

Group B Strep



Group B Streptococcus (GBS) is one of the many bacteria that normally live in our bodies and which usually cause no harm.

GBS is carried in the vagina and rectum of 2–4 in 10 women (20–40%) in the UK. GBS is not a sexually transmitted disease and most women carrying GBS will have no symptoms.

Carrying GBS is not harmful to you but it can affect your baby around the time of birth.

GBS can occasionally cause serious infection in newborn babies, and, very rarely, during pregnancy and before labour.

Screening for GBS is not routinely offered to all pregnant women in the UK.

If you carry GBS, most of the time your baby will be born safely and will not develop an infection. However, it can rarely cause serious infection such as sepsis, pneumonia or meningitis.

This means the chance of overtreatment is extremely high. The new analysis shows that, “in 2014-15, under risk based prevention, 138 933 term pregnant women were colonised with GBS, but only 350 term neonates developed early onset infection, meaning screening would have led to overtreatment of 138 583 (99.75%) women in labour.” (Seedat et al 2019) - Sarah wickham (ref.4)

Most early-onset GBS infections are preventable.

If GBS is found in your urine, vagina or rectum (bowel) during your current pregnancy, or if you have previously had a baby affected by GBS infection, you will be offered antibiotics in labour to reduce the small risk of this infection to your baby.

The risk of your baby becoming unwell with GBS infection is increased if your baby is born preterm, if you have a temperature while you are in labour, or if your waters break before you go into labour.

If your newborn baby develops signs of GBS infection, they will be offered antibiotics straight away.



Its important to acknowledge a baby's microbiome. Giving antibiotics to women in labour can interfere with the development of a baby's microbiome.

"Recent research shows that not only are bacteria beneficial, but they need to be passed on to the baby during birth via its mother's vagina and have an important part to play in future health, especially relating to the gut and digestion, but in many other areas of wellbeing as well."(Wickham 2019)

References & important resources to read :

1. <https://www.rcog.org.uk/for-the-public/browse-all-patient-information-leaflets/group-b-streptococcus-gbs-in-pregnancy-and-newborn-babies>
2. <https://www.sarawickham.com/gbse/>
Dct Sarah Wickham has written a book on GBS, she also has lots of valuable information on her website. Please read it and weigh up your choices.
3. <https://www.sarawickham.com/research-updates/whether-and-how-to-treat-group-b-strep-the-continuing-gulf-between-evidence-and-practice>
4. <https://www.sarawickham.com/research-updates/potential-harms-of-gbs-screening-outweigh-benefits/>
5. Evidence based birth: <https://evidencebasedbirth.com/groupbstrep/>

"Midwife Nadia says "Group B Strep is very transient. If women choose to be tested for it, we can discuss optimal times for testing this, as well as options for monitoring your baby post birth."