

Group B Streptococcus

What is Group B Streptococcus and how will it alter my pregnancy?

One of the most important issues in the care of pregnant women has to deal with the Group B Streptococcus organism (GBS). GBS is a bacteria that lives in the rectal/vaginal area of 10 – 30% of pregnant women. Most of these women just “carry” the organism and have no symptoms.

An “infection” happens when a woman develops “symptoms” - a sign that there is an overgrowth of the organism in the urine, uterus (womb), or another site in the woman’s body. GBS infection can be treated with antibiotics and in most cases symptoms will disappear; however, despite treatment a woman will continue to “carry” the bacteria. This is because it lives in little “pockets” of the intestine and even though we can lower the number of organisms, we cannot completely eliminate them.

In the case of the baby, the most common sites of infection are the lungs (pneumonia), spinal canal (meningitis), or the bloodstream (sepsis). Relatively few babies develop GBS infection (1 to 3 per 1000 births). Given the fact that 10-30% of women carry the bacteria, most babies that are exposed to it do not get infected. However, babies have a lower ability to combat infection and can be more difficult to treat. Therefore, the challenge is how to best prevent GBS infection in newborn babies.

In most pregnant patients we will perform a GBS culture towards the end of the pregnancy. If your culture is positive, we will recommend treatment with antibiotics at the time of labor. If your culture was not done or the results are unavailable, we will make a decision on what to do depending on your clinical situation.

Although this approach has been shown to be highly effective in preventing babies from getting GBS infection, realize that some babies still get sick from this organism. Also, treatment with antibiotics can cause complications for the mother and baby. The bacteria can learn how to “resist” the antibiotic and some people can have severe reactions to an antibiotic.

If you have any further questions about GBS, please ask your practitioner.