GROUP B STREPTOCOCCUS

Awareness Month | July 2021

WHAT IS GROUP B STREPTOCOCCUS?

Group B streptococcus (GBS) is a type of bacteria that many people carry normally in their body. Most of the time the bacteria do not cause any symptoms or make people feel sick. **About 1 in 4 pregnant people carry GBS bacteria.**[1] Undiagnosed or left untreated, GBS in pregnancy can be dangerous since it can be passed to baby during birth and cause serious illness. In fact, GBS is the leading cause of newborn infection.[2] Racial disparities in GBS infection exist, with the incidence higher among African Americans.[3]

A pregnant person who tests positive for GBS and receives antibiotics during labor has only a 1 in 4,000 chance of delivering a baby who will develop GBS. If antibiotics are not delivered during labor, the chance of delivering a baby who will develop GBS is 1 in 200.[4]

GROUP B STREPTOCOCCUS IN PREGNANCY:

While GBS bacteria may not cause any symptoms during pregnancy, GBS has been associated with urinary tract infections (UTI) and uterine infection.

A pregnant person may experience typical UTI symptoms: frequent sometimes painful/burning urination, fever, backache; an asymptomatic UTI may be detected during a routine prenatal appointment. UTI caused by GBS may indicate unusually high levels of GBS bacteria in the body. A pregnant person diagnosed with a UTI caused by GBS should receive IV antibiotics during labor and delivery.

Uterine infection can be treated with oral antibiotics, and the infection usually goes away in a few days. Symptoms of uterine infection include fever, pain in the stomach, and increased heart rate. Without treatment, uterine infection during pregnancy may increase the chance of:

- Premature rupture of the membranes
- Preterm labor
- Stillbirth[5]

All pregnant individuals should receive routine screening for GBS the 36th through the 37th week of pregnancy. Those with a positive GBS screen should receive IV antibiotics during labor.

Receiving antibiotics during labor can prevent most early-onset GBS disease in newborns. Unfortunately, pregnant individuals who are positive for GBS cannot take antibiotics to prevent GBS disease in newborns ***before*** labor. Because GBS bacteria can grow back quickly, **antibiotics only help during labor.[6]**

HOW DOES GROUP B STREPTOCOCCUS AFFECT BABY?

Newborns who are exposed to GBS during labor and delivery can develop serious health issues such as meningitis, pneumonia, and sepsis[7]; and in 4-6% of cases, GBS can cause infant death.[8]

Early-onset GBS in newborns usually occurs in the first 24 hours after birth, up to the first week of life. In late-onset GBS, infants get sick between a week to a few months after birth. GBS symptoms can include irritability, lethargy, poor feeding, high fever, difficulty breathing, and/or blue-ish color to skin.[9] Additional risk factors for GBS early-onset disease include: preterm birth (>37 weeks gestation), very low birth weight, prolonged rupture of membranes, maternal fever (100.4 F or higher) during labor, or a previous delivery with a GBS infection.[10]

WHAT CAN PROVIDERS DO?

- Encourage early access to and consistent prenatal care.
- Encourage attendance of prenatal education classes.
- Screen every pregnant person for GBS between 36 and 37 weeks gestation.

1. Centers for Disease Control and Prevention, Group B Strep: Fast Facts and Statistics | CDC, 2020 **2.** American College of Obstetricians and Gynecologists, Prevention of Group B Streptococcal Early-Onset Disease in Newborns | ACOG, 2020 **3.** Centers for Disease Control and Prevention, Clinical Information about Group B Strep | CDC; 2020 **4.** Center for Disease Control and Prevention, Group B Strep: Fast Facts and Statistics | CDC, 2020 **5.** March of Dimes, Group B strep infection (marchofdimes.org), 2013 **6.** Centers for Disease Control and Prevention, Group B Strep: Fast Facts and Statistics | CDC, 2020 **7.** American College of Obstetricians and Gynecologists, https://www.acog.org/womens-health/faqs/group-b-strep-and-pregnancy ; 2019 **8.** Centers for Disease Control and Prevention, Group B Strep: Fast Facts and Statistics | CDC, 2020 **9.** Center for Disease Control and Prevention, Signs and Symptoms of Group B Strep | CDC, 2019 **10.** March of Dimes, Group B strep infection (marchofdimes.org), 2013

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July is Group B Streptococcus Awareness Month. The Kansas Department of Health and Environment (KDHE) created these graphics and sample posts to help raise awareness about Group B Strep. Posts can be customized to include your community-specific information. Hashtag suggestions:

SOCIAL MEDIA POSTS

1. 1 in 4 pregnant people carry a naturally occurring bacteria called Group B streptococcus (GBS). Undiagnosed or left untreated, GBS in pregnancy can be dangerous since it can be passed to baby during birth and cause serious illness. Attending all prenatal appointments is incredibly important. All pregnant persons should be screened for GBS by their provider at 36-37 weeks gestation.

2. Group B streptococcus (GBS) is the leading cause of newborn infections. Newborns exposed to GBS during labor and delivery can develop serious health issues such as meningitis, pneumonia, sepsis, and in some cases, death. Attending all prenatal appointments is very important. All pregnant persons should be screened for GBS by their provider at 36-37 weeks gestation. Those who are GBS positive will receive IV antibiotics during labor and delivery to prevent GBS infection of baby.

3. Group B streptococcus (GBS), a normally occurring bacteria, has been associated with urinary tract infections in pregnancy. Urinary tract infections caused by GBS may indicate unusually high levels of GBS bacteria in the body and the need for antibiotics during labor and delivery. Attending all prenatal appointments is very important as routine screening may identify GBS early in pregnancy.

4. Group B streptococcus (GBS), a normally occurring bacteria, has been associated with uterine infection during pregnancy and postpartum. Symptoms of uterine infection include fever, pain in the stomach and increased heart rate. Without treatment, a uterine infection may increase the chance of preterm labor and still birth. Attending all prenatal appointments and sharing any concerning symptoms with a provider is very important.

KANSAS MATERNAL & CHILD HEALTH
Kansas Department of Health and Environment
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