

GROUP B STREPTOCOCCUS (GBS)

What is GBS?

GBS is a type of bacteria that is sometimes present on the perineum or in the vagina. At the time of delivery, GBS can be detected on 10-30% of pregnant women. This is neither a sexually transmitted disease nor an infection. GBS is one of the many different types of bacteria that can be found on the perineum as part of the normal flora.

Why do we care?

If the baby were to become infected with GBS (i.e. develop pneumonia or meningitis) at the time of delivery, the baby can become life-threateningly sick. This circumstance is rare. By detecting the presence of GBS near the time of delivery, we can treat the mother with antibiotics, effectively negating the risk to the baby.

What does the test entail?

A q-tip is used to swab the vagina, perineum, and rectum. The entire test takes under five seconds, and usually takes place at your 36 week visit. The results come back within two days. You will be notified at your next visit.

How and when do we treat GBS?

If a woman is GBS positive, we recommend antibiotics through an IV during labor and/or when her water breaks. Preferably, women should have antibiotics four hours prior to delivery. If not, the baby will be monitored more closely for 48 hours to watch for signs of infection. If a woman is to have a scheduled cesarean section, she does not require the same type of antibiotic (though testing will still be performed in case of preterm labor or signs of infection after delivery to help guide treatment for the baby). The most commonly used antibiotics for GBS are Penicillin or Ampicillin. If a woman is allergic to penicillins, her GBS culture will be tested to identify which antibiotics that particular strain of bacteria is sensitive to. If the allergy is mild, Cefazolin will be used. If it is a severe allergy, there are several antibiotics to choose from depending on antibiotic sensitivity results.