

Who is at higher risk for GBS disease?

Pregnant women with the following conditions are at higher risk of having a baby with GBS disease:

- previous baby with GBS disease
- urinary tract infection due to GBS
- GBS carriage late in pregnancy
- fever during labor
- rupture of membranes 18 hours or more before delivery
- labor or rupture of membranes before 37 weeks

GBS COLONIZED women, at highest risk, are those with any of the following conditions:

- fever (>100.4 degrees F) during labor
- rupture of membranes 18 hours or more before delivery
- labor or rupture of membranes before 37 weeks (“preterm”)

Colonized women, who **DO NOT** develop **ANY** of the above complications, **have a relatively low risk of delivering an infant with GBS Disease**. Therefore, the decision to take antibiotics during labor should balance risks and benefits. Penicillin and Rocephin are very effective at preventing GBS Disease in the newborn and are considered generally safe. **A colonized woman with NONE of the conditions previously mentioned has the following risks:**

- a 1 in 200 chance of delivering a baby with GBS Disease if no antibiotics are given
- a 1 in 10 chance of experiencing a mild allergic reaction to antibiotics (such as a rash)
- a 1 in 10,000 chance of developing a severe allergic reaction (anaphylaxis) to antibiotics

Understanding the Statistics...

- GBS+ women are 29 times more likely to delivery infected babies than GBS- women
- GBS+ women with risk factors (fever in labor, prolonged ROM, etc) have a 1 in 25 chance of having infected babies if NOT given antibiotics in labor
- GBS- women with risk factors have approximately 1 in 1,000 risk. So, knowing that you carry GBS or not allows you to know whether your risk is 1 in 25 or 1 in 1,000
- GBS- women without risk factors have a 3 in 10,000 risk of having sick babies
- 46%** of the women who deliver **GBS infected babies had no risk factor(s)** in labor
- screening for GBS at 35-37 weeks and offering antibiotics in labor to GBS+ moms can prevent more than 88% of the cases of GBS in the first week of life.
- If women are NOT screened are only treated if risk factors develop, the number of cases prevented is 69%.

Warning Signs

The typical signs of GBS infection in a newborn baby include grunting, poor feeding and/or vomiting, lethargy, low blood pressure, irritability, and/or abnormally high or low temperature, heart rates or breathing rates, or impaired consciousness. The warning signs of meningitis in babies may also include: shrill or moaning cry or whimpering, dislike of being handled, fretful, tense or bulging fontanel (soft spot on the head), involuntary body stiffening or jerking movements, floppy body, blank - staring or trance-like expression, turns away from bright lights, and pale and/or blotchy skin. If your baby shows signs consistent with late-onset GBS infection or meningitis, call your GP immediately. If not available, go straight to your nearest Accident and Emergency Department. If your baby has late-onset GBS infection or meningitis, early diagnosis and treatment are vital: delay could be fatal. The risk decreases with age - GBS infection in babies is rare after one month of age and virtually unknown after three months.

The advantage of testing, in my mind, is that we can know to do preventive treatment. **I would like / would not like** (circle one) to be tested for GBS. I understand that there is no “perfect” answer for strep - no perfect screening program, no perfect protocols which will identify and prevent all strep infected babies; that no method of screening and/or prophylactic treatment is 100% effective in preventing GBS. All that we can do is reduce the incidence. I feel I can make an informed decision regarding GBS testing.

Client Signature _____ **Date**

Midwife Signature _____ **Date**