



The Northwestern Specialists
For Women

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GROUP B STREPTOCOCCUS TESTING

During your 36 week visit, you will have a vaginal exam to check your baby's position and to determine cervical change. At that time, vaginal and rectal cultures will be done to screen for the presence of Group B Streptococcus, or **GBS**.

GBS is a type of bacteria that is normal found in the digestive, urinary and reproductive tracts. A person who has the bacteria but has no symptoms is said to be colonized. *It is not a sexually transmissible disease*; in fact, it can be found in up to 30% of women at any given time if swabbed. IN most cases, GBS does not pose any danger to a woman's health, and in most cases a woman does not need to be treated.

GBS is found in up to 40% of pregnant women. If present, a woman can pass GBS to her fetus. It can also be passed to the baby after birth. This can cause a GBS infection in an infant. This only happens to 1 or 2 of every 100 babies whose mothers have GBS. Babies who do become infected may have either early or late infections. Both early and late infections can be serious. They can cause inflammation of the baby's blood, lungs, brain, or spinal cord. Both early and late infections can lead to death of the newborn in about 5% of infected babies.

Early Infections: These occur within the first 7 days after birth. Most occur within the first 6 hours. In most newborns with early infection, GBS is passed to them by their mother during labor and delivery

Late Infections: These occur after the first 7 days of life. About 50% are passed onto the baby during birth; the other half results from other sources of infections, including contact with people who are GBS carriers.

Testing for GBS

A culture for GBS is the most effective way of detecting GBS because it detects even low levels of bacteria. Samples are taken from the mother's vagina, perineum, and rectum during pregnancy. Sometimes, if necessary, urine can also be used for cultures. Results usually return in about 2 days. This culture will be performed at your visit between 35-37 weeks. It is done at this time because it has a better chance of accurately telling you whether you are GBS positive and whether it might be passed onto the baby during delivery. The test only holds accurate for about 6 weeks. If a culture is unable to be done for some reason, your physician may decide to treat you with antibiotics based on whether you have one of the following risk factors for GBS infection:

- Preterm delivery (labor that starts prior to 37 weeks of pregnancy)
- Breaking of the amniotic sac ("breaking your water") before 37 weeks
- It's been more than 18 hours since the amniotic sac broke (prolonged rupture of membranes)
- Prior baby with GBS infection
- Fever during labor

Treatment

If you test positive for GBS during your screening, *it is not reason to panic*. Treatment, and thereby protection to the baby, has been found to be most effective if it done with IV antibiotics during labor itself. Typically it is penicillin, but if you are penicillin allergic, other antibiotics can be used successfully to help treat a GBS colonization.