



Group B Strep: Informed Choice

Being a parent requires you to make many choices regarding the health of you and your baby. One of those choices concerns a type of bacteria, Group Beta Streptococcus (GBS), that may be present in your gut, vagina, or rectum. We encourage you to read the information below, as well as do your own research and ask any questions that you may have.

What is GBS?

Group Beta Streptococcus, or GBS, is a bacteria that can be found in your vagina or rectum. GBS is found in between 20% and 30% of women. When a woman has GBS she is considered to be colonized with GBS. GBS can sometimes lead to an infection in your baby, but in most cases it does not lead to any illness. GBS can be transient, meaning it is sometimes there and sometimes not. In general, it is not bad to have GBS in your body, but it can become a problem for your baby during labor and birth. There is a small chance that a woman who has GBS in her vagina can pass it on to her baby, which could cause illness.

What does a GBS infection in a baby look like?

There are two types of GBS infections, early and late-onset.

Early-onset infections:

- Early-onset infections appear **within the first 24 hours to the first week of life.**
- About 0.5 in 1,000 babies (or 0.05%) will get an early-onset GBS infection.
- These infections are most common in babies who are born before 37 weeks, or to babies that are underweight. But early-onset can happen to any baby.
- This type is usually caused by an infection inside the mother's uterus that is passed to the baby during the birth.
- With early-onset infection the baby can appear healthy at birth and then get sick very fast. This baby can die within hours of birth, even when antibiotics are given.
- With no treatment, 50% of the babies with this type of infection can die (most of the deaths are from preterm infants, especially less than 33 weeks gestation).
- In 2/3 of all cases of early-onset, the infection is already developed at the time of birth.
- If we ever see signs or symptoms of a GBS infection in your baby, we will transfer to the hospital.
- Treatment for a GBS infection in a baby includes at least 7-10 days of IV antibiotics in the Neonatal Intensive Care Unit (NICU) at the hospital.

Late-onset infections:

- Occurs when the baby is **over one week old.**
- Meningitis is the most common symptom.
- It is possible that this type occurs from birth as well, but it is more likely that it occurs from spreading infections at the hospital. Hand washing is the best way to prevent this transmission.
- Antibiotics given to the mom in labor do not prevent this type of infection.
- Treatment for the newborn for this type of infection is at least 10-14 days of IV antibiotics in the NICU.

How do I know if I have GBS?

The CDC (Center for Disease Control) recommends that all pregnant women get screened around 35-37 weeks of pregnancy.

What can I do to prevent GBS?

Encouraging good vaginal flora and boosting your immune system is the best ways to avoid GBS colonization!



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- Taking probiotics all through your pregnancy can support healthy flora.
- You can eat naturally fermented foods such as sauerkraut, pickles, Kim Chee, natural yogurt, kefir, miso, and kombucha.
- Vitamin C. Take 500 mg with bioflavonoids.
- Good nutrition and healthy diet that is low in sugar.
- Lot's of water.

What is the treatment to prevent a GBS infection in my baby?

The Center for Disease Control (CDC) recommends the following plan for all pregnant women:

- A vaginal and rectal culture on all women between 35 and 37 weeks.
- They recommend IV antibiotics in labor for all women who:
 - Screen positive for GBS.
 - Have had GBS present in their urine at some point during this pregnancy.
 - Have had a previous baby with a GBS infection.
- If the culture comes back negative, then they do not recommend IV antibiotics in labor.
- Culture results are good for five weeks, so if that much time goes by before the birth, another is recommended.
- They recommend giving IV antibiotics in labor to all women who chose not to be screened, but who have the following risk factors during labor
 - If you go into labor before 37 weeks.
 - If your water is broken for over 18 hours.
 - If you have a temperature during labor of 100.4 degrees F or higher.(in the case of homebirth if you do have a fever we will typically transport to the hospital)
- For women who need IV antibiotics during labor, they recommend giving them every four hours, for at least four doses or until delivery. This is so that the antibiotics have time to get to the baby. It is said that this will prevent 86% of all early-onset cases of infection, but it will not prevent late-onset disease.

Are there other options if I have screened positive for GBS?

***None of these options are recommended by the CDC and none of them have been studied. There is no scientific evidence that using one of these options will prevent GBS disease in the newborn. ***

- 1.) You can follow the high-risk protocol, only taking IV antibiotics if you have any of the following:
 - You go into labor before 37 weeks
 - Your membranes have been ruptured for over 18 hours
 - You have a history of a previous baby with GBS infection or disease
- 2.) You can try to treat prenatally with antibiotics. This means taking oral antibiotics while you are pregnant then re-culturing two weeks later. This is not a guarantee that your baby will not get a GBS infection, and according to the CDC you will still need to get I.V. antibiotics in labor regardless.

Are there Natural treatments?

The short answer is no. There are no natural or alternative treatments that have been proven effective in treating GBS disease. There are some things, however, that you can do to boost your immunity and the health of your vaginal flora. It is important to note that these are not an alternative to treating GBS with antibiotics, but rather a way to boost your immune system and vaginal health. You should still consider yourself GBS positive,

- Vaginal suppositories that are made at the local compounding pharmacy. These are inserted nightly until



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your baby is born to help promote good vaginal flora.

- Diet: Eliminate all sugar.
- You can also do your own research as there are many other “natural treatments” used when trying to deal with GBS. We are happy to discuss these other options with you.

What are the risks?

Risks to the mom:

Risks to mom are rare and usually show no symptoms. Rarely mom may get a urinary tract infection.

Risks of a neonatal GBS infection:

Lung infection, Pneumonia, Sepsis (blood infection), Preterm birth, Stillbirth, Meningitis, Long-term physical disabilities, Brain abscess (really bad infection), and brain damage, Hospitalization-which include decreased bonding between mama and baby, can be very expensive, interventions/medical treatment, trauma of separation, difficulty nursing, etc. 7-10 days in the NICU (neonatal intensive care unit) for I.V. antibiotics for baby. Death. Of all the babies who develop an infection, 50% will die with no treatment and 6% will die even with prompt treatment.

Risks of maternal IV antibiotic use to the mom and the baby:

Antibiotic allergies, Antibiotics will not only kill GBS but also the good flora in the vagina. This can cause increased yeast for you and the baby, causing yeast infections and thrush. Incidences of many other allergies, asthma, hay fever, and eczema have increased in babies who have received antibiotics. There is also the risk that the antibiotics will kill off the GBS, but will allow for other antibiotic-resistant bacteria to cause a different infection in the baby.

What are the benefits of IV antibiotic use?

IV antibiotic use has been shown to reduce the incidence of GBS disease in the newborn. According to the CDC, if you have tested positive for GBS then your chances of delivering a baby with GBS are:

- 1 in 200 if antibiotics are not given
- 1 in 4000 if antibiotics are given

Please fill out the last page and return to Birth, Babies and Beyond.



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Client Signature page

Please sign and return to Birth, Babies and Beyond by 37 weeks pregnancy.

A note for Washington residence:

State law requires that if your water has been broken for over 18 hours and you have an unknown GBS status (meaning you did not screen) or if you are GBS positive and do not receive prophylactic antibiotics we are required to transport to the hospital.

What are my choices for screening?

I would like to be screened for GBS between 35 and 37 weeks of pregnancy.

I would NOT like to be screened for GBS between 35 and 37 weeks of pregnancy.

I understand that this is not the CDC recommendation and I have read and understand the risks listed above. If are living in the state of Washington it is important to know that if your water breaks during labor and you have not been screened for GBS we are required to transport care after 18 hours if you do not receive IV antibiotic.

What are my choices for treatment?

If I test positive for GBS

I choose to follow the CDC protocol and have IV antibiotics administered to me in labor.

I choose to have IV antibiotics administered if I am a higher risk criteria. (Ie if I have had rupture of membranes (broken waters) for more than 18 hours.

I choose no treatment/or an alternative treatment. I understand that this is not recommended by the CDC and that without treatment, my infant could develop GBS disease. If are living in the state of Washington it is important to know that if your water breaks during labor and you are positive for GBS and choose not to receive IV antibiotics we will be required to transfer to the hospital after 18 hours.

Other choices:

Please initial and sign:

I have read and understood the handout Group B Strep: Informed Choice and know what a copy can be found at <http://www.birthbabiesbeyond.com/forms.html>

Client Name _____ Client Signature _____ Date _____

Partner Name _____ Partner Signature : _____ Date _____