

## Basic info about Group B Strep

It's practically impossible to pick up a newspaper or magazine these days without coming across an article on the importance of a healthy microbiome for our overall health. If you've been educating yourself about the microbiome, you've probably learned that antibiotics are one of the things that can have a negative impact on it. You may have also read that when young babies are exposed to antibiotics, it can increase their risk for eczema, allergies, and asthma in childhood, and even obesity and diabetes later in life. So it's understandable that pregnant moms, and even some health care professionals, are concerned about antibiotic overuse, and are questioning the wisdom of universally giving antibiotics preventatively in labor to women found to have GBS colonization during routine pregnancy testing. But as a mom, it's a confusing decision – take the chance on the low likelihood of your baby developing a serious GBS infection if you don't do the antibiotics in labor, or take an antibiotic that can harm baby's microbiome.

<https://sierranaturalbirthcenter.com/wp-content/uploads/2017/02/Group-B-Strep-Aviva-Romm.pdf>

For a lot of parents, the risk of GBS is enough that antibiotics is the best alternative for them. It leaves them feeling more confident that their baby will be protected. Others may see the risks being so low, that they would rather avoid antibiotics that can risk their baby's future health and gut flora.

<https://www.thevbaclink.com/decrease-your-chances-of-gbs/>

Group B Streptococcus (*Streptococcus agalactiae*), or GBS for short, is one of the trillions of organisms that normally inhabit the human intestinal tract. By migration from the intestines, it colonizes the rectum, bladder, and vaginal tracts of many women and can thus be identified in cultures of combined rectal and vaginal swab samples. GBS doesn't seem to play a particularly beneficial role in human health, nor, when kept in check by healthy gut flora, does it usually cause harm. Colonization in the mother doesn't mean you actually have an infection; it just means the bacteria are present, which is the case for about 15% to 30% of pregnant women.

### A Summary of infection Stats...

If a pregnant woman carrying GBS is not treated with antibiotics during labor, the baby's risk of becoming colonized with GBS is approximately 50%. Note that most colonized babies do not develop GBS infection. The risk of a baby developing a serious, life-threatening GBS infection, according to the Centers for Disease Control and Prevention (CDC), is 1 to 2%. The mortality rate (number of babies that die) with early onset GBS infection is 2 to 3% for full-term infants (I know that sounds low, but as I always tell my patients, it's 100% if it's your baby), and as high as 20-30% for premature infants (born earlier than 33 weeks gestation). Over 1600 cases of early-onset infections occur in newborns annually, with about 80 deaths per year, despite antibiotic prophylaxis in labor. GBS infection in the newborn can lead to very long stays in the NICU (Neonatal Intensive Care Unit,) and up to 44% of infants who survive

GBS meningitis end up with long-term health problems, including developmental disabilities, paralysis, seizure disorders, hearing loss, and vision loss. If a GBS positive woman is treated with antibiotics during labor, her infant's risk of developing early onset GBS infection decreases by about 80%.

<https://sierranaturalbirthcenter.com/wp-content/uploads/2017/02/Group-B-Strep-Aviva-Romm.pdf>

## **So... What are the actual statistics and risks to the baby?**

15% - 30% of women are colonized meaning that their test result may come back positive at any point in time.

If not treated with antibiotics (for about 4 hours prior to delivery) there is about a 50% chance that baby will become colonized. COLONIZED, not SICK!

Approximately 1-2% of babies who are colonized will become ill. About 97-98% of those babies will recover by receiving antibiotic treatment themselves after delivery due to symptoms of illness.

If you receive antibiotics in labor there is an 80% decrease in the risk of your baby getting sick as a result of GBS infection.

## **Should I Just Skip the Test So I Don't Know if I'm Positive?**

Skipping the test to avoid a positive result is one strategy many women ask me about and it's something that many of my home birth midwifery clients chose to do. But here's the thing: If you don't know whether you are positive and you're having your baby in the hospital, or have to transport from a home birth to the hospital with any risk factors for GBS including early broken waters, prolonged broken waters (> 18 to 24 hours depending on your midwifery or medical practice), or an elevated temperature, you're still going to be prescribed the antibiotic. On the other hand, if you've been tested and have had a negative test result, then the antibiotic isn't indicated and you're sort of in the clear from the decision. So having a negative test result can actually be an advantage and can put your mind at ease if you're worried about being GBS positive. Further, if you are positive and know it, you can get educated about your decision, and will likely more mindful of signs of possible GBS infection in your baby, should you choose to forego the antibiotic. So while I am not saying everyone should get testing, simply declining the test to avoid knowing the results isn't necessarily more effective for avoiding the antibiotic in labor.

<https://sierranaturalbirthcenter.com/wp-content/uploads/2017/02/Group-B-Strep-Aviva-Romm.pdf>

Making a decision about GBS is one that can be very personal. Every decision we make has potential risks and benefits. Each family needs to decide for themselves the best course of action. And the best way to do this is through research. I encourage you to continue to research this topic and make a decision based on that research. Below are a few links to full articles about GBS. Please take the time to research these articles prior to making your decision about testing and treatment for Group B Strep.

**I have read about and researched the topic of GBS and have had my questions answered. I am making my decision with full understanding of the potential risks and benefits. My signature in my chart proves both my understanding and the choice that I have made.**

We encourage all clients to do more extensive research on the topic of Group B Strep when determining the course of treatment that they would like to pursue. We recommend that you read the full articles below in the course of your research.

<https://sierranaturalbirthcenter.com/wp-content/uploads/2017/02/Group-B-Strep-Aviva-Romm.pdf>

<https://wellnessmama.com/motherhood/avoid-gbs/>

<https://www.thevbaclink.com/decrease-your-chances-of-gbs/>

<https://evidencebasedbirth.com/groupbstrep/>

<https://www.ontariomidwives.ca/gbs>

<https://evidencebasedbirth.com/ebb-261-mini-qa-on-group-b-strep/>