Screening for Group B Streptococcus (GBS)

GBS is the leading cause of life-threatening perinatal infections in the United States. Neonatal infections are classified by timing of onset (before or after 7 days of life) and by GBS types. Regardless, infections range in severity from respiratory distress, pneumonia, and cutaneous infection to osteomyelitis, meningitis and generalized sepsis (a serious blood infection). An estimated 5000 neonatal deaths per year are attributable to GBS.

A variety of protocols for testing for the presence of the infection have been suggested. No one method of testing has been found to be superior. This is because GBS is usually asymptomatic. It is frequently harbored in the genitourinary (genital and urinary) and gastrointestinal tracts of adults. It is estimated that between 3-30% of all pregnant women may colonize this bacteria, meaning it is not always present on a routine basis but may be present sometimes. The controversy is how to adequately screen all women, identify those at risk and decrease infections in babies at a reasonable expense.

To aid in decreasing the transmission to infants at birth, we have chosen to follow these guidelines:

1. **All pregnant women will have a culture at 35-37 weeks to determine if GBS is present. Those testing positive will receive treatment in labor.**

2. **Women presenting in preterm labor (before 36 weeks) or women on whom culture results are not available will receive treatment for GBS at that time.**

3. **Women who evidence GBS on routine urine culture will receive treatment in labor.**

It is important to realize that while GBS may cause various infections in women (urinary tract infections, uterine infections, wound infections) and may be found in the genital tract, it is not currently considered a traditional sexually transmitted disease. Having a positive culture should not carry any "stigma" because, as previously stated, many women <u>normally</u> have the bacteria present in their system. Those women who colonize GBS cannot "wipe it out" for life with a course of antibiotics. We can only recognize those people at risk for <u>possibly</u> transmitting it to their babies at birth and treat them accordingly.