



Now that you've tested **positive** for Group B Strep (GBS), learn how to help protect your baby

Testing positive for GBS means that you “carry” or are “colonized” with group B strep, a type of bacteria naturally found in the digestive tract and birth canal. Carrying GBS does not mean that you have an infection. However, GBS can infect babies before birth through several months of age due to their underdeveloped immune systems.

You can help protect your baby from GBS (☑ as done)

...DURING PREGNANCY

- Ask your provider to do a urine culture for GBS and other bacteria if not already done early in pregnancy. Oral antibiotics should be prescribed if you have urinary symptoms or a significant level of GBS in your urine. **GBSI advocates a recheck (“test of cure”) after treatment. GBS in your urine means that you are likely heavily colonized vaginally which puts your baby at greater risk.**
- See your provider promptly for any symptoms of a bladder (urinary tract) infection.
- See your provider promptly for an exam and possible GBS testing if you have any symptoms of vaginal infection. **Be aware that bacteria can be passed between sexual partners, including through oral contact.**
- Contact your care provider **immediately** if you experience:
 - Decreased or no fetal movement after your 20th week
 - Frenzied fetal movement
 - You have any unexplained fever
 - Any signs of preterm labor or your water breaks before your 37th week.
- Get a copy of all culture test results and keep them with you!
- Plan ahead if you have short labors or live far from the hospital. **The IV antibiotics you receive in labor generally take 4 hours to be optimally effective.**
- Tell your provider if you are allergic to penicillin and describe your reaction. There are antibiotic alternatives if necessary.
- Know that “alternative medicine” treatments such as garlic or tea tree oil have **not** been proven to prevent your baby from becoming infected.
- Avoid unnecessary, frequent, or forceful internal exams. **Knowing how far you are dilated does not accurately predict when your baby will be born. Internal exams may push GBS, E. coli, or other microorganisms that can also cross intact membranes closer to your baby. Vaginal or perineal ultrasounds are less invasive options.**

- Discuss the benefits vs. risks of possible methods of induction with your provider well before your due date as not all providers ask before “stripping” (also known as “sweeping”) membranes.
- Ask your provider to **not** strip your membranes. **Procedures such as stripping membranes and using cervical ripening gel to induce labor may push GBS, E. coli, or other microorganisms that can also cross intact membranes closer to your baby.**
- If you are having a planned C-section, talk to your provider about the risks vs. benefits of starting IV antibiotics well before your incision. **C-sections do not prevent GBS infection although the risk during a planned C-section is extremely low if performed before your labor starts and before your water breaks.**
- Talk to your provider about whether or not to have an internal fetal monitor and/or have your water broken before you have had IV antibiotics for at least 4 hours.

... WHEN YOUR WATER BREAKS OR LABOR STARTS

- Call your care provider. Remind him or her of your GBS status. Report any fever.
- Go to the hospital immediately. Have all test results with you. Be sure to tell the nurses that you need to start your IV antibiotics for GBS.
- Avoid unnecessary, frequent, or forceful internal exams. **The IV antibiotics you receive in labor generally take 4 hours to be effective. Vaginal or perineal ultrasounds are less invasive options.**

...AFTER YOUR BABY IS BORN

- If you give birth before you have had 4 hours of antibiotics, the hospital may culture and/or observe your baby for 36–48 hours.
- Breastfeeding can supply your baby with important antibodies to fight infection. However, a few late-onset and recurrent GBS infections are possibly associated with infected breast milk. **It is currently thought that the health benefits of breastfeeding outweigh any potential risk of exposure to GBS.**

Post for quick reference

- Have **everyone** wash their hands before handling your baby. **Babies can become infected with GBS by sources other than the mother.**
- Make sure **everyone** who takes care of your baby knows the signs of GBS infection in babies and how to respond. **GBS can infect babies up to several months of age.**

SIGNS OF GBS INFECTION

Call your baby's care provider **immediately** or take your baby to the emergency room if you notice any of these signs:

- **Sounds** — High-pitched cry, shrill moaning, whimpering, constant grunting as if constipated
- **Breathing** — Fast, slow, or difficult breathing
- **Appearance of Skin** — Blue or gray or pale skin, blotchy or red skin, tense or bulging fontanel (soft spot on a baby's head), infection (pus and/or red skin) at base of umbilical cord or in puncture wound on head from an internal fetal monitor
- **Eating and Sleeping Habits** — Feeding poorly, refusing to eat, not waking for feedings, sleeping too much, difficulty being aroused
- **Behavior** — Marked irritability, projectile vomiting, reacting as if skin is tender when touched, not moving an arm or leg, listless, floppy, blank stare, body stiffening, uncontrollable jerking
- **Body Temperature** — Fever or low or unstable temperature, hands and feet may still feel cold even with a fever

EMERGENCY CONTACT INFO: _____



For more information, please visit www.groupbstrepinternational.org