



Your doctor or midwife advised you that a Group B Streptococcus (GBS) screening test is recommended at 36 weeks of pregnancy. This fact sheet will help you decide whether to have the test and also provides information on what to expect if the test is positive.

What is Group B Streptococcus (GBS)?

Group B Streptococcus (GBS) is a bug that commonly lives in the bowel and one in four women carries it in their vagina. Being a carrier is not harmful to you but it can cause infection in your newborn baby. GBS is not sexually transmitted.

How do I know if I have GBS?

You will not know if you have GBS unless it is found in a swab or urine specimen. GBS can usually be found by taking a swab from the lower vagina and rectal area. This test is recommended between 35 - 37 weeks of your pregnancy. It can also be detected in a urine sample at any time during your pregnancy.

Why should I be tested for GBS?

Goulburn Valley Health recommends you have the screening test. If you are found to carry GBS you can be treated with antibiotics during your labour. This reduces the risk of your baby developing a serious infection caused by the GBS bug. Although the risk of developing a serious infection is small, the infection can be very serious and may make your baby very sick.

Not all hospitals offer the GBS screening test; some only offer treatment based on your risk factors. The risk factors associated with early onset GBS infection are if:

- you have tested positive to GBS in a urine specimen during this pregnancy
- you have a raised temperature (more than 38 degrees) during labour

- your waters have been broken for more than 18 hours before the birth of your baby
- your baby is born prematurely (less than 37 weeks)
- you have had a previous baby with a GBS infection

Will the screening test results be definite?

The GBS bug does not live in the vagina all the time. The test can only detect GBS if the bug is present at the time of the swab.

Screening may not detect GBS in approximately five per cent (5 in every 100) GBS positive women.

How is GBS treated?

If you have tested positive for GBS or have any of the above risk factors, your doctor or midwife will recommend you have antibiotics, usually penicillin during labour. The antibiotics are given every 4 hours until your baby is born. Other antibiotics can be given if you are allergic to penicillin.

If your waters break before you go into labour, you will be advised to have your labour induced to reduce the time your baby may be exposed to GBS.

Do antibiotics remove the risk of infection to baby?

Giving antibiotics in labour reduces the risk of infection to your baby but it does not remove the risk completely. If you have been treated and a midwife is going to visit you at home, it is still quite safe to go home within 24 hours of the birth.



Why not treat GBS before going into labour?

As the GBS bug comes and goes from the vagina, treatment is most effective during labour. If it is treated before labour, it may come back before your labour starts and you will need further treatment. GBS in a urine specimen may be treated with antibiotics if symptoms are detected. If there are no symptoms, treatment may not be necessary. You will still need antibiotics in labour to protect your baby.

What if a caesarean is planned?

There is no need to be screened for GBS if you are having a planned caesarean. GBS is only a risk for babies born through the vagina.

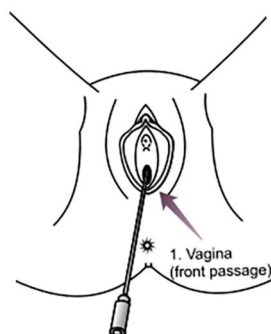
What if I don't have the test?

If you choose not to have the test or go into labour before having the test, your doctor or midwife will advise you whether to have antibiotics in labour or to have an induction of labour, based on your risk factors.

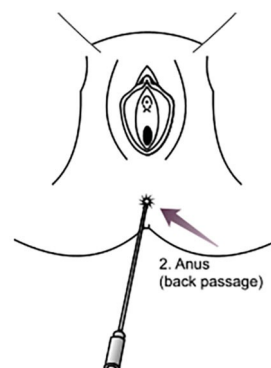
Having the test

If you have agreed to have the screening test, your doctor or midwife will give you a swab.

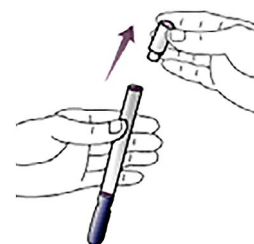
1. Remove the swab from the packaging and insert it 2 cm into the vagina. Do not touch the cotton end of the swab.



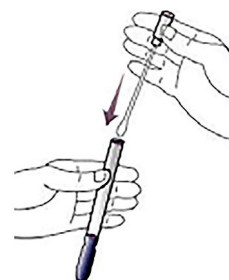
2. Insert the same swab 1cm into the anus.



3. Remove the cap from the sterile tube.



4. Place swab into the tube and firmly close cap.



5. Hand it to a staff member inside its transport bag.

When will I get my results?

Your doctor or midwife will be able to tell you the result when you return for your 38 week visit.

If you are a GBS carrier, this will be written on your medical record so that the staff caring for you in labour will know. You will be able to advise them too.