

NOVA GROUP FOR WOMEN

GROUP B STREPTOCOCCUS (GBS) FACT SHEET

Group B streptococcus (GBS) is a type of bacterium that causes illness in newborn babies, pregnant women, the elderly, and adults with other illnesses, such as diabetes or cancer. GBS is the most common cause of life threatening infections in newborns.

HOW COMMON IS GBS DISEASE?

GBS is the most common cause of sepsis and Meningitis, in newborns. The CDC estimates that approximately 8,000 babies in the U.S. are affected by GBS disease each year; 5-20% of these babies die. Babies that survive may have long-term problems such as hearing/vision loss or learning disabilities. Many women carry GBS in their bodies but do not become ill. They are considered to be “colonized”; 15-40% of pregnant women are colonized with GBS in the rectum or vagina. A neonate may become colonized with GBS if the mother is colonized with GBS. Colonization of the neonate may occur before or during birth. Approximately 1-2% of babies who are colonized with GBS develop signs and symptoms of GBS disease.

CAN GBS DISEASE AMONG NEWBORNS BE PREVENTED?

GBS colonization can be detected during pregnancy by a vaginal and rectal swab for special culture. The CDC recommends collection of cultures at 35-37 weeks gestation to most accurately predict whether a mother will be colonized with GBS at delivery.

It has been estimated that up to 86% of GBS disease in newborns might be prevented by administering antibiotics intravenously to colonized women during labor. All colonized women, as well as any pregnant woman who previously had a baby with GBS disease or who has a urinary tract infection caused by GBS, should have antibiotics administered at the time of labor or membrane rupture.

WHAT HAPPENS IF ONE HAS NOT BEEN TESTED FOR GBS DURING PREGNANCY?

A pregnant woman who tests positive for GBS and gets antibiotics during labor has only a 1 in 4,000 chance of delivering a baby with GBS disease, compared to a 1 in 200 chance if she does not get antibiotics during labor. Untested pregnant women with the following conditions are at a higher risk of having a baby with GBS disease and should be treated with antibiotics at the time of labor or membrane rupture:

- . delivered previous baby with GBS disease
- . urinary tract infection due to GBS
- . fever during labor
- . rupture of membranes 18 hours or more before delivery
- . labor or rupture of membranes before 37 weeks

WHAT ARE THE RISKS INVOLVED WITH ANTIBIOTIC TREATMENT?

Penicillin is very effective at preventing GBS disease in the newborn and is generally safe. A colonized woman with no risk factors has a :

- . 1 in 200 chance of delivering a baby with GBS disease if no antibiotics are given.
- . 1 in 10 chance of experiencing a mild allergic reaction to penicillin (such as a rash).
- . 1 in 10,000 chance of developing a severe allergic reaction (anaphylaxis) to penicillin. Anaphylaxis requires emergency treatment and can be life-threatening.

WHAT RESEARCH IS BEING DONE ON PREVENTION OF GBS DISEASE?

Unfortunately, some babies still get GBS disease despite testing and antibiotic treatment. Vaccines to prevent GBS disease are being developed. In the future, women who are vaccinated may make antibodies that cross the placenta and protect the baby during birth and early infancy.

