

The Centre For Women's Reproductive Care

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Group B Streptococcus Screening and Prophylaxis in Pregnancy

What is Group B Streptococcus?

Group B Streptococcus (GBS) is a bacterial organism that is commonly present in the human intestinal tract as a part of the normal range of bacteria that colonise various sites of the body. However, like *Staphylococcus aureus* (the golden staph) that is carried on the skin of most of us and *Escherichia coli* (E coli) that is present in the bowel in all of us, GBS has the potential to cause a serious infection if it gets to the wrong place at the wrong time. This includes the reproductive tract of a woman who has just given birth and the lungs and blood stream of a newborn baby. Sometimes, and fortunately very rarely, these common and easily treated bacteria can cause a serious infection in a baby or a mother.

GBS can be detected in the reproductive tract of up to one woman in every five and the source of colonisation is usually the bowel. When a baby is born through the vagina (as most babies still are) about 50% will pick up the GBS organism during the passage. In a very small number of these (no more than one or two in every 100) a life threatening GBS infection will occur. This infection can happen very soon after birth and can progress very rapidly, sometimes within hours.

What is Screening and Prophylaxis?

We are fortunate that GBS, unlike many other bacteria, has remained sensitive to penicillin and related simple antibiotics. However, because the infection can progress so rapidly it is important for some babies that treatment is commenced as soon as possible, before the infection has taken hold. This sort of treatment is called *prophylaxis* and the detection of mothers who would benefit from treatment is called *screening*.

It is important to appreciate that the identification of GBS in a woman during pregnancy does not indicate that an infection is present any more than the identification of Golden Staph from a skin swab would indicate skin infection. However, the identification of GBS in the vagina and bowel is an important part of a program to prevent infection.

How is Screening Done?

Screening for GBS is done by the taking of a swab (cotton tipped bud) from first the vagina and then the anal canal. This is illustrated on the diagram over the page.

You can take the swab yourself or a doctor or nurse can take it.

When is Screening Done?

It is recommended that the swab be taken between 34 and 37 weeks of gestation (or thereabouts). Experts suggest that earlier testing is not as useful as it may not detect those women who become carriers of GBS later in pregnancy. Alternatively, some women who are carriers in early pregnancy do not have detectable GBS at the time of their baby's birth.

Some women who start have premature labour may require earlier testing and or treatment.

What is the Treatment for GBS?

It is recommended that women who are carriers of GBS and who are planning to give birth vaginally be given intravenous antibiotics when they are admitted to hospital in labour and at 4 hourly intervals until the baby is born. Because medication by mouth often does not reach the blood stream it is recommended that the antibiotic be given intravenously. For this purpose a small plastic cannula is placed into a vein and taped to the hand or arm. It will interfere very little with your labour and birth.

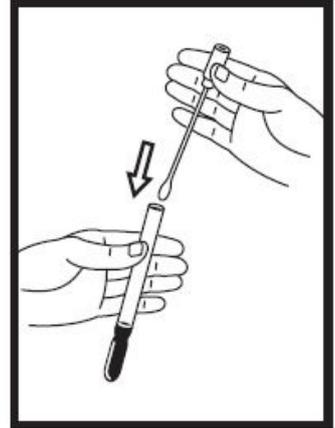
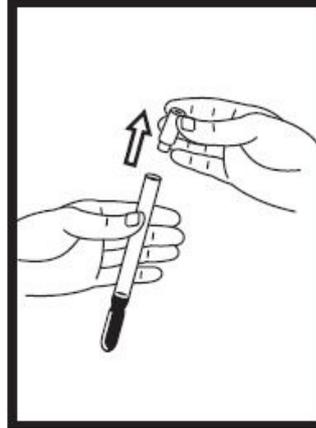
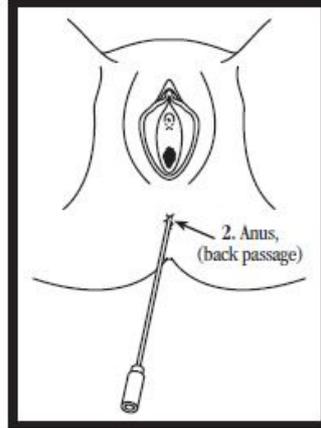
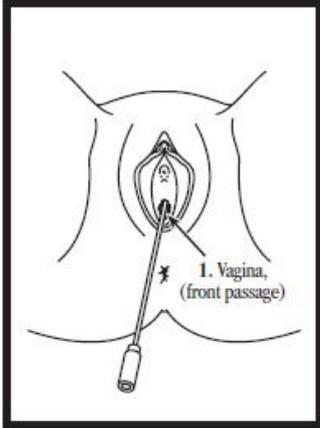
For most women the antibiotic will be a form of penicillin. If you are allergic to penicillin then alternatives are available. You can decline to have the treatment if you wish.

What about the Baby

Treatment of the mother is very effective in the prevention of infection in the baby. If your baby is well at birth then no further precautions or treatment is required. If your baby is premature or unwell then further swab tests and treatment of the baby in a special care nursery may be required



Instructions for the collection of a genital swab for the detection of a group B streptococcus (GBS)



- 1.** Remove swab from packaging. Insert swab 2cm into vagina, (front passage). Do not touch cotton end with fingers.
- 2.** Insert the same swab 1cm into anus, (back passage).
- 3.** Remove cap from sterile tube.
- 4.** Place swab into tube. Ensure cap fits firmly.
- 5.** Make sure swab container is fully labelled with name, u.r. number, date and time of collection. Place swab container into transport bag and hand it to a staff member.