

Information for women and families

Group B streptococcus (GBS) screening

This information is for pregnant women who are planning a vaginal birth.

What is GBS?

GBS is a type of bacteria that lives in the intestines or vagina. It is very common; about one in four women carry GBS in their vagina. Normally the bacteria are harmless and women do not have any symptoms. GBS is not classed as a sexually transmitted infection. However, when pregnant, up to 70 % of women who have GBS will pass the bacteria on to their baby while giving birth. For this reason all pregnant women who are found to carry GBS, will be recommended intravenous antibiotics in labour.

Will GBS affect my baby?

While the bacteria do not affect most babies, close to 1 in 1000 babies will become very ill with GBS infection. This usually happens within the first 7 days of life. The illness can cause mild to severe problems including infection of the blood and pneumonia.

GBS infection can also develop later - up to the age of 3 months - this is called 'late onset GBS'. The most serious problem in late onset GBS infection is meningitis but late onset disease is very rare.

How will I be screened for GBS?

- A swab test is taken from your vagina and rectum at about 36 weeks of pregnancy. Usually you will collect this yourself. The instructions are on page 2.
- The results 'GBS negative' or 'GBS positive' will be ready for you when you attend your next appointment. The results are valid for 5 weeks.

If GBS is present ('GBS positive')

If GBS was present on your 'vaginal rectal swab, you will be offered antibiotics when you are **in labour**. Antibiotics pass across the placenta to your baby before the birth, and can help reduce the chance of a serious infection in the first few days of life.

Treatment with antibiotics during pregnancy is only indicated if GBS is found in your urine.

In some situations, antibiotics in labour are recommended to women who are at a higher risk of passing GBS on to their babies, even if their swab is negative. These situations are:

- If a woman has had a baby before with a GBS infection (not just a positive swab)
- If a woman has a GBS urinary infection anytime during the current pregnancy
- If a woman develops a high fever (more than 38 degrees) during labour.

If you know you are 'GBS positive' you will be advised:

- To have your labour 'induced' if your membranes break before labour starts.
- To come to hospital when labour starts so the antibiotics can be started at least 4 hours before your baby is born.

Without treatment, about 1 in 200 women with GBS will have a baby that develops a severe infection.

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What are the risks of taking antibiotics?

All antibiotics have a very small risk of a severe allergic reaction (anaphylaxis). The risk is 1 in 2,000 which is lower than the risk of a baby dying from a GBS infection. Mild side effects include a rash, nausea and diarrhoea. There are no known serious adverse effects for the baby.

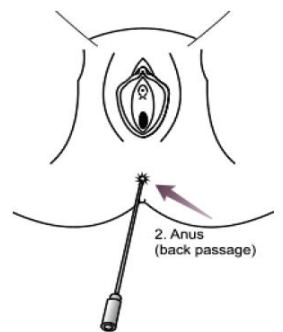
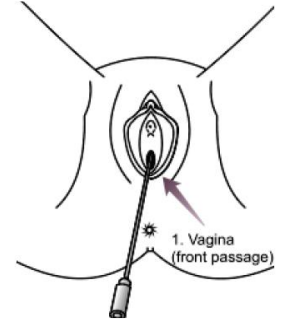
Penicillin is the antibiotic given during labour for GBS, however if you have a known allergy, an alternative antibiotic can be used.

Having the test

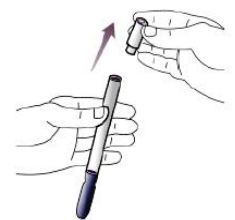
If you have agreed to have the screening test, your doctor or midwife will give you a swab labelled with your name, date of birth, hospital record number ('UR), the date and time of the test.

If you are not able to take the swab yourself your midwife or doctor can assist you.

1. Remove the swab from the packaging. Do not touch the cotton end of the swab. Insert it 2 cm into your **vagina first**.
2. Then insert the same swab 1 cm into your back passage (anus).



4. Remove the cap from the sterile tube.
5. Put the swab into the tube and snap off at the break point.
Do not spill the liquid. Put the cap on the tube and screw to close.
6. Check all **your details are correct** on the tube.
7. Put the tube in the transport bag and put it in the Monash Pathology white collection basket on the Pathology door.



Please remember to ask your doctor or midwife for your results at your next visit



Interpreters are available
Phone: **131 450**