

# Group B Streptococcus

## Fact Sheet



Maine Center for Disease  
Control and Prevention

An Office of the  
Department of Health and Human Services

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### What is Group B Streptococcus?

Group B streptococcus (group B strep) is a type of bacteria that causes illness in newborn babies, pregnant women, the elderly, and adults with other illnesses, such as diabetes or liver disease. Group B strep is the most common cause of life-threatening infections in newborns.

### What are the symptoms of group B strep in a newborn?

The symptoms for early-onset group B strep can seem like other problems in newborns. Some symptoms are fever, difficulty feeding, irritability, or lethargy (limpness or hard to wake up the baby). If you think your newborn is sick, get medical help right away.

### How does group B strep disease affect newborns?

About half of the cases of group B strep disease among newborns happen in the first week of life ("early-onset disease"), and most of these cases start a few hours after birth. Sepsis (infection of the blood), pneumonia (infection in the lungs), and meningitis (infection of the fluid and lining around the brain) are the most common problems. Premature babies are more at risk of getting a group B strep infection, but most babies who become sick from group B strep are full-term. Group B strep disease may also develop in infants one week to several months after birth ("late-onset disease"). Meningitis is more common with late-onset group B strep disease. Only about half of late-onset group B strep disease among newborns comes from a mother who is a group B strep carrier; the source of infection for others with late-onset group B strep disease can be hard to figure out. Late-onset disease is slightly less common than early-onset disease.

### How common is group B strep disease in newborns?

Group B strep is the most common cause of sepsis (blood infection) and meningitis (infection of the fluid and lining around the brain) in newborns. Group B strep is a frequent cause of newborn pneumonia and is more common than

other, more well-known, newborn problems such as rubella, congenital syphilis, and spina bifida.

### How is group B strep disease diagnosed and treated in babies?

If a mother received antibiotics for group B strep during labor, the baby will be observed to see if he or she should get extra testing or treatment. If the doctors suspect that a baby has group B strep infection, they will take a sample of the baby's sterile body fluids, such as blood or spinal fluid. Group B strep disease is diagnosed when the bacteria are grown from cultures of those fluids. Cultures take a few days to grow. Group B strep infections in both newborns and adults are usually treated with antibiotics.

### Can group B strep disease among newborns be prevented?

Yes! Most early-onset group B strep disease in newborns can be prevented by giving pregnant women antibiotics during labor. Antibiotics help to kill some of the strep bacteria that are dangerous to the baby during birth. The antibiotics help during labor only—they can't be taken before labor, because the bacteria can grow back quickly. Any pregnant woman who had a baby with group B strep disease in the past, or who now has a bladder (urinary tract) infection caused by group B strep should receive antibiotics during labor.

Pregnant women who carry group B strep (test positive during this pregnancy) should be given antibiotics at the time of labor or when their water breaks.

### How will I know if I need antibiotics to prevent passing group B strep to my baby?

You should get a screening test late in pregnancy to see if you carry group B strep. If your test comes back positive, you should get antibiotics during labor. If you had a previous baby who got sick with group B strep disease, or if you had a urinary tract infection (bladder infection) during this pregnancy caused by group B strep, you also need to get antibiotics when your labor starts.

## **How do you find out if you carry group B strep during pregnancy?**

National guidelines recommend that a pregnant woman be tested for group B strep in her vagina and rectum when she is 35 to 37 weeks pregnant. The test is simple and does not hurt. A sterile swab (“Q-tip”) is used to collect a sample from the vagina and the rectum. This is sent to a laboratory for testing.

## **What happens if my pregnancy screening test is positive for group B strep?**

To prevent group B strep bacteria from being passed to the newborn, pregnant women who carry group B strep should be given antibiotics at the time of labor or when their water breaks.

## **Are there any symptoms if you are a group B strep carrier?**

Most pregnant women have no symptoms when they are carriers for group B strep bacteria. Sometimes, group B strep can cause bladder infections during pregnancy or infections in the womb during labor or after delivery.

Being a carrier (testing positive for group B strep, but having no symptoms) is quite common. Around 25% of women may carry the bacteria at any time. This doesn’t mean that they have group B strep disease, but it does mean that they are at higher risk for giving their baby a group B strep infection during birth.

## **What if I don’t know whether or not I am group B strep positive when my labor starts?**

Talk to your doctor about your group B strep status. Pregnant women who do not know whether or not they are group B strep positive when labor starts should be given antibiotics if they have:

- labor starting at less than 37 weeks (preterm labor);
- prolonged membrane rupture (water breaking more than 18 hours before labor starts);
- fever during labor.

## **What are the risks of taking antibiotics to prevent group B strep disease in my newborn?**

Penicillin is the most common antibiotic that is given. If you are allergic to penicillin, there are other antibiotics that can be given. Penicillin is very safe and effective at preventing group B strep disease in newborns. There can be side

effects from penicillin for the woman, including a mild reaction to penicillin (about a 10% chance). There is a rare chance (about 1 in 10,000) of the mother having a severe allergic reaction that requires emergency treatment.

However, a pregnant woman who is a group B strep carrier (tested positive) at full-term delivery who gets antibiotics can feel confident knowing that she has only a 1 in 4,000 chance of delivering a baby with group B strep disease. If a pregnant woman who is a group B strep carrier does not get antibiotics at the time of delivery, her baby has a 1 in 200 chance of developing group B strep disease. This means that those infants whose mothers are group B strep carriers and do not get antibiotics have over 20 times the risk of developing disease than those who do receive treatment.

## **What should I do if my water breaks early?**

If your water breaks before term, get to the hospital right away. If your group B strep test has not been done, or if you don’t know if you have been tested, you should talk with your doctor about group B strep disease prevention. If you have already tested positive for group B strep, remind the doctors and nurses during labor.

## **Group B strep in Maine**

Investigations of group B strep are focused on infants aged less than one year to identify and better understand risk factors associated with these infections. For specific information on the number of group B strep infections reported in Maine, please visit the Maine CDC website: <http://www.maine.gov/dhhs/boh/newpubs.htm> and refer to the Infectious Disease Epidemiology Program Documents.

## **Where can I get more information?**

For more information contact your healthcare provider or local health center. You can also contact the Maine Center for Disease Control and Prevention by calling 1-800-821-5821. The federal Centers for Disease Control and Prevention website - <http://www.cdc.gov> - is another excellent source of health information.