



## Informed Choice: Group B Strep Testing

### What is Group B Strep?

Group B Streptococcus (GBS) is a common bacteria found in the intestines, vagina, and rectum. Not everyone carries it all the time. A woman may have GBS at one time and then not have it later. It normally causes no problems in healthy adults, but it can be transmitted to babies if it is present in the mom's vagina or rectum at the time of birth.

### What are the risks of GBS?

Some babies who are exposed to GBS will get sick, usually within the first few days of birth (early-onset disease). While this risk is low, it is serious. GBS disease can cause pneumonia or a blood infection, which can lead to death. GBS is the leading cause of life-threatening infection in newborns. Preterm babies are more likely to die from GBS than full-term babies. Rarely, GBS will cause late-onset disease, which occurs after the first week of life. Late-onset disease frequently leads to meningitis, an infection of the lining surrounding the brain. Babies that survive any form of GBS disease may become blind or deaf or have learning disabilities. In pregnant women, GBS can cause an infection of the urinary tract or uterus. These infections are usually treated easily with antibiotics or alternative therapies.

### What are risk factors for GBS disease?

The risk of early-onset GBS disease is highest when:

- A baby is born prematurely
- The mom develops a fever during labor
- The bag of waters is broken for more than 18 hours before birth
- Mom previously had a baby with GBS disease
- Mom has GBS present in her urine during pregnancy

### What are the symptoms of GBS disease?

Any of the following symptoms could indicate GBS disease, and should be evaluated by a pediatric provider immediately:

- Breathing problems
- Not eating well
- Irritability
- Extreme drowsiness
- Unstable temperature (low or high)

### How common is GBS disease?

- **Among pregnant women in the U.S.** – approximately 1 in 5 carry GBS at the time of birth.
- **For moms who test positive for GBS** – and whose baby is born full-term and there are no known risk

factors, there is a 1 in 200 chance her baby will develop GBS disease.

- **Of babies who weigh more than 5 lb. 10 oz.** – fewer than 1 in 1,000, regardless of mother's GBS status, will develop GBS disease.
- **For moms who receive IV antibiotics during labor** – there is a 1 in 4,000 chance her baby will develop GBS disease (this includes preterm babies).
- **For moms who test negative for GBS** – and there are no known risk factors, there is a 1 in 5,000 chance her baby will develop GBS disease.
- **Of those full-term infants who do get sick from GBS** – 1 in 50 will die from GBS disease.

### How do I know if I have GBS?

The presence of GBS can be tested by using a sterile Q-tip to take a sample of fluids from the entrance of the vagina and from the area around the anus (you can do the test yourself). These fluids are then grown in a culture at a lab. Results are usually available within 2 days. In hospital-based practices, testing is routinely performed at 35-37 weeks gestation. In out-of-hospital practices, testing is offered with informed choice.

### How is GBS disease prevented?

The American College of Obstetricians and Gynecologists recommends that all women who test positive for GBS, who previously had a baby with GBS disease, or who had a urinary tract infection caused by GBS during pregnancy be given IV antibiotics during labor. Women who have not been tested for GBS and who have risk factors are also given antibiotics to prevent GBS disease when birthing in a hospital. Antibiotics will quickly remove the bacteria from your vagina and rectum, and lower the risk of early-onset GBS disease in the newborn. There is currently no known prevention for late-onset disease (it is usually caused by bacteria in the environment, not by those bacteria carried by mom).

### What are the benefits of being tested?

If you carry GBS at the time of birth and choose to receive IV antibiotics, the chance your baby will develop GBS disease is very small. If you test negative and need to transfer to a hospital for birth, you will not need IV antibiotics to prevent GBS disease (but may receive them for other indications). If you test negative, or if you test positive and receive antibiotics, and your baby is in the hospital for any reason, it is less likely that your baby will be tested for GBS or treated with antibiotics for GBS.



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### What are the risks of being tested?

There are no risks to the test itself. The test is fairly accurate if done within 5 weeks of birth (if positive, there is an 87% chance you will carry GBS at birth; if negative, there is a 96% chance you will not carry GBS at birth). However, if you test positive for GBS and need to transfer to a hospital for birth, you will be given antibiotics through an IV. Penicillin is the preferred antibiotic. It can feel like it is burning when it is given, so many women find it uncomfortable. Also, approximately 1 in 10 people will have a mild reaction to penicillin or its derivatives (such as a rash). Rarely, a more severe reaction may occur, which may lead to death. Other antibiotics can be used but they are more likely to cause increased resistance to antibiotics.

The use of any antibiotics can destroy "good" bacteria in your body and may lead to a vaginal yeast infection, and if you are breastfeeding, you and your baby may develop thrush (a type of yeast infection). Yeast can be very uncomfortable and can be difficult to remove. Use of antibiotics during labor also increases the risk of antibiotic-resistant infections in the newborn. Such widespread use of antibiotics may increase resistance to antibiotics in the general population, including more drug-resistant strains of GBS.

Testing and treatment are interventions. It is up to you to decide if they are necessary for you and your baby.

### What alternatives do I have? What are their benefits and risks?

You can choose not to be tested. If you carry GBS at the time of birth, your baby could get sick from it. However, if your baby is born full-term and is normal size, the risk of GBS is very small (less than 1 in 1,000). If you birth in a hospital for any reason, have unknown GBS status, and have risk factors, you will be encouraged to receive IV antibiotics to prevent GBS disease.

### What other choices do I have if I am GBS positive?

There is some research to support the use of chlorhexidine (Hibiclens) as a vaginal wash during labor to prevent transmission of GBS to newborns. One study showed that it worked as well as ampicillin (similar to penicillin) to prevent the presence of GBS in the newborn. Also, it was less likely to lead to colonization with *E. coli*. However, chlorhexidine has not been shown to reduce the rate of GBS disease in babies. Thus, it

appears that while chlorhexidine reduces the number of babies who get GBS bacteria, the same number of babies still get sick from GBS, indicating there are other factors involved in babies acquiring GBS disease. There is some evidence indicating that many moms who carry GBS will pass on GBS antibodies to their babies and that babies born to moms with few antibodies are at higher risk for GBS disease.

Some people experience a mild allergic reaction to chlorhexidine, usually a mild rash or burning feeling. Severe reactions are extremely rare. Chlorhexidine has no known negative effects on the newborn.

Antibiotics can also be given as an injection into muscle, rather than through your veins. IM antibiotics are not as effective as IV antibiotics during labor.

If you carry the GBS bacteria, it is important that you maintain the health of your immune system. A good diet, particularly one high in fermented foods (such as kefir, yogurt, miso, tempeh, and sauerkraut) and/or probiotic supplements, is key. Empirical data supports the use of alternative treatments such as oral garlic capsules and Echinacea tincture, tea tree oil vaginal suppositories, intravaginal use of garlic oil, or homeopathics to promote healthy vaginal flora. You can ask your midwife for more information on these modalities.

### Resources:

- American College of Obstetricians and Gynecologists (ACOG). Group B Streptococcus and Pregnancy. Patient Education Pamphlet AP105, July 2003.
- American College of Nurse-Midwives (ACNM). Early-Onset Group B Strep Infection in Newborns: Prevention and Prophylaxis (Clinical Bulletin). *J. Midwifery & Women's Health*. 2003 April;2.
- Facchinetti F, Piccini F, Mordini B, Volpe A. Chlorhexidine vaginal flushings versus systemic ampicillin in the prevention of vertical transmission of neonatal group B streptococcus, at term. *J Matern Fetal Neonatal Med*. 2002;11;84-8.
- Goldenberg RL, McClure EM, Saleem S, Rouse D, Vermund S. Use of vaginally administered chlorhexidine during labor to improve pregnancy outcomes. *Obstet Gynecol*. 2006 May;107(5):1139-46.
- [www.cdc.gov/groupbstrep](http://www.cdc.gov/groupbstrep)
- [www.gentlebirth.org](http://www.gentlebirth.org)
- [www.thebirthsource.homestead.com](http://www.thebirthsource.homestead.com)



## Informed Choice: Group B Strep Testing

### Informed Choice

**I have been provided with written information about Group B Strep testing and have had the opportunity to ask questions.** I understand the benefits and risks associated with Group B Strep testing and the treatment I have chosen. I believe that my midwife has honored my right to make my own informed decision. I understand that Group B Strep testing is not mandatory and believe in my right to accept or decline any test or treatment. I also understand that I can withdraw my consent at any time.

I take full responsibility for the health of my child, and I will ensure that if my infant displays any symptoms of GBS infection, regardless of treatment modality, I will immediately have my infant checked by a healthcare provider with pediatric expertise. I further understand that if I choose any treatment other than antibiotic therapy and transport becomes necessary, many hospitals will consider me to be untreated and initiate IV antibiotic therapy for me during labor and/or for my baby after he/she is born.

### My choice for testing is indicated below.

I choose to be tested for Group B Strep by my midwife at 35-37 weeks of pregnancy.

I choose not to be tested for Group B Strep at this time.

I have a history of GBS and will forgo screening and assume that my GBS status remains positive.

Other: \_\_\_\_\_

### If my culture is positive for GBS, my decision regarding treatment is:

I refuse any treatment for GBS at this time.

I prefer homeopathic treatment as recommended by my homeopathic healthcare provider.

I will use nutritional or herbal treatment (oral or intravaginal) soon after I am informed of my GBS-positive status.

*Describe treatment:* \_\_\_\_\_

I request the use of chlorhexidine as a vaginal wash during labor.

I desire antibiotic treatment (IV or IM, to be determined at time of use) during labor only if I present with risk factors (rupture of membranes >18 hours, fever >100.4F in labor, known GBS urinary tract infection, or preterm labor).

I desire antibiotic treatment during labor regardless of my risk status.

Signed (client): \_\_\_\_\_

Date: \_\_\_\_\_