antibiotics are rare but can be serious for you and your baby. Relatively small risks include increased risk of yeast infections (for you and baby), increased risk of bacterias developing a resistance to antibiotic and small allergic reactions (rash, hives). Rarer risks include serious allergic reaction to antibiotic (which would require administration of Benadryl or Epinephrine in really serious reactions). Some of the antibiotic does cross the placenta as well.

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