
Frequently Asked Questions:

1. What is Group B streptococcus (GBS)?

GBS is a bacterium that can cause infection in both the mother and the baby.

2. How does someone get GBS?

Anyone can be a "carrier" for GBS. The bacteria are found in the gastrointestinal tract (guts) and may move into the vagina and/or rectum. It is not a sexually transmitted disease. About 1 in 4 women carry these bacteria. Most women would never have any symptoms or know that they had these bacteria without a test during pregnancy.

3. What are the chances of infection?

If a mother has GBS in the vagina at the time of birth and does not get treated, 1 in 200 babies may get sick. With treatment, only 1 in 4000 babies may get sick.

Unfortunately, not all infections caused by GBS can be prevented, even with treatment.

4. How do you know if you have GBS?

It is found by taking a swab of the lower vagina and rectum between 35th and 37th week of pregnancy OR in a urine test to check for infection taken earlier in your pregnancy. Since the bacteria come and go in your body, you need to be tested for GBS every time you are pregnant, whether you tested negative or positive during the last pregnancy.

5. How does GBS cause infection?

Babies are exposed to GBS during labour and delivery in mothers who are carriers (tests positive). They may also be exposed after a mother's water breaks. Babies become infected when they swallow or inhale the bacteria. It makes its way into the baby's bloodstream and can infect the baby's heart, lungs, and brain. Most newborn disease happens within the 1st week of life, called "early onset" disease.

6. How can GBS disease in babies be prevented?

If your GBS culture is positive within 5 weeks before you give birth, your doctor or midwife will recommend that you receive intravenous antibiotics during labour. Also, a pregnant woman who has had a baby in the past with GBS disease, or who now has a bladder (urinary tract) infection caused by GBS should get antibiotics during labour.

7. If I know that I a GBS carrier, why can't I just take some antibiotics now? Why wait until my labour starts?

For women who are GBS carriers, antibiotics before labour are not a good way to get rid of GBS. Because they live naturally in the gastrointestinal tract, the bacteria often come back after you stop taking the medication. Therefore, it is best to take antibiotics during labour when it can best help by reducing the amount of bacteria the baby is exposed to during labour.

8. What do I need to do if I tested positive for GBS?

Talk with your doctor or midwife about a labour plan that includes getting antibiotics for GBS prevention in your baby. You should come to the hospital when:

- Your water breaks (membranes rupture)
- You are in active labour

Please call the hospital labour and delivery area at 604-520-4586 or your doctor/midwife before going into the hospital.
