Group B Strep

GROUP

1 in 4 pregnant people test positive for GBS

50%

Of Babies born to a GBS+ carrier who received no treatment will be colonized with GBS. Most of these babies do not get sick.

1/100

Babies born without treatment will develop a life-threatening infection.

80%

Fewer infants are infected when antibiotics are given in labor.

Babies are at a higher risk of an infectious GBS disease if:

- They're premature
- Their water is broken for an extended time
- Their parent has a fever in labor

84%

Of people who test positive at 36 weeks will still have GBS in labor.

Providers test for bacterial Group B strep around 36 weeks of pregnancy. Although it is typically harmless, even in newborns, GBS can sometimes make babies very sick.

Early-onset GBS disease shows up on baby's first day and can be prevented with antibiotics (usually penicillin) in labor. Late-onset GBS disease cannot be prevented and won't be discussed here.

In the U.S., the standard of care is to administer IV antibiotics every 4-6 hours in labor to everyone who tests positive in pregnancy.

GBS is transitory.

That means that you can test negative at 36 weeks and be positive when you give birth-or-test positive in pregnancy but be negative the day your baby is born.

Can you change your GBS status?

There is some evidence that vaginal probiotics work to remove GBS from the birth canal. There is also a small amount of research on using garlic vaginally.

If you want to test and stay GBS negative, you can try eating less sugar, taking probiotics orally and vaginally, and/or inserting garlic cloves at night. Be sure to talk to your provider first.

Remember that you can be recolonized at any time.

Chlorhexidine appears to reduce the incidence of colonization but not lower the risk of infant infection.

FULL TERM babies survive the infection 97-98% of the time.

In the United Kingdom, there is no routine testing and antibiotics are only given when there are high risk factors.

strep

Sources: Stade, Shah & Ohlsson, 20004; Benitz, Gould, Druzim, 1999; Glasgow et al., 2005; Woods, 2014; Boyer & Gotoff, 1985; Stade, et al., 2004