Expectant mothers should be aware of Group B Streptococcus (GBS) – what it is, why it's dangerous for babies, and, most importantly, how their OBs should be screening them for infections during pregnancy.

Pregnant women naturally carry bacteria in their vaginas and urinary tracts. Some of this bacteria is benign, while other forms, if passed on to the baby, can be very harmful. One of these potentially harmful bacteria types is called Group B Strep, or GBS.

What is Group B Strep?

Group B Strep (GBS) is a type of bacteria that is often found in the digestive system, rectum, and vagina. The American Pregnancy Association estimates that GBS infection is found in approximately 25% of healthy women. Most of these women are asymptomatic. However, GBS can cause severe illness in newborn babies if it is passed on. Therefore, it is very

important that physicians screen mothers for GBS during their prenatal care, and provide treatment with antibiotics if necessary (1).

How do doctors test for GBS?

Women should be screened for GBS between weeks 35 and 37 of pregnancy. The vagina and rectum are swabbed, and then this sample is taken to a lab and analyzed for GBS. Typically the process is fairly quick, and results are available within 24-48 hours.

In some cases, women may be treated for GBS even before a positive culture is obtained. The American Academy of Pediatrics recommends that women who have risk factors such as premature labor be promptly treated (1).

Which women are most likely to pass GBS to their babies?

Testing positive for GBS does not necessarily mean it will be transmitted to the baby. However, there are certain risk factors that make transmission more likely. These include the following (1):

- Premature rupture of membranes or labor before 37 weeks of pregnancy
- Fever during labor
- An interval greater than 18 hours between rupture of the membranes and delivery
- Urinary tract infection (UTI) with GBS during pregnancy
- A prior baby that contracted GBS

How is GBS treated in pregnant women?

If a screening test shows a mother has Group B Strep, medical professionals may recommend IV antibiotic treatment during delivery in order to prevent transmission to the baby. This is most important for women who also meet the risk factors discussed in the previous section.

Because GBS may re-colonize the vaginal area after treatment with antibiotics, antibiotics

given *before* labor may be less effective in preventing transmission (1).

What happens if GBS is passed on to a newborn?

If GBS is passed on to the baby, it can cause serious complications and birth injuries, such as the following (1):

- Infections (such as sepsis, pneumonia, or meningitis)
- Heart and blood pressure issues
- Respiratory problems
- Complications involving the gastrointestinal system and kidneys
- In the long-term, babies with GBS (especially if untreated or improperly treated) may develop permanent health conditions and disabilities, including:
- Brain damage (meningitis and neonatal encephalopathy)
- Hypoxic-ischemic encephalopathy (HIE) (2)
- Cerebral palsy
- Hearing loss and/or blindness (3)

Babies who are suspected of having a GBS infection should be properly treated with antibiotics to control the infection. Babies with GBS infection may have the following signs or symptoms, among others (4):

- Be unresponsive/floppy
- Fail to eat well
- Grunt or work hard to breathe
- Be irritable
- Have an abnormal body temperature
- Have abnormal heart or breathing rate

Complications from GBS are preventable with antibiotics. About 5% of babies with GBS infection die (3). Many more will go on to live with cerebral palsy or other disabilities. Routine testing for GBS and appropriate treatment prevents GBS complications.

About the HIE Help Center and ABC Law Centers

The HIE Help Center is run by ABC Law Centers, a medical malpractice firm exclusively handling cases involving HIE and other birth injuries. Our lawyers have over 100 years of combined experience with this type of law, and have been advocating for children with HIE and related disabilities since the firm's inception in 1997.

We are passionate about helping families obtain the compensation necessary to cover their extensive medical bills, loss of wages (if one or both parents have to miss work in order to care for their child), assistive technology, and other necessities.

If you suspect your child's HIE may have been caused by medical negligence, please contact us today to learn more about pursuing a case. We provide free legal consultations, during which we will inform you of your legal options and answer any questions you have. Moreover, you would pay nothing throughout the entire legal process unless we obtain a favorable settlement.

You are also welcome to reach out to us with inquiries that are not related to malpractice. We cannot provide individualized medical advice, but we're happy to track down informational resources for you.

Sources

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