

## HKSH Obstetrics & Gynaecology Centre

### Happy Valley

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### Service Hours

Monday to Friday: 9:00 am – 5:00 pm  
Saturday: 9:00 am – 1:00 pm  
Closed on Sundays and Public Holidays  
Consultation by Appointment



# Group B Streptococcus (GBS)

## WHAT YOU NEED TO KNOW



For enquiries and appointments,  
please contact us

## What Is Group B Strep?

Group B streptococcus (GBS) is a type of bacteria that can cause serious illness and death in newborns. Until recent prevention efforts, around hundreds to thousands of babies died from group B strep every year worldwide.

## What happens to babies born with the GBS bacteria?

GBS is the most common cause of sepsis (blood infection) and meningitis (infection of the fluid and lining around the brain) in newborns. Most newborn disease is 'early onset' which happens within the first week of life.

## Why do I need to get tested for GBS during each pregnancy?

GBS can be passed from a woman who is a carrier for the bacteria to her baby during vaginal birth. According to local studies, around 10% of pregnant women are carriers of GBS. Hence, pregnant women should have screening for GBS at 35 to 37 weeks of gestation. Samples should be obtained from low vagina and rectum for culture. The report will be available within one week.

For those who go into labour without such GBS screening, samples can also be obtained from low vagina and rectum for a rapid test to screen for GBS. The test results are available within a few hours.

## How can GBS disease in babies be prevented?

Most early onset GBS disease in newborns can be prevented by giving antibiotics through the vein during labour to the mothers who are GBS carriers. Also, any pregnant woman who has had a baby in the past with GBS disease, or who now has a bladder (urinary tract) infection caused by GBS should receive antibiotics during labour.

## How does someone get GBS?

Anyone can be a "carrier" for GBS. The bacteria are found in the gastrointestinal tract (guts) and may move into the vagina. It is not a sexually transmitted disease (STD). Most carriers do not have symptoms or know that they carry these bacteria if they do not have a test during pregnancy.

## If I know that I am a GBS carrier, why can't I just take antibiotics now?

For women who are GBS carriers, antibiotics before labour are not a good way to get rid of the bacteria. Because they naturally live in the gastrointestinal tract (guts), the bacteria often come back after antibiotic treatment. Antibiotics during labour are effective at protecting the baby because they greatly reduce the amount of bacteria the baby is exposed to during labour. Even if you were a carrier in your last pregnancy, you may not need antibiotics for this pregnancy if you are not a carrier now. Therefore, it is important to get tested during every pregnancy.

## What do I need to do during pregnancy or labour if I am GBS positive?

Discuss with your doctor and create a labour plan that includes receiving antibiotics for GBS prevention in your newborn. When your water breaks, or when you go into labour, make sure to get to the hospital as soon as possible. When you get to the hospital, remind the staff that you are a GBS carrier. Based on research data, the use of intravenous antibiotics for four hours or more prior to delivery benefits the baby most.

For more information, please consult your doctor.