



Congratulations on your baby's safe arrival



Remember!

Use the information in this leaflet to minimise the risk of GBS infection to your baby

Early diagnosis and treatment of GBS infection in babies is vital

GBS infection in babies up to age 3 months is relatively uncommon (and very rare after age 3 months)

For more information about GBS, speak with your health professionals or contact:



Group B Strep Support

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Registered Company 5587535

Group B Strep Support is a national charity, supported by a well respected medical advisory panel, providing accurate and up-to-date information on GBS for families and health professionals. GBSS has no financial links with any laboratory.

GBSS believes:

- Every Mum in the UK should be informed about GBS as a routine part of her antenatal care.
- All low-risk Mums should be offered a sensitive test for GBS carriage at 35-37 weeks of pregnancy on the NHS (and, until GBS-specific tests are available, Mums

should be told of its availability privately).

- All Mums whose babies are at higher risk of GBS infection, including those found to carry GBS during the current pregnancy, should be offered intravenous antibiotics in labour.

This approach could prevent over 80% of GBS infection in newborn babies, as compared with less than 60% of GBS infection in newborn babies being prevented using risk factors alone. Not only would many more horrible GBS infections be prevented, it would also save NHS resources.

Key Medical References –
see <http://www.gbss.org.uk/research>



“Stay alert for signs of Group B Strep infection in your newborn baby, described in this leaflet.”

says Dr Chris Steele

Have you been told that group B Strep has been found on a swab taken from either you or your baby around birth?

This leaflet explains what group B Strep is, what it can do and why it is important to know about it during the first few months after your baby is born, and in any future pregnancy.

Up to a third of all pregnant women carry group B Strep at any time but most won't know it's there. You are lucky to have found out that you do carry it – read on.

What is GBS?

Group B Streptococcus (GBS) is a very common bacterium. It occurs naturally in people of all ages and typically causes no harm or symptoms.

What is GBS carriage?

Carrying GBS (GBS colonisation or carriage) is normal – up to one in every three adults carries GBS in the gut and up to one in four women in the vagina. Carriage can come and go. No treatment is required for GBS carriage until labour starts.

- Without preventative medicine, GBS infects around one in every 300 babies born to Mums carrying GBS in labour
- Prompt diagnosis and treatment of GBS infection greatly improves the outcome for the baby

GBS has been found – what happens next?

Your health professionals will advise you on the best course of action, depending upon your personal situation.

The UK does not routinely test Mums for GBS carriage during pregnancy at present. When GBS is found, it is usually identified incidentally during pregnancy from a swab taken from a woman's vagina or rectum, or from a urine sample. A positive result from the urine needs treating right away. When GBS has been found in the urine or from a vaginal/rectal swab before the baby's birth, Mum should be offered intravenous antibiotics in labour to minimise the risk of GBS infection in her newborn baby.

Sometimes a positive result for GBS carriage only becomes available after the baby is born, for example when GBS has grown from a vaginal swab taken from Mum shortly before or after the birth, or when GBS has grown from a swab taken from the baby after birth, eg from his/her ear, nose, throat or skin. Provided Mum and her baby are both well, these swab results are simply showing that one or both is carrying GBS.

Many babies are exposed to GBS and some will go on to carry GBS – carrying GBS is harmless: only a relatively small number of babies are susceptible to GBS and become infected. It is not known precisely why one baby develops GBS infection and another doesn't, but simply carrying GBS does not mean a baby requires treatment.



What is GBS infection?

GBS infection occurs most often in babies shortly before, during or after birth though thankfully this is not common. Without preventative medicine, around one in every 300 babies born to women carrying GBS at delivery will develop GBS infection. With prompt medical care, most sick babies recover fully but sadly not all.

Is my baby at risk of GBS infection?

Most babies who are exposed to group B Strep do not develop GBS infection. However, there are six situations where a newborn baby has an **increased risk** of developing GBS infection.

- Mum has had a previous baby infected with GBS – **risk 10 times higher**
- GBS has been found in Mum's urine during this pregnancy – **risk 4 times higher**
- Mum has a raised temperature during labour (37.8°C or higher) – **risk 4 times higher**
- GBS has been found on a vaginal or rectal swab during this pregnancy – **risk 3 times higher**
- Labour starts or waters break before 37 weeks of pregnancy – **risk 3 times higher for each**
- Waters break more than 18 hours before delivery – **risk 3 times higher**

Where the baby is known to be at **increased risk** during delivery, intravenous antibiotics may be offered to Mum once labour starts and ideally for at least 2 hours before delivery to minimise the risk of GBS infection in the newborn baby. Where this has not happened, the risk of the newborn baby developing GBS infection – although still relatively small – is increased, especially during the first 12 hours of life.

If your baby is OVER 12 hours old, appears well AND you tick one or more of the above boxes ...

... then the chances of his/her developing GBS infection are low and neither you nor your baby requires treatment.

If your baby is UP TO 12 hours old, appears well AND you tick one or more of the above boxes ...

... then the chances of his/her developing GBS infection are still relatively low. However, it is recommended that:

- **Babies born at increased risk to Mums who HAVE NOT received antibiotics for more than 2 hours before delivery should be:**
 - Examined thoroughly and investigated by a Paediatrician as appropriate.
 - Observed for a minimum of 12 hours, ideally 24 hours.
 - If completely healthy, no antibiotics for the baby are required.
- **Babies born at increased risk to Mums who HAVE received antibiotics for more than 2 hours before delivery should be:**
 - carefully assessed by an appropriately trained Paediatrician or Advanced Neonatal Nurse Practitioner.
 - If completely healthy, no antibiotics for the baby are required.
 - A period of monitoring (12-24 hours) may be appropriate for those at highest risk of infection.
- **For well babies at highest risk of infection, monitoring for 12-24 hours may be appropriate** and this should be undertaken as a minimum if the baby is not screened and treated for infection.

If there's any doubt about whether your baby has an infection, she/he should be started on intravenous antibiotics until it is known that he/she is not infected.

Group B Strep may be carried on the skin, so everyone, whether they know they carry GBS or not, should wash their hands properly and dry their hands properly before handling a baby during his/her first three months of life. These are normal, good hygiene measures for a young baby, and not GBS specific.

Can I breastfeed my baby?

Our medical advisory panel strongly recommends Mums breastfeed their babies. The advantages of breast-feeding will, in their opinion, greatly outweigh the remote risk of transmitting GBS through breast-feeding.

If Mum develops mastitis or a breast abscess, she should seek medical advice regarding breast-feeding.

GBS infection in babies is not common but it is important to be aware of what signs and symptoms to be alert for

GBS infection in babies

GBS infection usually shows in a baby's first 6 days (early-onset). Signs are apparent within 12 hours of birth in most babies and in the first 6 days for up to 90% of babies. Early-onset GBS infection in babies usually shows as bloodstream infection (septicaemia), lung infection (pneumonia) and, less frequently, infection of the fluid and lining surrounding the brain (meningitis).

Typical signs of early-onset GBS infection (0-6 days) include:

- Grunting
- Poor feeding
- Being abnormally drowsy (lethargic)
- Being irritable
- High/Low temperature
- High/Low heart rate
- High/Low breathing rate
- Low blood pressure
- Low blood sugar

Late-onset GBS infection occurs after a baby's first 6 days, is uncommon after a baby is one month old and is very rare after age three months. Late-onset infection with GBS in babies usually shows as meningitis with septicaemia.

Typical signs of late-onset GBS infection (age one week or more) – including meningitis – may include one or more of:

- High temperature, fever, possibly with cold hands and feet
- Vomiting, refusing feeds or poor feeding

- High pitched moaning, whimpering cry
- Blank, staring or trance-like expression
- Pale, blotchy skin
- Floppy, may dislike being handled, be fretful
- Difficult to wake or lethargic
- Tense or bulging fontanelle (soft spot on babies' heads)
- Turns away from bright light
- Altered breathing pattern
- Involuntary stiff body or jerking movements

There are no known ways of preventing late-onset GBS infection in babies – awareness is essential as early treatment is vital.

Trust your instincts! If your baby shows any of the above signs, immediately call your GP or go to the nearest PAEDIATRIC Accident & Emergency Department (and mention GBS to them). Early diagnosis and treatment are essential – delay can be fatal.

GBS infection can usually be effectively treated

With prompt intravenous antibiotic therapy and intensive care, most babies with GBS infection recover fully, especially when meningitis is not present. Sadly, even with the best medical care, approximately 10% of babies who develop GBS infection will die and another 5% will suffer long term problems. **Yet most of these infections could be prevented.**

GBS infection in the first 6 days of life comprise at least 75% of all GBS infection in babies, and late-onset GBS infection up to 25%. Of the babies who contract GBS meningitis, up to half may suffer long-term mental or physical problems and, for one in eight of these babies, the handicaps can be severe.

What should I do next?

There is a small chance of GBS infection developing, although after age three months it is very rare indeed, so be alert for any symptoms consistent with GBS infection or meningitis in your baby. Contact your health professionals urgently if your baby shows any such signs (and mention GBS when you do).