It is the policy of ACT Health that all pregnant women are offered screening for Group B Streptococcus (GBS), from their 36th week of pregnancy. This policy has been developed in accordance with current medical evidence and is endorsed by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

What is GBS?
Group B Streptococcus bacteria are found in the genital tract of some women. These women are said to be ‘colonized’ with GBS bacteria. Around 10 to 30% of women in Australia are affected. Normally the bacteria are harmless and these women do not experience any symptoms. They do not need to be treated during pregnancy and GBS is not classed as a sexually transmitted infection. However when pregnant, up to 70% of women who have GBS will pass the bacteria on to their baby during the birth process. For this reason all pregnant women who carry GBS are given antibiotics in labour.

Will GBS affect the baby?
Whilst the bacteria do not affect most babies, about 4 per 1000 babies will become ill with GBS infection. This usually happens within the first 7 days of life. The illness can produce mild to severe problems including infection of the blood and pneumonia. GBS infection can also develop later up to the age of 3 months - this is termed late onset GBS. The most serious problem in late onset GBS infection is meningitis but late onset disease is very rare.

How will I be screened?
When you are about 36 weeks pregnant your doctor or midwife will ask for a vaginal swab to be taken – usually it is self-collected. You will be informed of the result at your next appointment. If you have a positive result this will be recorded on your antenatal card.

When you are in labour, if you are GBS positive you will be offered intravenous antibiotics. Antibiotics will decrease the chances of your baby becoming ill. The antibiotic normally used in this hospital is Ampicillin. If you are allergic to Penicillin an alternative will be given.

In some situations, antibiotics will be given to women who are at a high risk of passing GBS on to their babies, even if their swab is negative.

These situations are:
- If labour starts before 37 weeks. (Pre term babies are at a higher risk)
- If the membranes have been ruptured for longer than 18 hours
- If a woman has a temperature higher than 38°C in labour
- If a woman has ever tested positive for GBS
- If a previous baby has been affected by GBS regardless of the result of any swab collected during the current pregnancy

Treatment with antibiotics earlier in pregnancy will not guarantee that GBS will not grow back before you go into labour and is only given if GBS is found in the urine.

Treatment for baby
All newborn babies whose mothers are GBS positive are observed closely for signs of illness, particularly in the first 24 hours. Signs may be unstable temperature, drowsiness and poor feeding. If your baby shows signs of illness, he/she will be tested for GBS infection, may be treated with antibiotics and be under the care of a neonatologist.

Remember!
If you are GBS positive, this does not mean that your baby will definitely become ill.
Further information:-

NSW Department of Health Circular 2002/28

Minimization of neonatal early onset of Group B Streptococcal (EOGBS) Infection.


Instructions for Self Collecting a Swab

(1) Remove the swab from the package. Insert swab 2 cm into vagina. Do not touch the cotton end.

(2) Remove the cap from the sterile tube.

(3) Place the swab into the tube. Ensure the cap fits firmly.

(4) Make sure that the swab is properly labeled.