



# A guide to...

## Group B streptococcus infection in newborn babies

### *Patient Information*

#### How to contact us

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## **What is Group B Streptococcus (GBS)?**

Group B Streptococcus (GBS) is a common bacterium which up to 1 in 5 women in the UK have in their vagina and bowel. Most women will be unaware of its presence. Being a carrier is not harmful to you, and GBS is not sexually transmitted.

## **How is GBS detected?**

GBS is sometimes detected during pregnancy when tests for other infections are carried out. Swabs may show that you carry the bacteria and GBS may also be detected in your urine.

## **Why does it matter?**

Many babies come into contact with GBS during labour or during birth. The vast majority of babies will suffer no ill effects. But if these bacteria spread from a mother to her baby during birth, they can cause serious illnesses, including infections of the blood (sepsis), in the lungs (pneumonia) and around the brain (meningitis). Although the infection can make the baby very unwell, with prompt treatment the majority (7 out of 10 of diagnosed babies) recover fully. However, 2 in 10 babies with GBS infection will recover with some level of disability, and 1 in 10 infected babies will die. Overall, 1 in 17,000 newborn babies in the UK and Ireland die from the infection.

## **When might my baby be at higher risk of developing GBS infection?**

Infection is more likely to occur if:

- your baby is born prematurely, at less than 37 weeks of pregnancy – the earlier your baby is born the greater the risk
- you have previously had a baby who developed GBS infection
- you have a high temperature during labour more than 18 hours have passed between your waters breaking and your baby being born

## **Preventing group B strep in new-born babies**

If you are known to be carrying GBS, you will be offered antibiotics once you are in labour to reduce the risk of your baby developing the infection.

A urine infection caused by GBS should be treated as soon as it is detected. You should also be offered antibiotics during labour even if the infection has cleared up.

If you have previously had a baby who was diagnosed with GBS infection, you will be offered antibiotics in labour.

If you carry GBS, are more than 37 weeks pregnant and your waters break before you go into labour, you will usually be advised to have your labour induced.

(started off). This is to reduce the time that your baby is exposed to GBS before birth.

If your doctors or midwives think you may have an infection during your labour but they are not sure of the cause, you should be offered antibiotics that will treat a wide range of infections including GBS.

## **If I had GBS in a previous pregnancy should I be given antibiotics during labour?**

If you were a carrier in a previous pregnancy but your baby was not affected, it is not currently recommended to have antibiotics during labour in this pregnancy. Fewer than 4 in 10 of previous GBS carriers will be carriers in subsequent pregnancies.

## **What are the symptoms?**

Some signs and symptoms of early infection in new-born babies are:

- Rapid breathing or difficulty breathing (often the first symptom)
- Grunting
- A high temperature (fever), or a low temperature
- Difficulty feeding or not wanting to feed
- Being floppy, limp, and hard to wake up.

It's very important that you get medical help straight away if you think that your baby is ill. Group B strep infection is serious, and your baby may become very ill very quickly.

## **When antibiotics are not necessary**

If you carry GBS in your vagina, you should not need antibiotic treatment: - during pregnancy, unless you have a symptomatic infection (for example, a urine infection) though you will still require antibiotics in labour. - If you have a planned Caesarean section before you go into labour and before your waters break. The reason why antibiotics are not usually needed in these situations is that the risk of your baby becoming infected with GBS is so low and because antibiotics given before labour (i.e. earlier in pregnancy) do not reduce your chances of carrying GBS at the time of the birth.

## **Why are all women not tested for GBS during pregnancy in the UK?**

There has been debate for many years as to whether all pregnant women should be offered testing for GBS. The RCOG (2012) and the UK National Screening Committee outline the benefits and disadvantages of both views. At present, there is no clear evidence to show that testing for GBS routinely would do more good than harm:

- Many women carry the bacteria and, in the majority of cases, their babies are born safely and without developing an infection.
- Screening all women late in pregnancy cannot predict which babies will develop GBS infection.
- No screening test is entirely accurate. A negative swab test does not guarantee that you are not a carrier of GBS. In other words, you may be given a negative result when in fact you do carry GBS in your vagina.
- In addition, the majority of babies who are severely affected from GBS infection are born prematurely, before the suggested time for screening.
- Giving all carriers of GBS antibiotics would mean that a very large number of women at very low risk would receive treatment they do not need.

**GBS screening is not routinely offered to all pregnant women for this reason.**

## Key points

- Group B streptococcus (GBS) is one of many bacteria that normally lives in our bodies and usually causes no harm. About one-fifth of pregnant women in the UK carry GBS in their vagina.
- GBS carriage is not routinely screened for during pregnancy in the UK.
- The risk of GBS being passed from a mother to a baby is highest during labour or at the time of the birth.
- If GBS is found in your vagina or bowel during your current pregnancy, or if you have previously had a baby with GBS infection, you should be offered antibiotics during your labour.
- The risks are increased for babies born prematurely, if you have a temperature in labour, or when your waters break but labour is delayed by more than 18 hours.
- If your newborn baby develops GBS infection, he or she should be treated promptly with antibiotics.

## Sources:

This information has been compiled from the Royal College of Gynaecology: Group B streptococcus (GBS) infection in newborn babies. Patient Information leaflet: Published in June 2013.

The patient information from BMJ Best Practice: published: 1/12/2016

## Further information:

1. UK National Screening Committee: [www.screening.nhs.uk/groupbstreptococcus](http://www.screening.nhs.uk/groupbstreptococcus)
2. NHS Choices: [www.nhs.uk/chq/pages/2037.aspx](http://www.nhs.uk/chq/pages/2037.aspx)
3. Group B Strep Support: [www.gbss.org.uk](http://www.gbss.org.uk)

Alternatively, your midwife or doctor can discuss any questions you may have.

## Contact Information

Maternity Day Assessment Unit: 01923 217 851

Maternity Triage: 01923 217 343

Delivery Suite: 01923 217 371

Alexandra Ward Birthing Unit: 01923 217 364

Antenatal Ward: 01923 217 377

Postnatal Ward: 01923 217 366