Group B Streptococcus (Group B Strep) is a naturally occurring bacterium which can occasionally live in the human body (usually within the digestive system and vagina). It normally does not cause any harm or symptoms in most adults. Approximately 20% of pregnant women carry Group B Strep at any one time, but the bacteria comes and goes very easily, usually with no treatment needed.

Approximately 1 in 2,000 babies may develop an infection due to Group B Strep during their first week of life. It is thought that this may develop as a result of the baby passing through the birth canal when Group B Strep is present.

Only 36% (36 in every 100) of babies born to mothers with Group B Strep present in their vagina will have traces of Group B Strep on their skin. Only 1% (1 in every 100) of babies may become unwell with an infection caused by Group B Strep.

Most Group B Strep infections occur in babies who are born prematurely; babies born after the waters have been broken for a prolonged period of time; or in babies whose mothers have had a high temperature during labour.
How is Group B Strep detected during pregnancy?

Group B Strep may be detected during the routine urine test usually taken at your first appointment with your midwife.

If you have symptoms of a urine infection or green, brown or smelly vaginal discharge during your pregnancy, your midwife or doctor may recommend that a swab is taken from your vagina to test for an infection. Occasionally Group B Strep is detected in this way, but this is not a routine procedure.

Do you offer a screening test for Group B Strep at any other time during pregnancy?

No. National guidance within the United Kingdom (which is based on the best available research) does not recommend that we routinely screen pregnant women for Group B Strep. This is because there is not enough evidence to show any benefit of screening.

Screening does not predict whether you will carry Group B Strep at the time of your labour, because the bacteria comes and goes from the body quickly. If we did screen every woman, lots of women would receive antibiotics unnecessarily, which poses a number of risks and concerns.

Screening has not been shown to reduce or prevent the chance of very serious outcomes or long term problems for babies, and is therefore not considered to be of any benefit.
Group B Strep has been found in my urine or on a swab during this pregnancy; why have I been recommended to have antibiotics during labour?

Most babies do not become ill if they pick up the Group Strep B bacteria, but a very small number may. Giving you antibiotics during your labour may reduce the chance of your baby developing an infection from Group B Strep during the first 7 days of their life. If a baby becomes unwell after 7 days of age it is not likely to be because of Group B Strep passed on from their mother.

Group B Strep was found in my last pregnancy, should I have antibiotics this time?

No, not if your baby was well following the birth last time. However, if your previous baby became unwell with a Group B Strep infection during their first 7 days of life, there is a higher chance of this happening again. We would therefore recommend that you have antibiotics during this labour. You will also be offered antibiotics in labour if you have a new diagnosis of Group B Strep during your current pregnancy.
How are the antibiotics given?

You will only need the antibiotics when you are in established labour (you are contracting regularly and are more than 4cm dilated), but do let the midwives know you require antibiotics when you first phone the hospital.

The antibiotics you have during labour are given through a drip into a narrow tube (cannula) into a vein in your arm or hand. This is called intravenous antibiotics. You will have a first dose (also known as a loading dose) of antibiotics when you first arrive at the hospital in established labour, then a further dose every four hours until your baby is born. You may be able to have the cannula removed and replaced for each dose of antibiotics, if you would prefer, however this is something you may wish to discuss with your midwife at the time.

If I have Group B Strep when I go into labour, where am I recommended to give birth?

We recommend that you give birth to your baby either at The Spires midwifery-led Unit (on Level 7 of the John Radcliffe Hospital, Oxford), the Delivery Suite at the John Radcliffe Hospital (Oxford) or the Horton Maternity Unit (Banbury). This is because we have the facilities to give you the intravenous antibiotics during your labour and there is also access to a paediatrician (baby doctor) if your baby does become unwell from Group B Strep during their first hours of life.
What if I want to give birth at home or in a midwifery-led unit such as Chipping Norton, Wallingford or Wantage?

If you would like to give birth at home or in one of the midwifery-led units, but you are being advised to give birth within the hospital, please speak to your midwife. She will arrange for you to meet with the manager of the midwifery-led unit or a consultant midwife, to discuss your preferences and make a plan with you.

Can I use the birthing pool?

Yes. There are no known risks associated with using the birthing pool if you have Group B Strep.

How will my baby be monitored during labour?

If your pregnancy has been straightforward and there have been no complications, your baby’s heartbeat will be monitored intermittently. If there are concerns about your baby’s heartbeat, you will be transferred to Delivery Suite, where we can continuously monitor your baby’s heartbeat.
I am having a planned Caesarean section – do I need antibiotics?

No, because your baby will not pass through your vagina, which is where the Group B Strep bacteria could be present.

What happens after my baby is born?

After the birth of your baby we recommend that your baby has their heart rate, breathing and temperature checked for between 12-24 hours, to watch for any signs of infection. If after 24 hours your baby remains well, with no other issues, your midwife may be able to discharge you. They will give you further advice to follow when you get home.

Who to contact

If you have any concerns or questions, please ring your GP or Community Midwife.

For urgent advice please call the:

John Radcliffe Maternity Assessment Unit
Tel: 01865 220 221
(24 hour)

Or

Horton Delivery Suite
Tel: 01295 229 459
(24 hour)
If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call 01865 221 473 or email PALSJR@ouh.nhs.uk