

Can GBS infection be prevented?

Despite screening and treatment, some babies will still develop GBS infection. The purpose of screening and antibiotics is to reduce the risk for your baby, but it does not eliminate the risk completely. If your baby does develop GBS infection he or she can be treated with antibiotics while in hospital.

*Speak to your midwife
or doctor at your next
appointment if you have
any questions about GBS.*

For Further Information

www.rotunda.ie

www.HSE.ie

www.gbss.org.uk



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Group B Streptococcus (GBS) in pregnancy

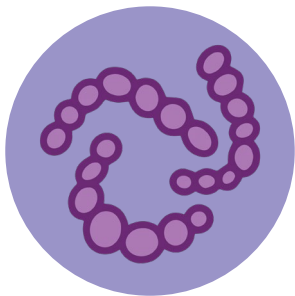
Information leaflet



What is Group B

Streptococcus (GBS)?

Group B Streptococcus (GBS) is a common type of bacteria found in the vagina, urine or rectum (back passage). The bacteria are not normally harmful. GBS may however be passed on to your baby during labour and birth and cause life threatening infections, including blood poisoning, meningitis and pneumonia.



Who is at risk?

Some pregnant women are more at risk than others of having a baby who develops a GBS infection and will therefore be offered screening or antibiotics in labour as required.

You are at high risk if:

- your waters break more than 24 hours before your baby is born
- you go into labour or your waters break prematurely (before 37 weeks)
- you have a raised temperature in labour (of more than 38-c)
- you test positive for GBS infection in your current pregnancy
- you get an infection during labour or birth
- you have previously had a baby with GBS infection

Screening for GBS

Screening for GBS is not routinely offered to all women in Ireland. In the Rotunda Hospital, all women will have a urine sample taken at their booking appointment to screen for GBS. Women who present when their waters break (but are not in labour) and women having planned induction of labour are offered GBS screening. If you are allergic to penicillin, screening for GBS will be offered between 35 and 37 weeks of pregnancy to help identify a suitable alternative to penicillin. A swab is used to take a sample of cells from the vagina and rectum (back passage). This sample will be sent to the laboratory where it is analysed.



Antibiotic Treatment for GBS

Women with an increased risk of passing GBS infection onto their newborn baby will be offered antibiotics given through a drip during labour. These antibiotics (usually penicillin) are offered every 4 hours from the start of labour until the baby is born. If you have a known allergy to penicillin a suitable alternative will be offered.



GBS infection if your waters break before labour

If your waters break (after 37 weeks of pregnancy) but you are not in labour we recommend that you have the screening test for GBS when you come into the hospital. You may be discharged home and advised to await the result (it can take up to 6 hours to get a result).

If your GBS swab result is POSITIVE

We will contact you by phone and advise that you return to the hospital.

When you return we recommend:

- giving you antibiotics through a drip every 4 hours until your baby is born to reduce the risk of transmission of GBS to your baby
- starting your labour (induction) as this will reduce the time your baby is exposed to GBS before birth

If your GBS swab result is NEGATIVE

As the risk to your baby is significantly reduced, we recommend starting your labour (induction) within 24 hours from the time your waters break.

The hospital staff will only contact you if your GBS swab result is positive