



*Evidence that Empowers!*

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## Question: What is Group B Strep?

**Answer:** About 10% to 30% of pregnant people carry Group B Streptococcus (GBS)—a bacteria—in their bodies. Most people with GBS do not have symptoms. In newborns, GBS can cause sepsis (infection of the blood after birth), meningitis, and pneumonia. Early GBS infection in newborns is thought to begin before birth, when GBS is transferred from the mother to fetus in utero, usually after the water breaks.

## Question: What is the risk of a newborn becoming infected with GBS?

**Answer:** If someone who carries GBS is not treated with intravenous (IV) antibiotics during labor, the baby's risk of developing a life-threatening GBS infection is 1% to 2%. If someone who carries GBS is treated with antibiotics during labor, then the risk of their baby developing an early GBS infection drops to about 0.2%.

## Question: What is the evidence on screening everyone for GBS and treating people who are positive with IV antibiotics during labor?

**Answer:** In the United States, the Centers for Disease Control (CDC) recommends a universal screening approach for GBS during pregnancy because it has been associated with fewer early GBS infections compared to giving antibiotics based on risk factors alone. The current CDC recommendation is that the following people receive IV antibiotics every 4 hours during labor to prevent early GBS infection:

- People who have GBS in their urine at any time during the current pregnancy
- People who have had a previous infant with GBS infection
- People who screen positive for GBS colonization 35-37 weeks of pregnancy (unless a Cesarean is done before the water breaks)
- People without screening results who are <37 weeks gestation, have their waters broken for  $\geq 18$  hours, or have a temperature  $\geq 100.4$  F ( $\geq 38.0$  C)

## Question: How do antibiotics during labor affect a newborn's microbiome?

**Answer:** Studies have found that IV antibiotics during labor or during a Cesarean probably affect the infant's microbiome by decreasing beneficial bacteria and increasing potentially harmful bacteria. However, this effect seems to be temporary for most infants, and the negative effect is lessened when the infant is exposed to vaginal birth and/or breastfeeding.

## Question: Is there anything other than IV antibiotics that works to get rid of GBS?

**Answer:** Taking probiotics (lactobacilli) may lessen your chances of being colonized with GBS. The first randomized trial on using probiotics to reduce GBS colonization in pregnant people was published in 2016. They found that when GBS positive people took probiotics, 43% of them became GBS negative by the time of birth. In contrast, when people who were GBS positive who took a placebo, only 14% of them were negative by the time of birth. As far as other alternatives go, washing the vagina with Chlorhexadine during labor has not been shown to be effective in randomized trials. We do not have evidence on the safety or effectiveness of garlic.

## Question: What is the bottom line?

**Answer:** In the U.S., screening and treating for Group B strep is recommended by the CDC. We need more research on whether taking probiotics throughout pregnancy can decrease your chances of screening positive.

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“Penicillin rapidly crosses the placenta into the fetal circulation (at non-toxic levels) and can prevent GBS from growing in the fetus.”

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