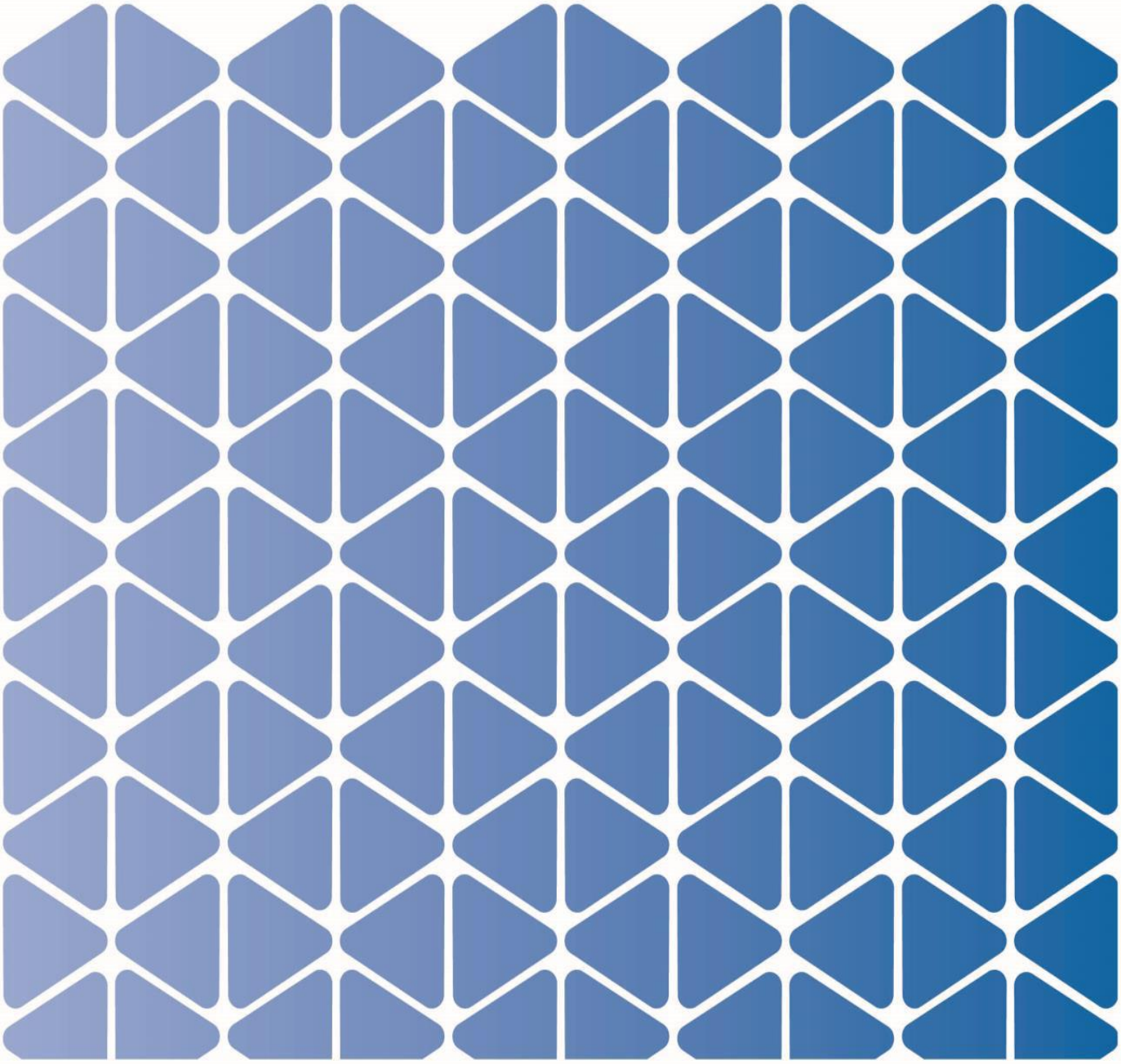
NHS
Worcestershire Acute Hospitals NHS Trust

PATIENT INFORMATION

BABIES WHO MAY BE AT INCREASED RISK OF GROUP B STREPTOCOCCUS INFECTION



What is Group B Streptococcus?
Group B Streptococcus (GBS) is a common bacteria which occurs normally in your body and can be found in the vagina, rectum and urine.

GBS usually causes no harm, however if GBS is passed on from mother to baby, around the time of birth, this can rarely cause serious illness for the newborn baby.

What could this mean for the baby?
About a quarter of pregnant women/people in the UK carry GBS in the vagina. Most babies therefore come into contact with GBS during labour and delivery and the vast majority of them are not harmed by this contact with the bacteria. However, a small number of babies can develop a serious infection with GBS.

This occurs in less than one in every thousand deliveries and the risk can be reduced by giving antibiotics during labour to women/birthing people at high risk of passing the infection to their baby.

Is there a test for GBS?
GBS can sometimes be detected during pregnancy during the course of testing for other infections. Typically, this will be as a result of taking a swab or urine specimen to rule out other infection. We do not offer routine screening for GBS for pregnant women/people because the current medical evidence suggests that this would not be beneficial. Routine screening is not currently recommended by the National Institute for Clinical Excellence (NICE) or by the Royal College of Obstetricians and Gynaecologists (RCOG).

What can be done to help reduce the risk of GBS?
In some circumstances, being given antibiotics during labour can help to reduce the risk of a baby developing GBS, therefore you may be offered antibiotics if:

- GBS has been found on a vaginal or rectal swab during the pregnancy (risk is 3 times higher).
- GBS has been found in a urine specimen during the pregnancy (risk is 4 times higher).
- You have previously had a baby with a GBS infection (risk is 10 times higher).
- You go into labour prematurely before 37 weeks gestation (risk is 3 times higher)
- You have had a higher temperature during labour (risk is 4 times higher).
- Your membranes have broken more than 18 hours before delivery (risk is 3 times higher).

Depending on your individual situation your doctor or midwife will discuss the option of antibiotic treatment in labour with you if it is appropriate.

What does antibiotic treatment involve?
If you need antibiotics during your labour, it is best that you start them as soon as possible. They need to be given at least 2 hours before delivery in order to give maximum protection to your baby. They will be given during your labour as necessary until the baby is born.

What if I need antibiotics in labour but do not receive them?
Antibiotics would have been recommended to reduce the risk of your baby being affected by GBS. If they have not been given or your baby is born within two hours of first dose being given, it will be recommended that your baby has close observations for a minimum of 12 hours and ideally 24 hours to look for possible signs of GBS infection. Your baby will be reviewed shortly after birth by a Paediatrician who can decide the best plan of care based on your individual circumstances.

What treatment is available for my baby?
If your baby shows any signs of a possible GBS infection, for example: any raised temperature, being pale of floppy, developing breathing problems or not feeding well, then your baby will receive antibiotics (Penicillin every 12 hours and Gentamicin every 36 hours) until it can be proven by blood tests they may not have GBS infection. It can take 36 hours for the results of blood tests to be available and the antibiotics would usually be continued at least until this time. Babies who are well and show no signs of GBS infection, do not routinely receive blood tests or antibiotics as close observation for signs of infection is felt to be the best option.

Are there any risks with antibiotics?
Very rarely some women/birthing people can have an allergic reaction to antibiotics which can cause severe illness. It is estimated that around 1 in 10,000 people may suffer anaphylaxis (a severe allergic reaction) which can rarely cause death. More commonly you can suffer temporary side effects such as nausea, diarrhoea or skin rash. Your doctor or midwife should discuss the benefits and risks of taking antibiotics before commencing treatment. You must inform your doctor or midwife if you have any known allergies to any medications.

What about when we go home?
There are two types of GBS infection:

1. Early onset within the first 7 days, but usually seen within the first 12 hours
2. Late onset- this occurs from 1 week to 1 month of age and is much less common

All parents need to watch out for signs of GBS infection in their babies. If you think your baby may be unwell, you should seek advice from a doctor immediately. If you have been told that you have GBS, it is important that you inform your doctor and let them know that you are GBS positive. Important signs to look for in your baby include:

- Breathing difficulties (they may make a grunting noise as they breathe out)
- Breathing very quickly
- Being unusually sleepy or irritable
- Not feeling well
- High temperature
- Vomiting
- Diarrhoea
- Bulging fontanelle (soft spot on top of baby's head)
- Being unusually stiff or floppy
- Turning away from bright lights
- Pale or blotchy skin

How can we monitor for signs of GBS?

Parents are the best people to notice any changes in their baby's behaviour. Sometimes these changes can be subtle and we recommend that you write down the observations to help you become aware of any significant changes.

1. Take your baby's temperature and breathing rate appropriately every 4 hours until your baby is 48 hours old
2. Watch for any signs of difficulty with breathing, for instance, baby may be working very hard to breathe or the chest wall may appear to be sucked in when taking a breath
3. Watch for any signs of baby's skin colour changing (becoming pale, white or less pink)
4. Look to see if your baby is unusually drowsy and difficult to wake up for feeds

A normal breathing rate for a newborn baby is between 40-60 breaths per minute (do not count the breathing rate just after the baby has been crying). A normal temperature is between 36.5° - 37.2°C. You may find it useful to document your findings on the following table:

Baby's age (hours)	Time of observation	Temperature	Breathing	Are there any breathing difficulties?	Are there any skin colour changes?	Is baby difficult to wake up or unusually drowsy?

Please call your midwife or the hospital straight away if you have any concerns or any of the observations are not in the normal range

- You can talk to your midwife or doctor, alternatively you can find more information at Group B Strep Support: www.GBSS.org.uk
- The Royal College of Obstetricians and Gynaecologist: www.RCOG.org.uk
- The National Institute for Clinical Excellence: www.nice.org.uk
- The National Childbirth Trust: www.NCTpregnancy and baby care.com

Reference:
Hughes R G et al (2003) Prevention of early onset of neonatal Group B Streptococcal Disease.
Royal College of Obstetrics and Gynaecologists
NICE Guidance CG149 Antibiotics for early onset of neonatal infection.

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.