

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 warning 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.

