

Group B Streptococcus

At your 35 to 37 week visit, a vaginal culture will be performed by your provider. This does not require a speculum examination, but simply consists of placing the end of a moistened cotton swab just inside the opening of the vagina. This test is not painful and takes only a few seconds to perform. The reason for performing this test is to detect women who may be colonized or who are carriers of bacteria called Group B Streptococcus (GBS).

Approximately 15% of pregnant women will be colonized with Group B strep bacteria. The vast majority of these women have no symptoms of infection. In general, outside of pregnancy, this bacteria causes few symptoms or problems.

Why is it important to detect Group B during pregnancy?

It is important to detect GBS because approximately 11 per 1,000 infants born to mothers carrying the bacteria will become infected at birth. Certain factors such as prematurity, fever in labor, and prolonged rupture of the bag of waters or amniotic membranes can increase this risk. Newborn infants have very little immunity to this bacteria and a substantial proportion of those who contract the infection at birth can become severely ill with the dominant problems being pneumonia and/or meningitis.

What if the screen is positive?

Those who found to have a positive screen will be offered antibiotic therapy in labor. Penicillin or Ampicillin is generally administered intravenously every four to six hours once the membranes have ruptured, or once active labor has begun. The drug is discontinued once the baby has been born. If you are allergic to Penicillin, then another drug will be chosen. Penicillin and Ampicillin cross the placenta and good levels of antibiotic are found in the baby within 30 minutes of administration of the drug, providing the baby with protection during its journey down the birth canal. Cesarean section is not recommended as a way to prevent GBS infections since antibiotic treatment is much simpler and extremely effective.