

GROUP B STREP TESTING AND TREATMENT

Group B strep is a common type of bacterium in our environment. Many people carry GBS in their bodies but do not become ill. Adults can be colonized (carry GBS) in the bowel, genital tract, urinary tract, throat, or respiratory tract. In **pregnant women, 15-40% are colonized** in the vagina or rectum. This can lead to urinary tract infections, uterine infections (amnionitis, endometritis) or newborn infections. GBS is the most common cause of life-threatening septicemia, pneumonia and meningitis in the newborn. **Five to 15% of the babies who contract a GBS infection die.** The survivors, particularly those who have meningitis, may have long-term problems, such as hearing or vision loss or learning disabilities. Important to keep in mind is that **in GBS + women** 50% of the babies will culture positive in their orifices but only **1-2% will get sick.** Infection of the baby can happen before, during or after birth. The symptoms of infection in the newborn most commonly show up in the first 48 hours of life.

Testing is done in late pregnancy, usually at 36 weeks, to determine if the mother is GBS positive. A positive result does not mean that the mother or her baby will definitely become ill. (Remember only 1-2% of babies become ill in + women.) Pregnant women who are **POSITIVE FOR GBS AND HAVE ONE OR MORE OF THE FOLLOWING** conditions are at higher risk of having a baby with GBS disease (4% risk):

- | | |
|--------------------------------|---|
| previous baby with GBS disease | urinary tract infection due to GBS |
| fever during labor | preterm labor |
| prolonged ROM | prelabor Rupture Of the Membranes (ROM) |

Most, but not all GBS disease in newborns can be prevented by giving women antibiotics through the vein during labor. It is recommended that every pregnant woman who has had a previous baby with GBS disease or has had a urinary tract infection due to GBS during this pregnancy be given antibiotics in labor and no further culturing is necessary.

Within the medical community there are different protocols being promoted and used. Our preference is to have the information from this test in our records. This allows us to be more relaxed about prolonged ruptured membranes (PROM) if you are negative. Whereas if you are GBS+ we will respond more conservatively to PROM.

I understand that there is no “perfect” answer for Group B strep—no perfect screening program, no perfect protocols which will identify and prevent all strep infected babies, that no method of screening and/or prophylactic treatment is 100% effective in preventing all GBS infection. All that we can do is reduced the incidence. I have had my questions answered and am able to make an informed decision regarding GBS testing. I would like *Spokane Midwives* to:

TEST **NOT TEST** (circle one) for GBS.

Signature _____ Date _____

Print name _____

I understand that my GBS culture came back positive and that I have an increased risk of having a baby who may develop a GBS infection.

Therefore it is my choice that Spokane Midwives:

_____Administer IV antibiotics every 4 hours from time midwife arrives (standard of care in the US reduces the incidence of neonatal sepsis from 1 in 200 to 1 in 4000)

_____Use Chlorhexadine vaginal washes every 4 hours in labor (not standard of care, studies are conflicting in their results but may be an alternative especially for women with very fast labors) .

Signature

Date

Print name