

GBS INFORMATION FOR PREGNANT WOMEN



If you have any English language difficulties, please ask staff to book an interpreter.

From home contact the Telephone Interpreter Service on 13 1450.

Services are provided free of charge. Ask staff if this information is available in your preferred language.

EASTERN HEALTH MATERNITY SERVICE

Group B Streptococci (GBS) colonization screening Information for pregnant women

This information is to help you and your family make a choice about the GBS screening test and to answer some of the questions you may have.

What is GBS and why test for it?

Group B Streptococci (GBS) are bacteria that occur naturally in the vagina and anus in about 20 out of 100 (20%) of women. This is normal and rarely harmful. However, in a small number of women (1 in 100) bacteria can pass to your baby when you give birth and may cause an infection that makes your baby very sick (1 in 800 cases)

When and how do you test for GBS?

Based on best practice, Eastern Health recommends a screening test at 36 weeks. A small cotton bud is used to swab the vaginal and anal region and the test will tell you if GBS bacteria are present or not.

What does the test result mean?

If your result is GBS Negative

- there is no change to your labour management.

If your result is GBS positive

- you are recommended to have antibiotics in labour
- if your waters break (membranes rupture), you are recommended to have labour induced (artificially started) as soon as possible as this is when the baby is at most risk of developing infection
- you are still eligible to use the bath for labour and birth
- your baby will be closely monitored for signs of infection for the first 24 hours after birth

What happens if I choose not to be screened for GBS?

- During labour, your midwife / doctor will check you for signs of infection
- After birth, your baby will be observed for GBS infection before each feed for 24 hours
- If your baby develops GBS infection, antibiotics will be given to treat the infection
- Intravenous antibiotics in labour are strongly recommended if
 - you have had a previous baby with GBS infection
 - you go into premature labour (labour before 37 weeks)
 - you develop signs of infection in labour
- If you have rupture of membranes, are not in labour and your GBS status is unknown, it is recommended that you be induced and you will be treated with antibiotics

Updated August 2014. This document has been developed having regard to general circumstances, in light of information available to the authors at the time of preparation. Please discuss your options with your midwife or doctor in relation to your own personal circumstances. If this is a hard copy it may not be the latest version of this document.

Protecting Your Privacy

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