GROUP B STREP
(Beta-Hemolytic Streptococcus)
Informed Consent

What is Group B Strep (GBS)?

Group B Strep (GBS) is a type of bacteria found in the bodies of 10-20% of healthy adults. Many people carry GBS in their bodies but do not become ill. These people are "colonized." Adults can be colonized in the bowel, genital tract, urinary tract, throat, or respiratory tract.

GBS and the Newborn

The concern with GBS in pregnancy is primarily for the baby. GBS has been the leading infectious cause of neonatal morbidity and mortality since the 1970s in the United States. 10%-30% of all pregnant women are colonized with GBS in their genital tract. A baby can become colonized before but usually during the birth. The baby can pick up the bacteria on their skin or mucus membranes during the birth or can breathe in amniotic fluid colonized with the bacteria. About half of babies born to those colonized women will also be colonized with GBS. Of the colonized babies, only 1%-2% will become sick with GBS disease, but those babies will become very sick and about 2%-3% of those babies will die despite antibiotic treatment after birth.

Three-fourths of the cases of GBS disease among newborns occur in the first week of life ("early-onset disease"), and most of these cases are apparent a few hours after birth. GBS disease may also develop in infants 1 week to several months after birth ("late-onset disease"). Only about half of late-onset GBS disease among newborns comes from a mother who is colonized with GBS; the source of infection for others with late-onset GBS disease is unknown. The incidence of late onset infection has remained unchanged.

Can pregnant women be tested for GBS?

Yes. A pregnant woman can have her vagina and rectum swabbed in pregnancy to see if she carries the bacteria. Both areas are swabbed because bacteria can pass easily back and forth between the vagina and the rectum. Because the lab needs a few days to grow out the culture and see if GBS is present, this culture cannot be done at the onset of labor. The timing of the test is most helpful as close to delivery as possible because a woman's GBS status can change if she tests too early. Obviously, it is impossible to know when a woman will go into labor, so most authorities suggest that the culture is done between 35 and 37 weeks. These results are considered valid for five weeks and would be repeated if the pregnancy extended past those five weeks.

What factors increase a woman’s risk for having a GBS affected baby?

- Previous baby with GBS disease
- Urinary tract infection in pregnancy due to GBS
- GBS colonization in late pregnancy
- Heavy colonization of mother or baby
- Mother with any illness that suppresses the immune system
- Fever during labor
- Waters breaking 18 hours or more before delivery
- Birth or waters breaking before 37 weeks
- Internal fetal monitoring for more than 12 hours

What can a pregnant GBS+ woman do to protect her baby from GBS disease?

As of 2010, the recommendation from the Centers for Disease Control (CDC) as well as, the American College of Obstetricians and Gynecologists (ACOG) is for ALL women who test GBS+ in pregnancy receive IV antibiotics (usually penicillin) during labor. This protocol is expected to reduce the rate of early onset GBS disease by 86%-89%. IV penicillin also does not prevent colonization from E.coli, another bacterium that is the second most prevalent bacteria causing of newborn infection and death.
Before “all” GBS+ women were treated, the rate of early onset invasive neonatal disease in all women was 1.7 out of 1,000 live births. Without any treatment, 1–2% of all infants born to colonized mothers will develop early onset disease. With treatment, the rate of early onset invasive neonatal disease in all women has dropped to 0.34-0.37 out of 1,000 live births. Of the newborns that become infected with early-onset GBS infections 2%-3% will die.

*Currently, in Tuolumne County, the local hospital’s protocol is to treat pregnant women as “GBS positive”, if they are not tested for GBS during their current pregnancy and to give GBS+ women IV antibiotics in labor.

**Note: Local midwives do not provide GBS+ women with IV antibiotics during labor for home birth.**

Other treatments being researched

The protocol of offering IV antibiotics in labor for at risk pregnant women is currently the official recommendation or standard of care for treating GBS+ pregnant women in the US. Also under study are:

- An IM (shot) of antibiotics in labor (Seems to be as effective as IV antibiotics, but not available for home birth)
- An IM (shot) of antibiotics to the baby within 1 hour of birth is proven to be as effective as IV antibiotics, but does not prevent complications in babies who were infected before birth. (not available for home birth)
- Vaginal rinsing in labor every 6 hours with a 0.2% Chlorhexidine (Hibiclens) solution (proven to be as effective as IV antibiotics for women whose waters were broken less than 6 hours before initiating the Hibiclens vaginal rinsing. This protocol is also effective against E.coli. and an option for home birth)
- Culture or monitor the baby’s blood for infection immediately and a few days after the baby’s birth, through the hospital lab.

**Warning Signs of GBS infection in a newborn baby:**

The typical signs of GBS infection in a newborn baby include grunting, poor feeding and/or vomiting, lethargy, low blood pressure, irritability, abnormally high or low temperature, abnormal heart or breathing rates, or impaired consciousness.

The warming signs of (GBS) meningitis in babies may also include: shrill or moaning cry or whimpering, dislike of being handled, fretful, tense or bulging fontanel (soft spot on the head), involuntary body stiffening or jerking movements, floppy body, blank - staring or trance-like expression, turns away from bright lights, and pale and/or blotchy skin.

If your baby shows signs consistent with late-onset GBS infection or meningitis, call your MD immediately. If not available, go straight to your nearest Emergency Department. If your baby has late-onset GBS infection or meningitis, early diagnosis and treatment are vital: delay could be fatal. The risk decreases with age - GBS infection in babies is rare after one month of age and virtually unknown after three months.

**Group B Strep Management Plan**

It is your right and responsibility to decide how you wish to proceed with the GBS issue, through Informed Consent.

I have read, understand and have access to the information provided on this document: GROUP B STREP (Beta-Hemolytic Streptococcus) Informed Consent.

I have had the opportunity to ask questions and request additional information. I have chosen and check marked the plan indicated below:

_____ I do want to be tested or cultured for GBS

_____ I do not want to be tested or cultured for GBS

_____ *I understand the local hospital’s protocol is to treat me as “GBS positive”, if I am not tested for GBS.

_____ If my culture results are “GBS positive,” I want to proceed with the marked “prevention treatments” below.
GBS Prevention Treatments

Some pregnant women will boost their immune system and build a healthy vaginal ecosystem during their pregnancy, to help prevent a “positive” Group Beta Strep (GBS) culture or infection. Additionally, some women who have tested “positive” for Group Beta Strep (GBS) historically have used some of these different naturopathic therapies to try to boost their immunity, eliminate GBS from their systems or reduce the colony count. Following are several options for GBS prevention therapy that some women have used successfully. As with any treatment, please discontinue use and contact your health care provider immediately if any adverse effects are noted. These GBS alternative treatments are not recognized or endorsed by the Center of Disease Control.

Please check mark _____ the desired “prevention treatment” bullets below:

•  _____ Transfer care to an OB/GYN to receive IV antibiotics in the hospital
•  _____ Minimize vaginal exams in pregnancy and labor
•  _____ Don’t “sweep” the membranes to stimulate labor
•  _____ Use garlic, or other herbal suppository for 3-5 nights in late pregnancy; followed by 2 TBL plain Yogurt, mixed with one opened capsule of a potent probiotic for 5 nights.
•  _____ Take Grapefruit Seed Extract (15 drops), Propolis and/or Echinacea 3 times daily in late pregnancy
•  _____ Take a strong and active probiotic and use probiotic suppositories
•  _____ Take MediHerb (SP) Garlic 5000 (enteric coated 1-2/day)
•  _____ Eat fermented foods: yogurt, kefir, miso, sauerkraut, fermented pickles
•  _____ Do Peri-Bottle or vaginal rinses with herbal tea of calendula, rosemary and thyme, or lavender water
•  _____ Use Standard Process (SP) Lactic Acid / Yeast as vaginal suppository 5 days on, 5 days off
•  _____ Take SP Immuplex (3-6/day), which helps fight unresponsive bacterial and/or viral infections
•  _____ Take the SP Protocol: Spanish Black Radish (9/day x 10 days), SP Thymex (9/day x 10 days), and SP Cataplex ACP or AC (9/day x 10 days)
•  _____ Homeopathic Streptococcus 200X or 200C, once per day for 3 days, then once per week.
•  _____ Vaginal rinses with full strength Hydrogen Peroxide 30cc, followed by 2 TBL plain Yogurt mixed with one opened capsule of a potent probiotic or Inner-Eco for 3-5 nights.
•  _____ Vaginal rinses with 5-10 of Grapefruit Seed Extract diluted in a Peri-Bottle (240 ml) of warm water, once daily for one week, followed by 2 TBL plain Yogurt mixed with one opened capsule of a potent probiotic
•  _____ Vaginal rinse of 0.2% Chlorhexidine solution (Hibiclens) 10 ml in 190 ml of water in labor every 4-6 hrs.
•  _____ Retest after above “initialed” treatment(s) has been attempted.

• Other:________________________________________________________________________________________

Mother’s name ___________________________ Date ___________ Mother’s signature ___________________________

_______________________________________________________________

Midwife’s name ___________________________ Date ___________ Midwife’s signature ___________________________