

What are the risks of taking antibiotics?

Very rarely, some women can have a severe reaction called anaphylaxis to an antibiotic. It is very important to tell your midwife or doctor if you have a history of drug reactions, particularly to penicillin.

If you have been identified with a risk factor or have tested positive for GBS, the chance of your baby developing GBS is reduced if you have antibiotics during labour.

Caesarean section and GBS

Screening for GBS is still important for women who are having planned caesarean sections. Please ask your midwife or doctor for more information if this applies to you.



More information:

If you have any questions about the screening or about GBS, speak to your midwife or doctor.

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All about Group B Streptococcus

Group B Streptococcus (GBS) is a bacteria that lives in our bodies and is usually harmless. GBS is a transient bacteria which means that the bacteria can come and go. It is not a sexually transmitted infection. Up to one in three women have GBS bacteria in their vagina and have no idea that it is present. GBS may also be found in urine.

GBS and newborn babies

GBS may be passed to the baby during labour and birth and can cause life-threatening infections in the newborn baby, including blood poisoning, meningitis and pneumonia. Only a very small number of newborn babies (1 in every 2,000) will develop this infection known as early onset GBS. Treatment during labour through intravenous (directly into the vein) antibiotics to women identified as being at an increased risk of passing on GBS infection to their newborn baby will reduce this risk. Despite screening and treatment in labour, some newborn babies will still develop GBS. If your baby does develop GBS, he or she can be treated with antibiotics while in hospital.

GBS and older babies

Treatment in labour may not always be effective. Older babies who develop GBS infection can also be treated with antibiotics.



How to reduce the chance of GBS being transferred to your baby

It is important to identify women who do have GBS so they can be treated to help reduce the chance of GBS infection being passed to the baby. This can be done through two different approaches, with both methods being equally effective.

You will be offered one approach by the health service. Your midwife and/or doctor can provide more information and respond to any questions or concerns you may have.



1. Risk based screening:

This screening method identifies a woman whose baby is at higher risk of developing GBS when they are born. The risk factors are:

- If you have had a previous baby with GBS infection
- If GBS has been found in your urine at any time during your pregnancy (even if this was treated with antibiotics at the time)
- If you go into labour before 37 weeks
- If your temperature in labour is higher than 38°C
- If there are signs that there is infection around the baby
- If you are in labour for 18 hours or more after your waters break.

2. Routine antenatal test approach:

When you are between 35 and 37 weeks pregnant, you can be tested to find out if you are GBS positive. It is an easy swab you can do yourself or you may prefer your midwife or doctor to collect the specimen.

This swab is then sent to pathology and you will be told your results at your next antenatal appointment.

Plan

If you have a positive test for GBS or you have known risk factors for GBS, it is recommended that you are treated with antibiotics in labour. These considerations will be discussed with you during your pregnancy and, with your consent, a treatment plan will be entered into your medical record.