Local Maternity & Neonatal System

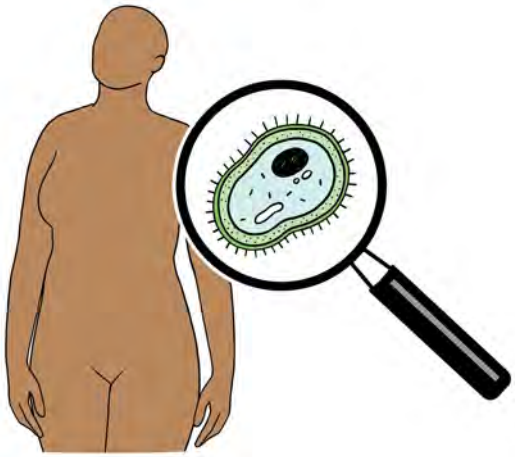
BOB Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Information for you

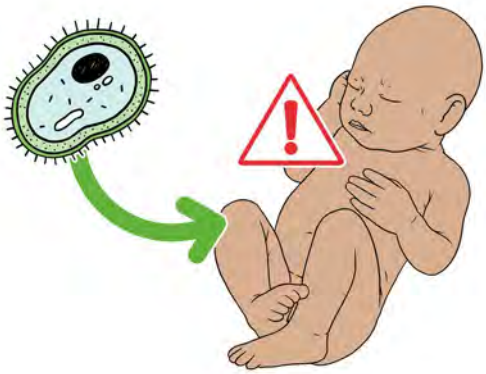
Group B Streptococcus (GBS) in pregnancy and newborn babies

easy read

About this information

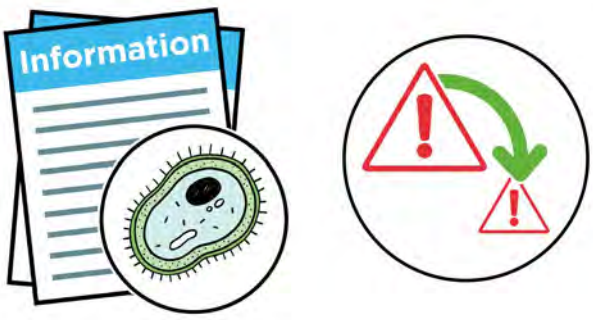


Group **B S**treptococcus (**GBS**) is a germ that lives in our bodies and normally does not cause any problems.



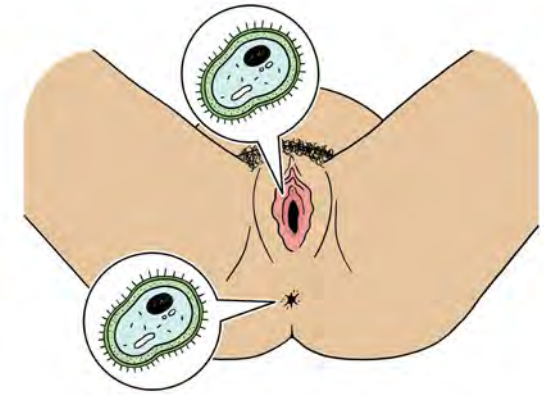
But GBS can sometimes make newborn babies very ill.

This information is for people who are pregnant, planning to become pregnant, or have just had a baby, or know someone who is.



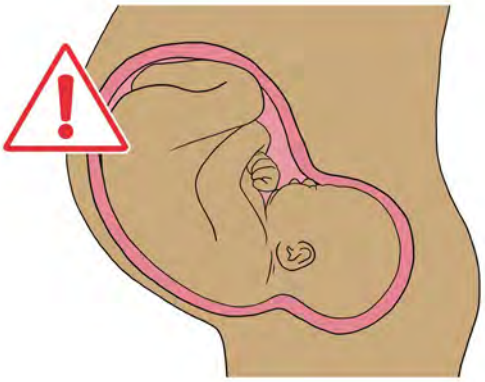
It gives information on GBS and how to lower the risk of the baby getting ill.

GBS



GBS is a germ that can be found inside the vagina and bum.

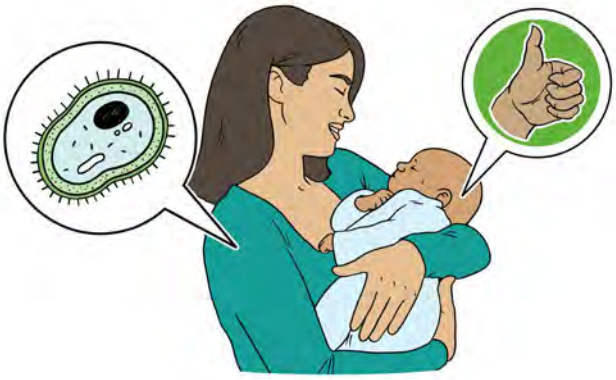
Most people with GBS will not have any problems, but it can sometimes make a baby very ill right after they are born.



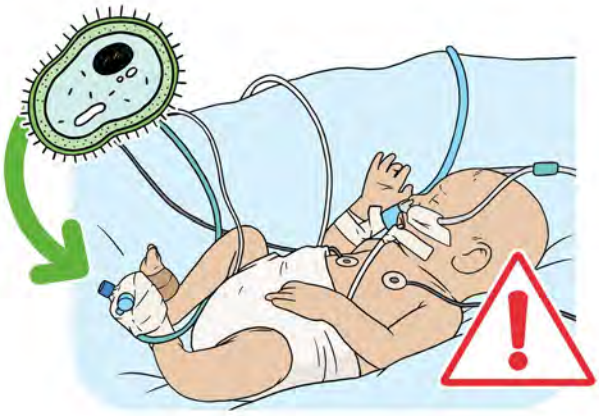
It can also make a baby ill before they are born but this is very rare.

Some tests you have when you are pregnant may show that you have GBS. This could be things like a urine test, this is when they test your wee.

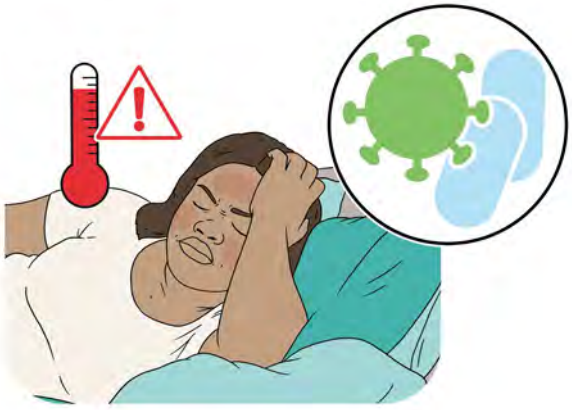
What could GBS mean for my baby?



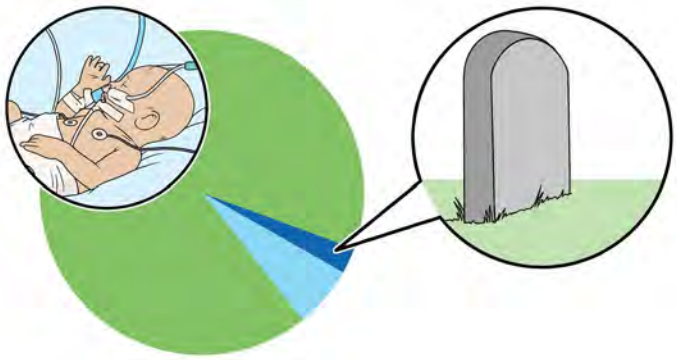
Many people have GBS and have babies, most babies will not get ill.



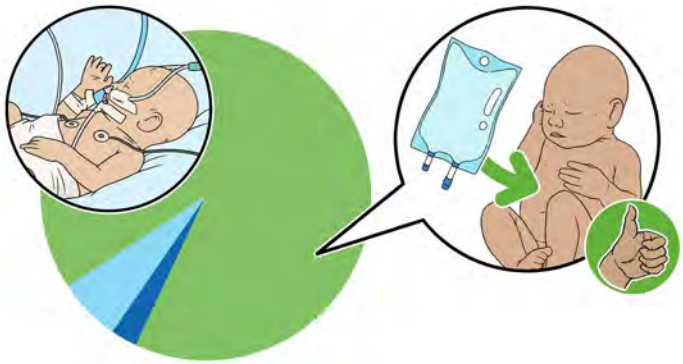
But some babies can get very ill if GBS causes an **infection**, this is called GBS infection.



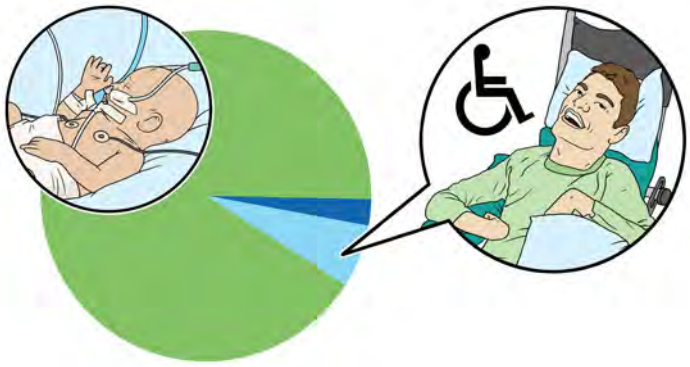
An **infection** is when your body is attacked by bacteria or virus. Infections cause you harm.



There is a small chance that if your baby is very ill with a GBS infection they could die but this is very rare.



But with treatment most babies will get better.



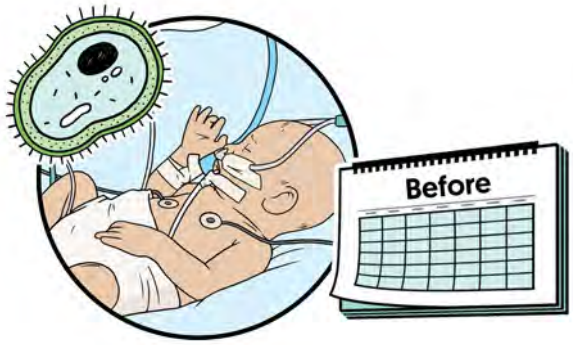
A small amount of babies will get better but have a long term disability, this means that they will be disabled for life.This is very rare.

Risks for GBS infection

GBS infection is more likely to happen if:

- your baby is born before 37 weeks of pregnancy

  Most pregnancies are 40 weeks.



- you have had a baby before that had GBS infection

- you have a high temperature or other signs of infection when you are giving birth

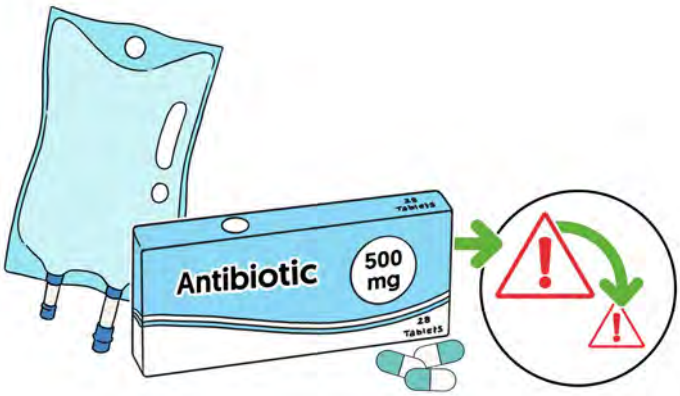
- you have a test that shows you have GBS when you are pregnant

- your waters break more than 24 hours before the baby is born

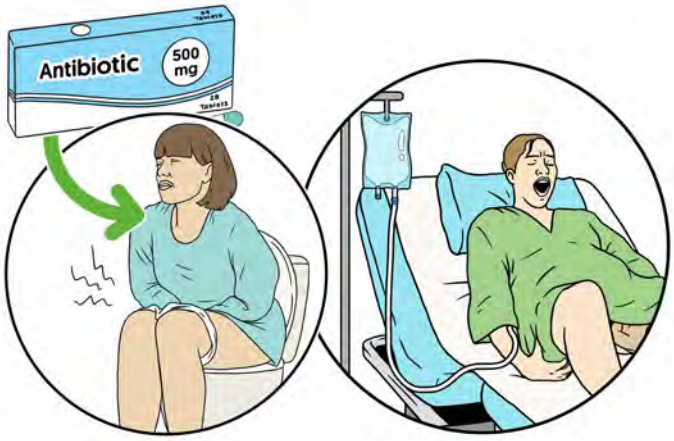
Lowering risks of GBS infection

If your waters break and you have GBS, you will be offered an **induction of labour** as soon as possible. This is to stop the baby from being near the germs for long.

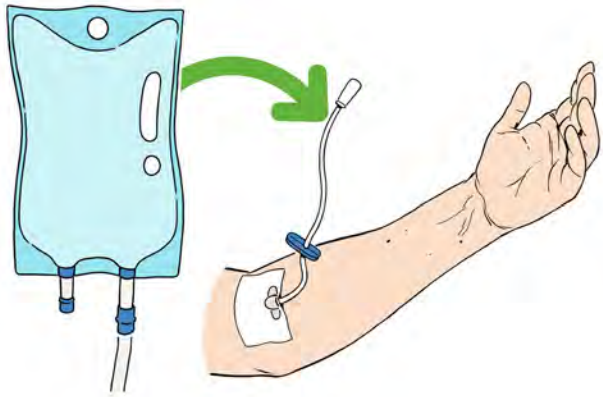
An **induction of labour** is when your healthcare team use medicine to try to get the baby to come.



The risk of GBS infection can also be lowered by having a medicine called an antibiotic.

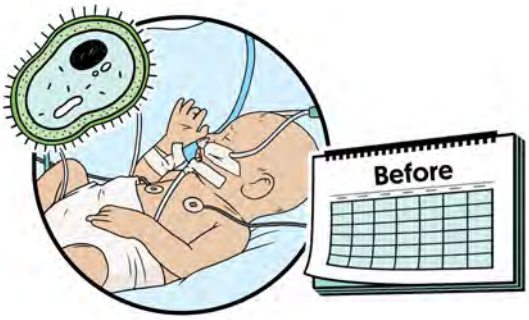


If you have a urine infection caused by GBS you should be given antibiotic tablets right away. You should be offered antibiotics through a **drip** when you are giving birth.



A **drip** is when medicine is slowly given to you directly into your veins. **Veins** are what carry your blood around your body.

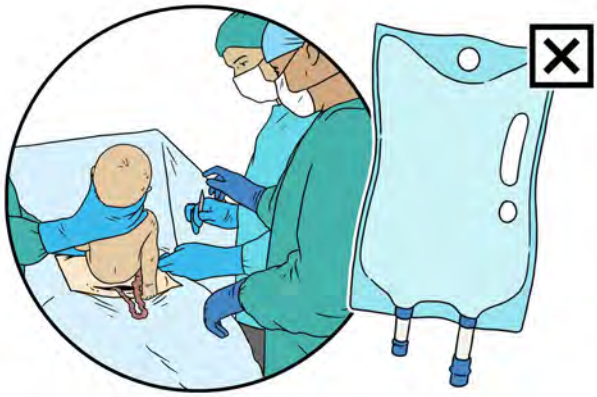
A drip can also be called an **IV**.



You should also be offered antibiotics through a drip when you are giving birth if:

- you have had a test that shows you have GBS
- you have had a baby before who had GBS infection
- you have any signs of infection when you are giving birth, like a high temperature
- your waters break more than 24 hours before the baby is born

you start giving birth before 37 weeks of pregnancy.



If you have GBS and you are having a planned **C section** you do not need antibiotics for GBS infection, unless you have already started having the baby or your waters have broken.

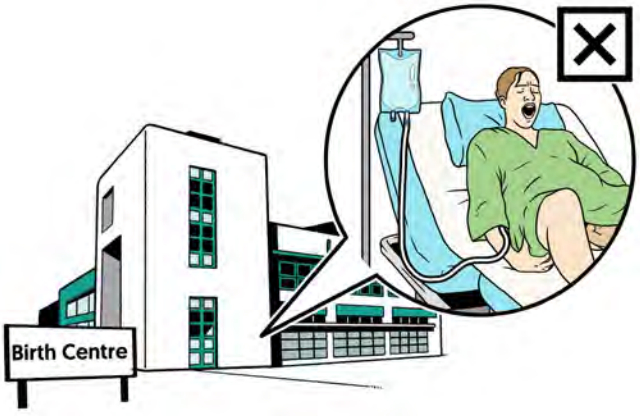
A **caesarean section** or **C section** is a way of giving birth through **surgery** instead of pushing the baby out through the vagina.

A **surgery** or operation is when doctors remove, replace, or fix something inside your body.

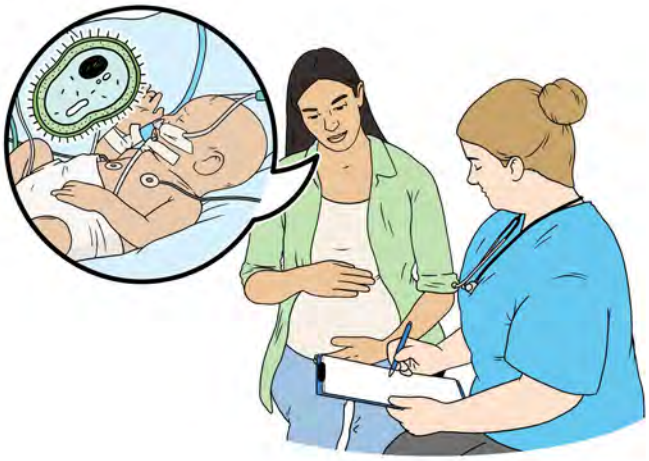
Where can I give birth?

As soon as you start having your baby you should contact your healthcare team. If you have GBS, it is important to have antibiotics as soon as possible.

Before the baby comes you should talk to your healthcare team about where you want to give birth, to make sure you can have antibiotics if you need them.



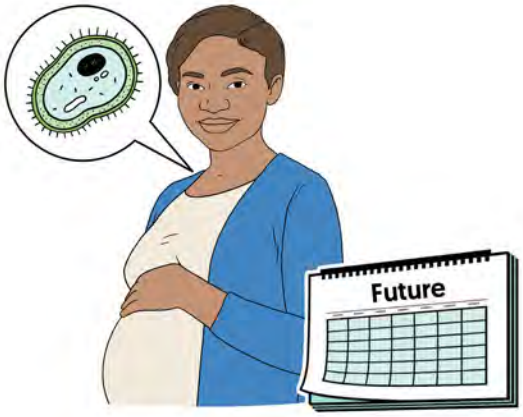
If you choose to have antibiotics when you are giving birth they are given through a drip. This is not possible to have outside of a hospital.



You should always let your healthcare team know if you have had a baby before who had GBS infection, or if you have had a test that shows you have GBS.

What if I had GBS in a pregnancy before?

If you had a baby before that had GBS infection you should be offered antibiotics when you are giving birth again.

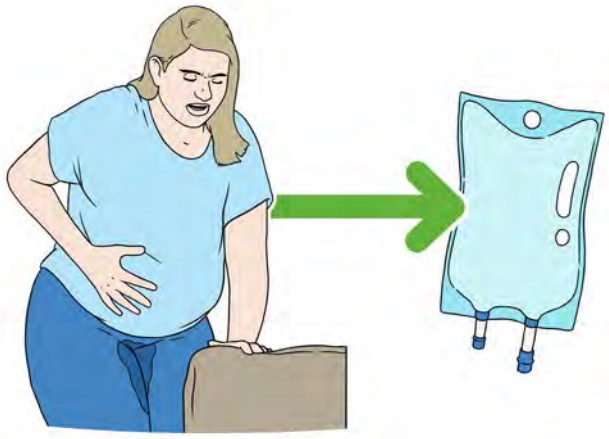


If you had GBS in a pregnancy before but the baby did not have GBS infection, you may still have GBS in future pregnancies.

If you had GBS in a pregnancy before you can have a test to see if you still have GBS.

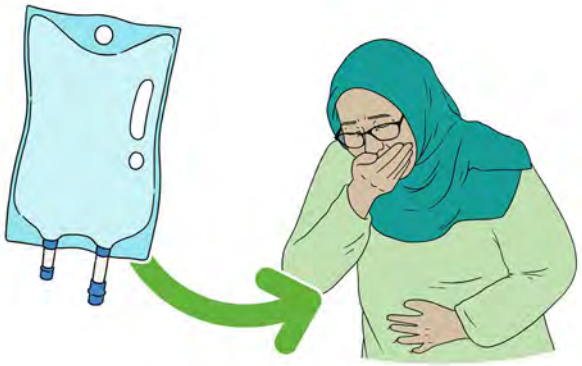
If you do have GBS you will be offered antibiotics when you give birth.

Treatment when the baby starts coming



If you are going to have antibiotics for GBS infection, you should have them as soon as possible after your baby starts coming or after your waters break.

If your waters break before your baby starts coming, your healthcare team will talk to you about when you will need antibiotics and the best time for your baby to be born.



Some people get **side effects** from antibiotics. **Side effects** are unwanted effects from taking a medicine, like feeling sick.

Some people can be allergic to some antibiotics. You should tell your healthcare team if you are allergic to any medicines.

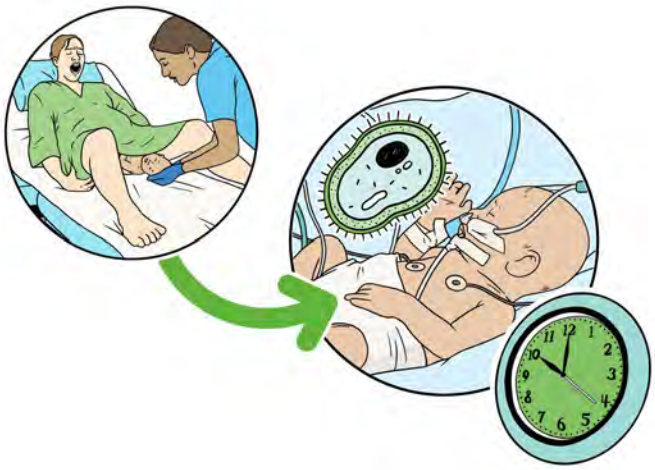
After giving birth

Your baby will be watched closely for 12 hours after they are born to check for signs of GBS infection.

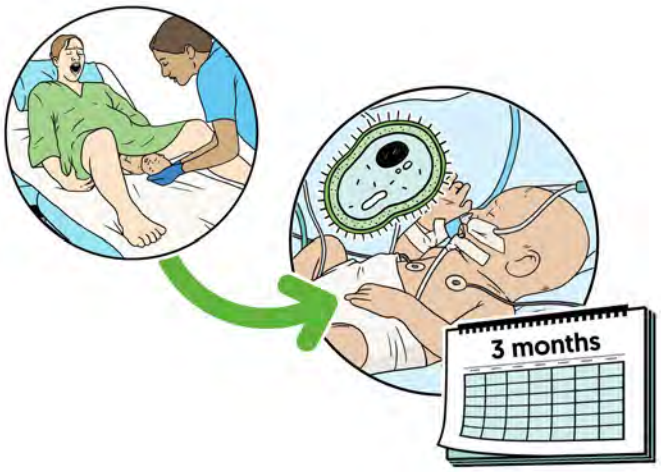
The chance of your baby getting GBS infection after 12 hours is very low.

Your healthcare team will tell you what signs you should look for at home.

What are the signs of GBS infection?



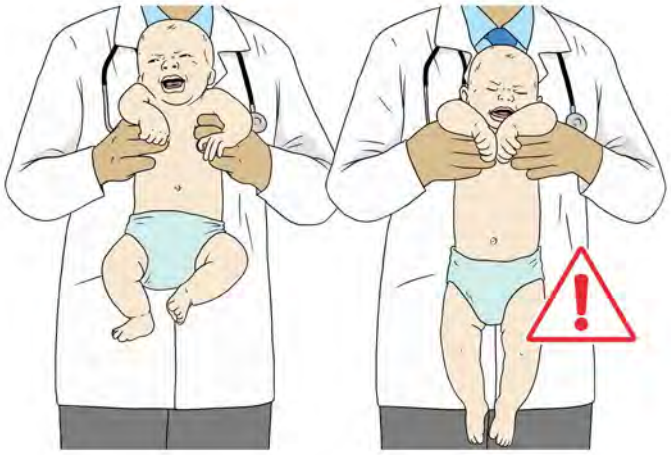
Most babies who get GBS infection become ill in the first week of life, usually within 24 hours of being born. This is called **early onset GBS infection**.



A small amount of babies get GBS after the first week of life, but usually before they are 3 months old. This is called **late onset GBS infection**.

Babies with early-onset GBS infection may show the following signs:

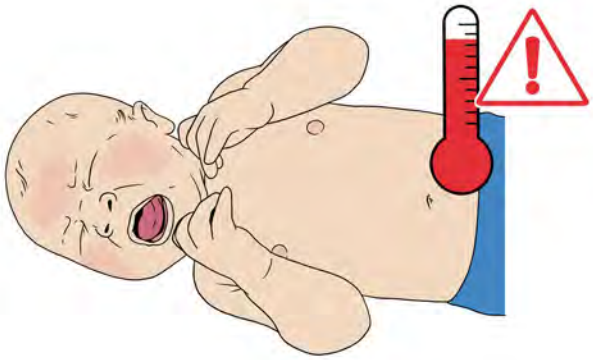
- having trouble breathing



- being very sleepy or unusually floppy

- crying a lot and being unable to settle down

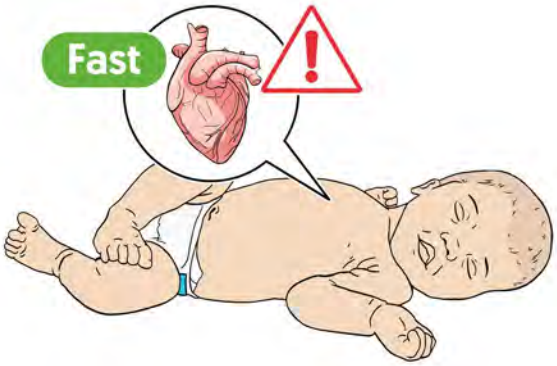
- not feeding well, or throwing up most of the milk



- having a high or low temperature

- changes in skin colour

  This could be getting blue, or grey patchy skin on the body, lips, tongue or gums.



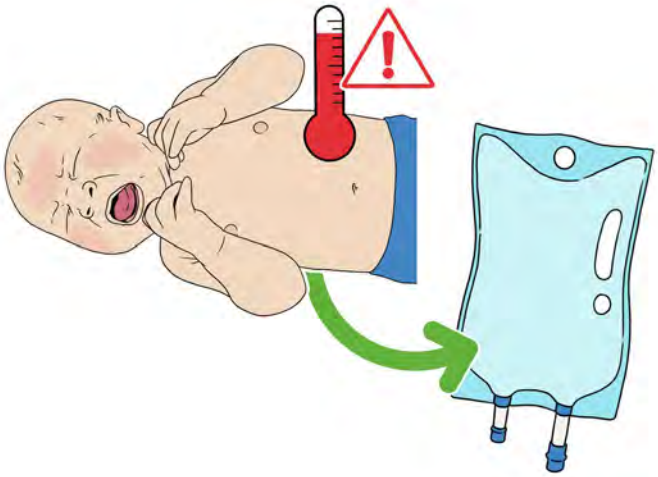
- an unusually fast heart rate or breathing, or unusually slow heart rate or breathing

- low blood pressure or blood sugar. These are things tested in hospital or at a doctors.

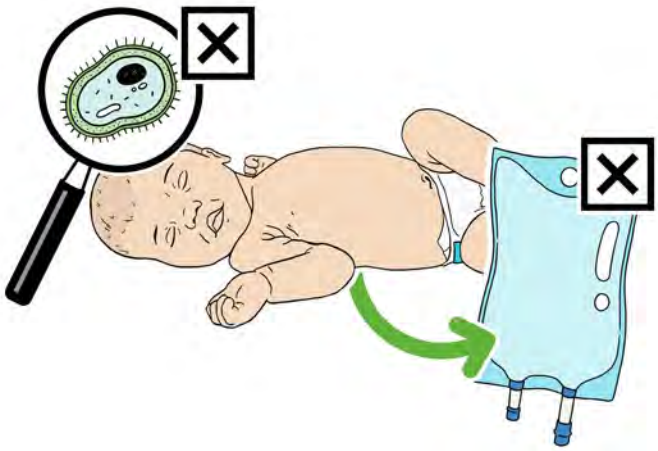
If you notice any of these signs or you are worried about your baby, you should contact your healthcare team as soon as possible. You can also call 111.

What tests and treatments can my baby have?

If doctors think your baby has an infection they will test to see if it is caused by GBS. Your healthcare team will talk to you about the test and answer any questions you have.



Babies with signs of GBS infection should be given antibiotics as soon as possible.



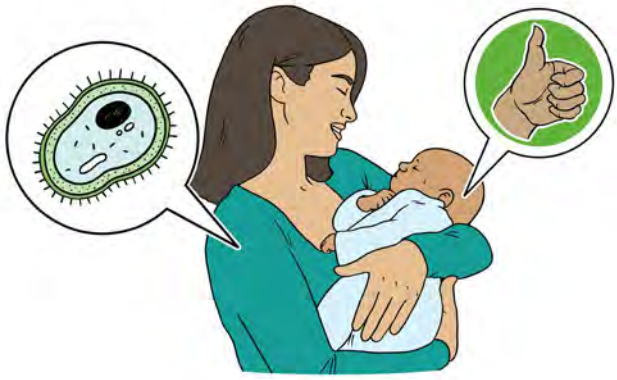
If there is no sign of infection after 36 hours and the tests come back showing no infection, then the antibiotics will be stopped.

Can I still breastfeed?

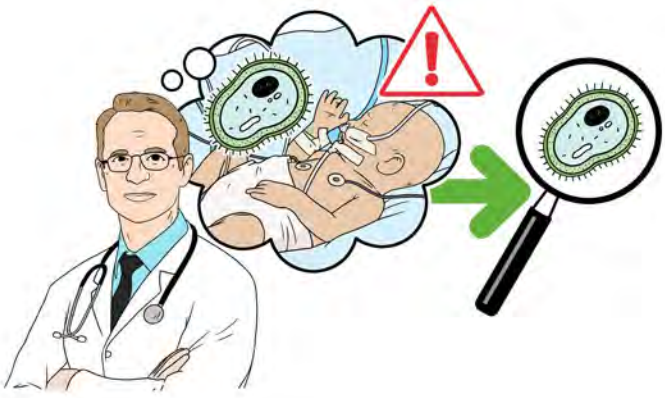
It is safe to breastfeed your baby. Breastfeeding does not make a GBS infection more likely.

Why are only some people tested for GBS

The tests can only show if you have GBS. Tests can not show if your baby is going to get GBS infection.



Many people have GBS but their babies are born safely and do not get an infection.



Because of this you will only be tested for GBS if your healthcare team think there is a high risk that your baby will get a GBS infection.

Making a choice

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want to ask and bring it to your appointment.

If you are asked to make a choice about your healthcare, these are 3 questions you should ask:

1. What are my other choices?
2. What is good about the options, and are there any risks?
3. What support can I get to help me make this choice?

Sources and acknowledgements

This information has been developed by the RCOG Patient Information Committee in collaboration with Group B Strep Support (GBSS) https://gbss.org.uk/. It is based on the RCOG Green-top Guideline No. 36, Prevention of Early-onset Neonatal Group B Streptococcal Disease, published in September 2017. The Guideline contains a full list of the sources of evidence used. You can find it online at: www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg36. This information has been reviewed before publication by women attending clinics in Wrexham and London, by the RCOG Women's Network and the RCOG Women's Voices Involvement Panel, and by Group B Strep Support and their networks.

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