

Group B Streptococcus (also called GBS or Strep B) is a bacterium carried by up to 30 per cent of people without causing harm or symptoms. In women it is found in the intestine and vagina and causes no problem in most pregnancies. In a very small number it infects the baby, usually just before or during labour, and can lead to serious illness.

Treatment for GBS

In some circumstances antibiotics can reduce the risk of a baby developing GBS. You should be offered antibiotics during labour if:

- You have previously had a baby with invasive GBS infection
- GBS has been found in your urine in your current pregnancy
- GBS has been found on swabs from your vagina which have been taken for another reason during this pregnancy
- You have a high temperature during labour
- If you have an infection of the membranes around the baby (Chorioamnionitis)

Your obstetrician or midwife will assess whether you need to be given antibiotics during labour. If you need antibiotics, they will be given through a vein (intravenously).

Screening for GBS

In Northern Ireland, as in the rest of the UK, routine testing for GBS in pregnancy is not currently recommended because there is insufficient evidence to support it. This position is kept under regular review.

If you are concerned about GBS, discuss it with your doctor or midwife.

More useful links

- [Group B Strep Support website](#)
- [nidirect - Group B Streptococcus and pregnancy](#)
- [PI GroupB streptococcus \(GBS\) infection in newborn babies.pdf](#)

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