

# Group B Streptococcus (GBS) Colonization in Pregnancy

## What is Group B strep?

Beta strep is a bacteria that may colonize (live in the vagina without causing symptoms) in approximately 15-40% of women. The most common sites are the rectum, vagina and urinary tract. GBS is not a pathogen and does not harm the pregnant woman. Group B strep colonization is not a sexually transmitted disease (STD). For most women there are no symptoms of carrying group B strep bacteria. The bacteria may come and go. If you have a positive culture for group B strep in the vagina or urine, you should be treated during labor. If present when the baby delivers, GBS may cause serious infections in a newborn infant.

## How do I find out if I am a group B strep carrier during pregnancy?

The Center for Disease Control (CDC) recommends that all pregnant women planning a vaginal delivery be tested for group B strep in the third trimester. A culture is usually obtained between 35-37 weeks. Please ask to know your GBS status prior to delivery.

## What if I don't know whether or not I am group B strep positive when my labor starts?

Pregnant women who do not know whether or not they are GBS positive when labor starts should be given antibiotics if they have: labor starting at less than 37 weeks (preterm labor); prolonged membrane rupture (water breaking more than 18 hours before labor starts); or an elevated temperature during labor. If no antibiotics are administered, a colonized mother has a 1/200 chance of delivering a baby with GBS infection.

## What happens if I test positive for group B strep?

If your test comes back positive, you have a history of group B strep in your urine or vagina or have had a previous baby infected with GBS, you should get antibiotics when you begin labor or your water breaks. The antibiotics are given through an intravenous line (IV). The antibiotics help during labor only — they cannot be taken before labor because the bacteria can grow back quickly.

## How common is group B strep disease in newborns?

Group B strep is the most common cause of sepsis (blood infection) and meningitis (infection of the fluid and lining around the brain) in newborns. GBS occurred in about .5% of deliveries prior to the routine cultures done now. It is a cause of newborn pneumonia and is more common than other, more well-known, newborn problems such as rubella, congenital syphilis, and spina bifida. In the year 2001, there were about 1,700 babies in the U.S. less than one week old who got early-onset group B strep disease. More detailed information about GBS disease rates can be found at [www.cdc.gov/abcs](http://www.cdc.gov/abcs).

## How is group B strep disease diagnosed and treated in babies?

If a mother received antibiotics for group B strep during labor, the baby will be observed to see if he or she should get extra testing or treatment. See the newborn management section of the CDC's revised prevention guidelines to learn more. If the doctors suspect that a baby has group B strep infection, they will take a sample of the baby's sterile body fluids, such as blood or spinal fluid. GBS disease is diagnosed when the bacteria are grown from cultures of those fluids. Cultures take a few days to grow. Group B strep infections in both newborns and adults are usually treated with antibiotics (e.g., penicillin or ampicillin) given through a vein (IV).