

Group B Streptococcus (GBS) Screening in Pregnancy

February 2024

What is Group B Streptococcus (GBS)?

GBS is a normal bacteria that is commonly found in the intestines, rectum, urethra and/or vagina of about 15-25% of Australian women. GBS is a transient bacteria, meaning it can come and go over time. It is not a sexually transmitted infection, and usually causes no symptoms and is not harmful to you. However, if passed on to your baby during labour, it can occasionally lead to a serious illness for your newborn called GBS infection.

What could GBS mean for your baby?

Even though many babies will come into contact with GBS as a normal part of labour and/or birth, most of these babies won't become unwell. If you carry GBS, there is a small chance (about 1 in 1000 or 0.1%) that your baby will develop GBS infection in their first week of life. This is known as 'early-onset GBS infection'.

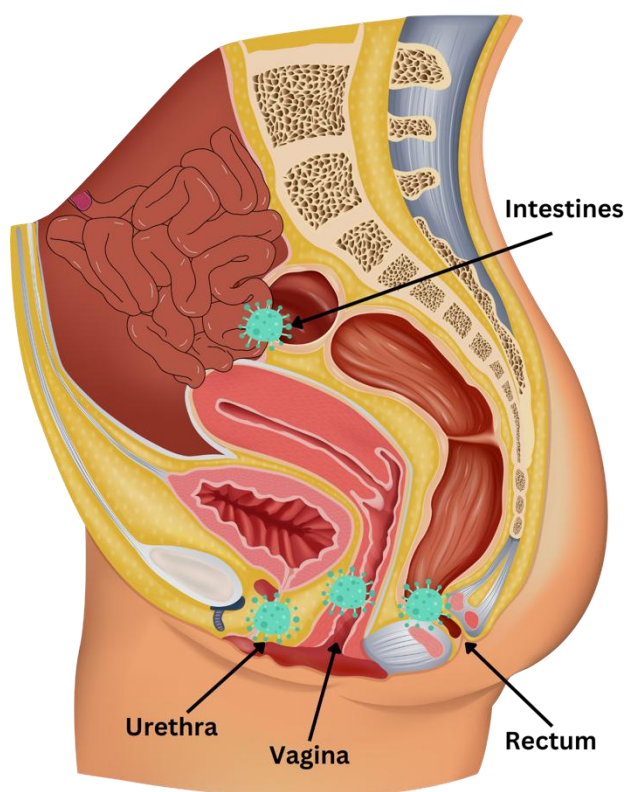
Of the babies who develop a GBS infection, a small number may develop sepsis, pneumonia or meningitis, which can be life threatening. However, with early detection and treatment using antibiotics, most babies will fully recover.

Screening for GBS in pregnancy

There is no standard practice for GBS testing in Australia. Some healthcare providers will only recommend testing for GBS if you have risk factors, whereas others will recommend testing all pregnant women. At the Royal Hospital for Women, we recommend that all pregnant women be offered GBS testing using a lower vaginal swab between 35-37 weeks of pregnancy.

The test will only show GBS if the bacteria is there at the time of testing. But because the GBS bacteria comes and goes, this means that routine screening may not detect GBS in everyone who will have it during labour and birth. Screening may not detect GBS in approximately 5% of GBS positive women and about 70% of women who test positive between 35-37 weeks will still be positive at birth.

There is usually no need for screening or treatment for GBS before a planned caesarean, because the baby will not pass through your vagina.



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Consumer Participation National Standards endorsed

South Eastern Sydney Local Health District

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What are the risk factors for early-onset GBS infection?

Your baby is more likely to become infected with GBS if:

- they are born early (before 37 weeks of pregnancy)
- your waters release early (before 37 weeks of pregnancy)
- you give birth more than 18 hours after your waters release
- you have a high temperature during labour
- you've had a previous baby with GBS infection
- a urine test during pregnancy detected GBS
- a swab taken no more than 5 weeks earlier detected GBS

Treating GBS in labour

If your GBS test is positive, or if you have risk factors as listed above, you will be recommended to have antibiotics through a drip when labour starts. These antibiotics are given every 4-hours once you are in labour and until your baby is born. If your waters release before your labour starts your Doctor or Midwife may recommend [inducing your labour](#) within 24-hours to reduce the time your baby may be exposed to GBS.

The antibiotic given is usually penicillin, but other options are available if you have an allergy to penicillin. The antibiotics pass through your placenta and into your baby's body, reducing your baby's chances of GBS infection.



Antibiotic benefits and risks

The benefit of having antibiotics during labour is that it may reduce the chance of infection to your baby, but it does not remove the chance completely.

Potential side effects and/or risks of antibiotic treatment include:

- nausea/vomiting
- diarrhoea
- allergic reaction
- antibiotic resistance
- disrupts the good bacteria in the newborn gut (microbiome)
- increased medical intervention during labour and/or birth

What if I choose not to screen or have treatment for GBS?

Most GBS infections in babies (about 90-95%) are of early onset (showing within the first 24-48 hours of life). That is why we recommend that you stay in hospital for 24-48 hours after your baby is born for observation. If you choose not to screen for GBS, or not to treat a positive GBS result with antibiotics during labour, we will recommend that you remain in hospital for 48 hours after you have given birth. During this stay, your Midwife will perform some additional observations on your baby to help pick up any early signs of infection. [If you have decided to go home early](#), we recommend that you monitor your baby and contact the hospital immediately if you have any concerns.

Signs of GBS infection

- abnormal breathing sounds, such as 'grunting' with each breath out
- difficulty breathing or breathing too fast or slow
- sleepiness and not interested in feeding
- vomiting or diarrhoea
- difficulty maintaining a normal temperature (being too hot or too cold)
- looking pale or blotchy
- floppy arms and legs

How do I collect a GBS swab?

Testing for GBS involves taking a swab of the inside of the vagina and around the perianal area. You can usually do this test yourself, but if you prefer your Midwife or Doctor can do this for you. Please follow these instructions carefully to ensure your test results are accurate and reliable:

1. Wash your hands before you begin



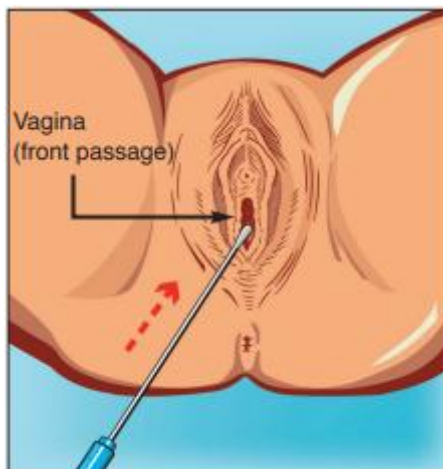
2. Position yourself comfortably with your legs apart - either on the toilet or with one foot elevated against the toilet



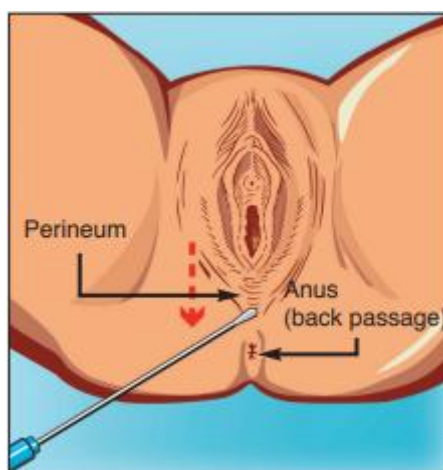
3. Remove the swab from the packet making sure not to touch the cotton end with your fingers



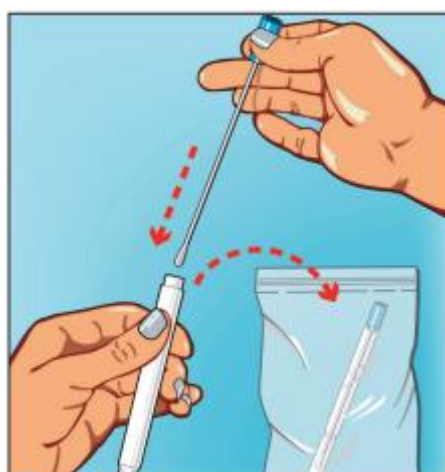
4. Put the tip of the cotton swab stick about 2cm inside your vagina
5. Gently rotate the swab inside the vagina for around 30 seconds



6. Remove the swab from your vagina and using the same swab, move along your perianal area



7. Remove and place the swab into the tube making sure the cap fits firmly
8. Place the tube into the specimen bag and return to your Midwife or Doctor



9. If you are collecting the swab at home, place it in the fridge until you bring it to the hospital