



## Group Beta Strep Testing & Treatment Informed Consent

Group B Strep is a controversial topic in maternity care around the world. The purpose of this handout is to give you the information as we understand it so as to arm you to make the best decision for yourself and your baby. For more information on this topic please see [evidencedbasedbirth.com](http://evidencedbasedbirth.com).

### Definition:

Group B Streptococci is a bacteria. It can live in the intestinal or reproductive tract of women with no symptoms. This is called colonization with Group B Strep and does not cause problems to the mother. Studies widely vary in knowing the percentage of women who will test positive for GBS colonization but range around 10-30%. The only way to know if you are colonized or not is to swab the area just inside the vaginal vault and the rectum. This swab is then sent to lab where it will be tested. The test must allow time for the bacteria to grow and therefore it takes roughly a week before we have the results.

Group B Strep Disease is what occurs when the group B streptococci enter an area of the body usually sterile (blood, spinal fluid etc). This infection can cause problems such as hearing loss, vision loss, cerebral palsy, learning disabilities, as well as can cause death in about 5% of cases. With treatment and prevention methods, in the US today roughly 3 out of 10,000 babies die each year from group B strep disease. There are two types of disease, early onset (within the first week of life) and late onset (within the first 3 months of life).

### Risk Factors:

There are certain factors which make it more likely for a baby to develop group B strep disease. The most notable is a positive group B strep culture. But even here we have difficulty because this particular bacteria is transient, it can be present in the vagina sometimes but not others even within the same pregnancy. This means that we have a failed system. In the United States we are MASSIVELY over treating for this particular disease. Why would we do this? The answer is that it's the best we currently have.

Other risk factors include, premature birth, prolonged rupture of membranes, African American race, prolonged rupture of membranes, young maternal age, and a fever in labor. Still the most notable of risk factors is a positive culture for GBS. Babies are 20-25 times more likely to develop the disease from a GBS positive mom than a GBS negative mom.

### How many babies will develop GBS disease?

GBS negative women - 1 in 2000 babies will develop GBS disease

    With Risk Factors - 1 in 1,000 babies will develop GBS disease

    Without Risk Factors - 1 in 3,000 babies will develop GBS disease

GBS positive women without treatment- 1 in 100 babies will develop GBS disease

    With Risk Factors - 1 in 25 will develop GBS disease

    Without Risk Factors - 1 in 200 will develop GBS disease

Overall with antibiotic prophylaxis for GBS positive women the rate of newborns acquiring GBS is 1 in 4000

### Screening for GBS

A positive Group B Strep culture is currently the greatest risk factor for GBS disease. By testing for GBS you will know your current status and have time to make decisions based on this information. Besides GBS status the main

risk factors for GBS (fever, labor/birth <37weeks, prolonged rupture of membranes) cannot be determined until labor begins. If your GBS status is unknown and you are transferred to the hospital, it may cause you to be exposed to antibiotics that you would not be exposed to if you knew your status was negative.

### **Risks**

The Group B Strep culture is only as accurate at the time it is performed because GBS colonization can be transient. It may cause additional stress to the laboring mother if she is concerned regarding her GBS status when it would be different if the testing was done at a different time. While it is the best indicator we have, it is still imperfect. It is thought to be accurate for roughly 5 weeks.

## **IV Antibiotic**

There is not clear information on GBS, in this case the Center for Disease Control (CDC) reached a consensus of opinion and published their data. These recommendations are updated regularly by a committee of experts, but are, in the end, opinion. The rate of infants with GBS disease has dramatically reduced (from 1 in 500 to 1 in 4000) since we began use of antibiotics for GBS positive women. The CDC currently recommends every mom be tested for GBS (with exception of those with UTI caused by GBS or a previous baby with GBS disease who should just be treated). Those testing positive receive IV antibiotics (penicillin or ampicillin) during labor.

### **Risks**

Antibiotics are not without problems. They can cause minor problems with yeast overgrowth (thrush, or vaginal infection). They can also cause more major problems with allergic reactions such as a rash, or rarely a severe, life-threatening reaction (anaphylaxis). Roughly 1 in 10,000 moms develop this reaction, and 1 in 100,000 cases prove fatal. In order for the antibiotics to be most effective, birth must occur four hours or more after they are administered. Obviously, labor does not always fit these parameters and sometimes antibiotics are given without benefit.

## **Alternative Treatments**

Some studies have shown that women who take probiotics containing *Lactobacillus rhamnosus* daily through pregnancy are less likely to be GBS positive. It is recommended that all women take probiotics daily to reap the benefits and reduce their likelihood of GBS colonization.<sup>1 2</sup> Even if you have not previously taken probiotics, it is never too late to begin. It may increase your likelihood of being GBS negative even if only taken a few weeks before testing.

Immune boosting regimens, such as Vitamin C, Echinacea, and garlic are sometimes used to combat GBS. Also things to decrease the amount of GBS in the vagina at the time of delivery, such as a vaginal wash with chlorhexidine or essential oils. There is little research on these methods. A few studies have shown chlorhexidine reduced the amount of babies born with GBS on their skin, but were not large enough to determine if this resulted in less infections.

### **Risks**

There are no known risks to taking probiotics except digestive upset if a very high dose is taken. The risks of other alternative treatment mainly stem from the lack of evidence. We don't know how well they work or what risks they may present. If you choose to use these methods, you must understand that we do not know their efficacy.

## **Decision**

At the end of the day, nothing from medical to alternative treatment can guarantee that your baby will not get sick. Your midwife will be happy to answer whatever questions she can for you but we will stand behind the decision that you, as a parent make for your baby.

- I desire testing for GBS
- I decline testing for GBS
- If I culture positive for GBS, I desire IV antibiotics during labor.
- If I culture positive for GBS, I decline antibiotics. I understand I may use alternative treatments for GBS.

I have read the above information and understand the risks of my decision. I understand that GBS infection can result in death or serious illness to my child and assume responsibility for my decision.

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Client's Signature

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Client's Name

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Date

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Midwife's Signature

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Midwife's Name

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Date