



Live Well, Work Well

Health and wellness tips for your work, home and life—brought to you by the insurance specialists at Sullivan Benefits

While there is not yet a vaccine for Group B strep, the federal government is supporting research in order for a vaccine to be developed.

PREGNANCY: GROUP B STREP

Group B strep (GBS) is a common bacterial infection, and it is normal for people to be carriers of GBS. In adults with serious medical conditions, such as liver failure or cancer, GBS can cause dangerous infections, but most adults simply carry the bacteria with no adverse symptoms. However, this infection in pregnant women can cause serious problems.

During Pregnancy

GBS can be serious—even life-threatening—for newborns. The bacteria can spread to a baby during a vaginal delivery if the baby is exposed to fluids tainted with GBS.

Danger to Newborns

Most babies born to women carrying GBS are born healthy, but the few who become infected can become critically ill. This risk is highest for premature babies. In infants, GBS disease can take two forms:

Early-onset: This is the more common and serious form of GBS infection in infants. A newborn with this form typically becomes sick within hours to a week after birth. Infection usually begins with fever, difficulty feeding and lethargy. It can lead to life-threatening complications, such as inflammation of the lungs (pneumonia), inflammation of the membranes and fluid surrounding the brain and spinal cord (meningitis), or infection in the bloodstream (sepsis).

Late-onset: Late-onset GBS develops within a week to a few months after birth. Problems associated with this form can be similar to early-onset, but the impact is usually less severe.

Long-term effects of either type of GBS infection may include seizures, hearing loss or other neurological damage—particularly following meningitis.

Keeping Your Baby Safe

Most cases of GBS in infants can be prevented by

screening and antibiotic treatment during labor. The Centers for Disease Control and Prevention (CDC) recommends a GBS screening for all pregnant women between weeks 35 and 37. If a positive test indicates that you carry GBS, it means the potential for newborn infection exists. To protect your baby, you will be given an intravenous (IV) antibiotic when labor begins. Unfortunately, taking oral antibiotics ahead of time is not likely to help because the bacteria can return before labor begins. Antibiotic treatment during labor is also recommended for women who:

- Have a urinary tract infection caused by GBS
- Delivered a previous baby with GBS disease
- Develop a fever during labor
- Haven't delivered the baby within 18 hours of the membranes rupturing
- Go into labor before 37 weeks and haven't been tested for GBS

What to Expect

The baby will be carefully monitored after delivery. If your baby's doctor suspects a GBS infection, a sample of the newborn's blood or spinal fluid will be tested. If it comes back positive, the baby will be given IV antibiotics. In some cases, IV fluids, oxygen or other medications may be needed.