

This information answers some commonly asked questions about early onset Group B Streptococcus disease in newborns and our recommendations to reduce the chance of infection.

Please talk with your midwife or doctor about your situation and what matters to you. We encourage you to ask questions and take time to consider our recommendations.

Would you like more information?

Please speak with your doctor or midwife during your pregnancy.

You can also find more information about pregnancy screening for GBS in multiple languages here:

[Pregnancy screening Group B Streptococcus \(GBS\) - Maternal, child and family health \(nsw.gov.au\)](https://www.health.nsw.gov.au/kidsfamilies/MCFhealth/Pages/pregnancy-screening-gbs.aspx)

<https://www.health.nsw.gov.au/kidsfamilies/MCFhealth/Pages/pregnancy-screening-gbs.aspx>

Decision Making

It is always okay to ask questions

BRAND is a handy memory prompt for questions you might like to ask us.

B stands for BENEFITS - What are the benefits of each option in my situation?

R stands for RISKS - What are the risks of each option in my situation?

A stands for ALTERNATIVES - What alternatives might I have to what is being offered? (There are always alternatives!)

N stands for NOTHING - What if I do nothing? Doing nothing, or 'wait and see' is always an option. N can also stand for NOW? - Do I need to make this decision now? Taking time to consider your options, even if only for a few minutes, might be valuable to you.

D stands for DECISION - What is my decision?

If you have any questions or suggestions regarding this brochure, please provide this feedback to your healthcare provider.

Endorsed by NSW Maternity and Neonatal Services Committee

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**Group B
Streptococcus (GBS)
in pregnancy**
Reducing the chance of
infection in newborns.



Health
Northern NSW
Local Health District

About Group B Streptococcus

Group B Streptococcus (GBS) is a very common bacteria that lives in our bodies. As many as one in three women carry GBS bacteria in their vagina and bowel, it may also be in the urine. It has nothing to do with being clean and it is not a sexually transmitted disease. GBS is transient which means that the bacteria can come and go over time. GBS bacteria is usually harmless and does not cause any symptoms.

Why does it matter if you carry GBS?

Sometimes women who carry GBS pass it to the baby during birth. Many of these babies will then also carry GBS. A small number of babies (1 in every 1,000) can get infected with GBS. These babies can get very sick in the days following their birth. The baby may have infection in their blood, lungs, or brain. This infection is known as early onset GBS disease. If your baby has a GBS infection they will need medical treatment with antibiotics through their vein (IV) for up to a few weeks. A very small number of babies will die from this infection and some may suffer long term problems, even with the very best care.

How can we reduce the chance of infection?

In Northern NSW we recommend that all women have a GBS screening swab toward the end of their pregnancy (between 35 and 37 weeks). Knowing you carry GBS and treating it during labour decreases the chance of infection for the baby.

There is a higher chance for babies developing an infection if:

- you have had a previous baby who was infected with GBS
- you have a GBS positive urine sample or vaginal swab in this pregnancy
- you go into labour before 37 weeks
- your waters are broken for more than 18 hours before your baby is born
- you have a high temperature in labour or within 24 hours after giving birth (over 38°C)

If you decided not to be screened or had a negative GBS screening swab but then develop any of the risks listed above, we will recommend you are treated with antibiotics through your vein (IV) during your labour.

Having IV antibiotics during your labour significantly reduces the chance of the baby becoming sick with GBS. Taking antibiotic tablets by mouth or disinfecting the vagina with chlorhexidine does not work.

Observing your baby

GBS infection in babies is not completely preventable. If you screened positive for GBS or had other risk factors and:

- you did not have antibiotics during labour
- your baby was born before the antibiotics had time to work
- your baby was born at home

We recommend you stay in (or come into) hospital for 24-48 hours so we can monitor your baby closely.

Choosing to go home before 24 hours

All newborns are at risk of infection. Only a very small number of babies will become infected with GBS. Early signs of infection in newborns are not always obvious, and newborns can become very unwell, very quickly. Most symptoms occur within the first 24 hours of life, but they may take two or more days to appear

If you decide to go home before 24 hours or if your baby was born at home and you decide not to come into hospital, we recommend you:

- ✓ watch your baby's breathing closely
- ✓ take your baby's temperature under their arm, every four hours
- ✓ watch your baby for other signs of infection and changes in behaviours listed below.

When to come to hospital

If your baby has any of the following, you should take them immediately to the nearest Emergency Department:

- ✓ fast breathing, grunting, noisy or difficult breathing
- ✓ looks pale or skin colour is uneven 'mottled'
- ✓ floppy arms and legs
- ✓ crying excessively or unable to settle
- ✓ a high or low temperature (normal 36.5 – 37.4°C), or feels hot or cold to touch
- ✓ being very sleepy not feeding well
- ✓ behaving unusually, seems 'just not right', or you are worried about your baby.