

Kona Birth & Midwifery Services

Informed Consent Group B Strep Screening

What is GBS?

According to the CDC there are 2 types of GBS: early-onset and late-onset

Early-onset occurs within the first week of life (Birth to day 6) and generally shows signs of concern within the first 48 hrs. **Late-onset** occurs after the first week (Day7 – Day 89) and can show up as much as 3 months after the birth.

Early-onset GBS is passed by the mother and is considered to be contracted during the birthing process whereas late-onset GBS can be passed by the mother through breastfeeding, but is more likely contracted from the environment. Early-onset will often respond to preventative antibiotic methods given in labor, however late-onset will not.

Group B Strep (GBS) is a normally occurring bacteria that lives in 10-30% of all healthy pregnant mother's intestines. GBS is found to migrate from the woman's digestive tract down to her genitals, urinary tract and rectum. This bacteria is transient and can occur intermittently or it can be chronic.

Colonization does not equal infection. Rarely are mothers affected. Newborns are also rarely affected, but exposure can occur. Exposure occurs after the onset of labor, during the birthing process and generally only after the membranes have been ruptured. Most babies born to GBS positive mothers do not have adverse affects, however up to 2% of babies can acquire infection.

Associated complications in the newborn include sepsis and pneumonia. Meningitis and death can occur, but is more aptly associated with late-onset GBS.

How do you test for GBS?

The GBS screen is a non-invasive swab which can be preformed by the mother and is recommended between 35-38 weeks gestation.

What if my GBS screen is positive?

If the test comes back positive this means you are a carrier of GBS. Untreated GBS can result in 1 out of every 200 babies contracting GBS during birth.

If you are positive for GBS this does not mean your baby will contract GBS.

You are more likely to be a carrier if you:

- have multiple sexual partners
- are African American
- have male-to-female oral sex
- have frequent or recent sex
- use tampons
- do not wash your hands
- are less than 20 years old

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The following are known to increase the risk of transfer from mother to baby:

- Preterm Birth (before 37 full weeks)
- Prolonged rupture of membranes (more than 18 hours before birth)
- Fever during labor
- Baby who weighs less than 5.5 pounds
- Prior baby with GBS infection
- GBS detected in the urine during pregnancy

10-30 % of all women screened will test positive

2% of babies will contract GBS; 5-22% of those babies suffer severe damage or die

98% will not get sick at all

How is GBS treated?

The CDC recommends routine antibiotic treatment in labor for all GBS carriers. IV penicillin is administered at the onset of labor and given every 4 hours until birth. If a mother is GBS positive and does not receive antibiotic treatment there is a 1 in 20% chance her baby will contract GBS. With antibiotic treatment the CDC states the chance of transfer is decreased to 1 in 20,000.

Risks of Antibiotic Treatment:

There are other risks, including allergy and pain at the IV site, but the two most concerning risks are:

- Development of a secondary yeast infection is very common often disrupting breastfeeding as the newborn is much more susceptible to thrush from contact with the yeast.
- Widespread use of antibiotics continues to increase the antibiotic resistant bacteria strains.

Are there any alternative treatments?

Yes, there are alternatives to antibiotic treatments.

What is Late- Onset GBS?

“A minority of infants with group B streptococcus (GBS) late-onset disease (LOD) are born to GBS-colonized mothers. Intrapartum prophylaxis does not appear to prevent late-onset GBS disease, implicating infected breast milk and nonsocial or community sources in these cases.”

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I have read and understand the risks associated with Group B Streptococcus. I understand and take full responsibility for the health of my child. I will be vigilant in care and ensure that if my baby displays any symptoms of GBS infection within the first 48 hrs. I will immediately seek further help from my pediatric provider. I also understand the signs and symptoms of late-onset GBS and will vigilantly care for my newborn and seek help immediately should these symptoms arise within the period of 90 days. I further understand that if I choose to decline antibiotic treatment and transport becomes necessary during labor, many hospitals will initiate IV antibiotic immediately regardless of the stage of labor or whether or not birth is imminent.

- I consent to GBS screening.
- I do not consent to GBS screening.

If my culture is positive for GBS, my decision regarding treatment is:

- To obtain an antibiotic prescription from a collaborating physician for administration during labor
- Decline treatment
- Choose an alternative option

Client's Signature

Date

Midwife's Signature

Date

<http://www.perinatology.com/protocols/GBS.htm>
<http://pediatrics.aappublications.org/content/early/2013/01/02/peds.2012-1231.full.pdf>
<http://evidencebasedbirth.com/groupbstrep/>