



## If you have a positive Group B Strep Result.....

Group B Streptococcal or GBS is rarely serious in adults, but can be potentially serious for newborns. Many people carry GBS in their bodies but do not become ill or have symptoms. They are considered “carriers”. GBS is NOT a sexually transmitted disease.

One of every four or five pregnant women carries GBS in the rectum or vagina. Current recommendations for the prevention of neonatal GBS infection include culturing all pregnant women (at 35-37 weeks’ gestations) for GBS in order to identify women at risk for transmitting GBS to their babies.

A positive culture result means that the mother carries GBS. Treatment is readily available and very safe. Intravenous (IV) antibiotics are administered to the mother during labor or with the rupture of membranes (water breaking). Taking oral antibiotics prior to labor is not effective in preventing GBS infection in the newborn. If a pregnant woman carries GBS in her vagina or rectum at the time of labor and delivery, and is not treated, there is a 1 in 200 chance that her baby will become sick from GBS infection. When IV antibiotics are administered, the chances drop to 1 in 4000.

It is important that you call us if you suspect that you have broken your water or if you start having painful and regular contractions – even if you have not broken your water. Identify yourself as having a positive GBS culture. There is an increased risk of GBS infection in the newborn after membranes have ruptured. You will be asked to go Labor and Delivery at the hospital immediately. Once it is confirmed that your membranes have ruptured, your intravenous antibiotics will be started.

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