What is Group B Streptococcus (GBS)?
Group B is a type of bacteria found in the vagina and bowel of around 10–30% of all women. Women may carry GBS, or they may develop an infection from it.

Women who carry GBS are not sick, do not have any symptoms and do not need any treatment. Carrying GBS has nothing to do with being clean, it is not an infection that is passed on during sexual intercourse, and it is not spread from food or water. Women do not usually know if they are carrying the bacteria or not. Carrying GBS is not the same as having a GBS infection during pregnancy.

Why does it matter if you carry GBS?
Pregnant women who carry GBS may pass it on to their baby during birth. Babies can get sick very quickly if they are infected with GBS and will need urgent treatment.

Babies who get a GBS infection may have:

- lung infections (pneumonia)
- blood infections (sepsis)
- infection around the brain (meningitis)
- longer term problems as they grow and develop

What if you have a GBS infection?
When you are pregnant, a GBS infection may make you or your baby sick. The infection may give you a urinary infection or an infection in the fluid around your baby (chorioamnionitis). If a GBS infection is found, antibiotics are recommended in labour to treat the infection. Your baby may also need antibiotics when they are born. Your healthcare team will discuss this with you.

How many babies get sick with GBS?
Around 60,000 babies are born in Queensland every year. Each year about 20 babies will get a GBS infection. Unfortunately, even with the best care, a baby will occasionally die from a GBS infection. In Queensland during the four years 2010 to 2014 one baby died from a GBS infection. The risk of dying is much higher if the baby is also premature.

What are risk factors for GBS infection?
A baby born prematurely (before 37 weeks of pregnancy) has a much greater chance of getting a GBS infection than a baby born close to their due date.

Other risk factors for GBS infection include if you have:

- previously had a baby who had GBS
- a urine infection or vaginal swab in this pregnancy showing GBS
- a high temperature (greater than 38 °C) in labour that may be due to an infection
- your waters break more than 18 hours before your baby is born
- an infection of the water (amniotic fluid) around the baby (chorioamnionitis)
Can GBS infection be prevented?

GBS infection in babies is not completely preventable. If you have risk factors for GBS (as stated above) at the start of your labour, an antibiotic can greatly reduce the chance of your baby becoming sick.

Do all women get antibiotics in labour?

Queensland Health recommends that women with risk factors for GBS (as stated above) have antibiotics in labour (usually penicillin). This is called the risk factor approach. Talk with your healthcare team for more information. Antibiotics for GBS give your baby the best chance of not becoming sick when they are born. Ideally, antibiotics are given at least 4 hours before birth but may still be effective if given up to 2 hours prior to birth.

What if you are allergic to penicillin?

Other antibiotics are used if you are allergic to penicillin. It depends on how severe your penicillin allergy is and what is best in your situation. If you know you are allergic to penicillin or any other medications, make sure you tell your healthcare team.

What if you are having a caesarean birth?

If you give birth by caesarean section before the start of labour and your waters have not broken, you do not need antibiotics for GBS. Other antibiotics that are given routinely during a caesarean will still be recommended.

How do you know if your baby has GBS?

Only a small number of babies who carry GBS will become sick. Babies can also get sick from other infections.

Signs that your baby is not well may include:
- breathing problems—such as noisy breathing, difficulty breathing or breathing too quickly
- being overly sleepy and not interested in feeding
- vomiting
- having trouble keeping their temperature at the right level (being too hot or too cold)
- looking pale and/or mottled
- having floppy arms and legs

If you notice any of these signs in hospital or at home, get help from your healthcare provider straight away.

What is the difference between early and late onset GBS infection?

Early onset GBS happens in the first seven days after birth. Most babies (9 out of 10) with early onset GBS infection will get sick within 24 hours of being born.

Late onset GBS infection happens seven days or more after birth. Antibiotics given to you in labour help prevent early onset GBS. They do not prevent late onset GBS in your baby. If you are concerned about your baby, contact your healthcare provider for support.

Support & Information

13HEALTH (13 432584) is a phone line that provides health information, referral and services to the public. https://www.qld.gov.au/health/contacts/advice/13health

Pregnancy, Birth & Baby Helpline 1800 882 436 (free call) offers free, confidential, professional information and counselling for women, their partners and families relating to issues of conception, pregnancy, birthing and postnatal care.

Child Health Service Provides newborn drop-in services, early feeding and support, child health clinics. For your nearest service refer to: www.childrens.health.qld.gov.au/community-health/child-health-service for your nearest service

Women’s Health Queensland Wide 1800 017 676 (free call) offers health promotion, information and education service for women and health professionals throughout Queensland.

Australian Breastfeeding Association 1800 686268 (breastfeeding helpline). Community based self-help group offers information, counselling, and support services, on breastfeeding issues.

www.breastfeeding.asn.au