

to complete a short course of antibiotics.

Care after birth

The aim is to have at least one dose of antibiotics in labour, at least two hours before baby is born. Your baby may need to be observed in hospital for 24-48 hours, before you can both go home.

If there are any concerns about your baby he/she will be referred to a paediatrician (a doctor specialising in babies/children).

Problems with Antibiotics:

About 1 in every 30 women will experience a mild reaction to penicillin – for example, a rash.

Approximately 1 in every 10,000 women will have a severe reaction.

Although GBS is not known to be developing resistance to penicillin, many other bacteria that may also be present are developing resistance.

www.nationalwomenshealth.adhb.govt.nz: Policies & Procedures. “Group B Streptococcus” (GBS)”

www.ranzcog.edu.au: “Maternal Group B Streptococcus in pregnancy: screening and management” (Statement)

“The Prevention of early-onset neonatal group B streptococcus infection: New Zealand Consensus Guidelines 2014” www.nzma.org.nz

In New Zealand we only treat women who have known risk factors for the disease as this allows us to prevent much of the illness in babies without using too many antibiotics.


We only treat women in labour as the bacteria can come and go even without treatment.

More information via the internet; please note that different countries have different screening policies to meet their specific needs.

Please discuss any concerns/questions with your midwife.



www.countiesmanukauhealth.org.nz

	Department: Women's Health Approved by: Director of Midwifery Owner: D.Miles, Specialist Midwife	Updated: March 2019 Review: March 2022
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GBS

Group B Streptococcus

Information for Pregnant Women and
Whanau



Women's Health Division

Group B Streptococcus

Group B Streptococcus (GBS) is a common bacteria which is found in the human body.

It is usually found in the digestive tract and vagina, but can also be found in the urinary tract.

Approximately one in five healthy pregnant women carry the bacteria. It usually causes them no harm but, untreated, around half will pass the bacteria on to their babies during birth. A small number of these babies will become ill.

When this happens it is called “Group B Streptococcal disease of the newborn”. Currently this affects about one in every 4000 babies in New Zealand.

GBS disease of the newborn can either be:

Early onset disease:

- which develops in the first 7 days of a baby’s life but most often within 24 – 48 hours.

OR

Late onset disease:

- which is less common and occurs between 7 days and 3 months of age.

Signs of GBS Disease in Babies:

- *Baby breathes very fast*
- *Baby’s chest sucks in with breathing*
- *You may see baby’s nostrils flaring*
- *Baby makes grunting noises when breathing, or looks a darker colour than usual*
- *Baby has trouble keeping warm, or feels very hot*
- *Baby may be sleepy and not want to feed (or will not feed well)*
- *Baby might be pale and floppy*

NB: The outcome for babies is much better if they are treated quickly so it is important that you seek help for your baby if you have any concerns or he / she displays any of the above

Who is at risk of passing on GBS to their baby?

In the following situations babies are at increased risk of GBS disease and you would be offered intravenous antibiotics in labour:

- **If you have had GBS in your urine at any time during this current pregnancy.**
- **If you have had a previous baby with GBS disease**

- **If you have a high temperature in labour (>38 degrees)**
- **If your waters break and you do not go into labour for over 18 hours**
- **If you are in labour before 37 weeks of pregnancy**
- **If you have had GBS on a swab after 35 weeks. If an early swab showed GBS it should be rechecked between 35-37 weeks. If it was not rechecked you will be offered antibiotics in labour**

You do not need antibiotics if you are having an elective caesarean and your waters have not broken.

Antibiotics for GBS

For babies who have an increased risk of GBS disease, the mother is offered antibiotics in labour, given through a luer (a small plastic tube) into a vein in the hand or arm.

These antibiotics will help prevent disease in up to 90% of cases. Penicillin is the drug used unless you have a penicillin allergy, when another antibiotic will be given.

The only time GBS is treated during pregnancy is if the bacteria is found in your urine. Then you need