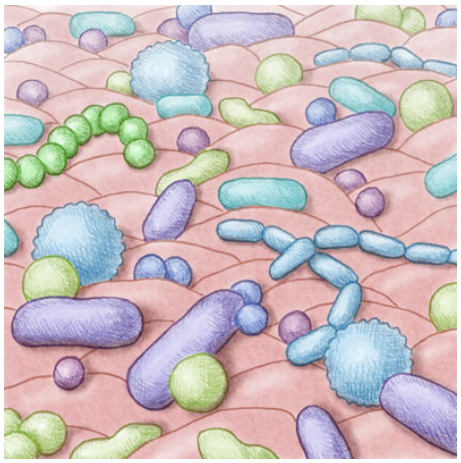
Visual Tools

to Support Informed Choice

GBS

(Group B Strep)



This pamphlet uses visual tools to support your informed choice discussion with your midwife. To learn more about GBS and other informed choice topics, visit **uoft.me/visualtools**.

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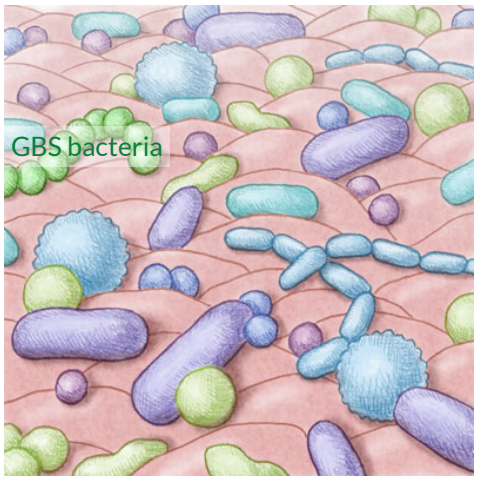
Group B Streptococcus, or GBS, is a type of bacteria that can live in the vagina. It is not the same type of Streptococcus that causes Strep throat. In fact, GBS does not usually make you sick. The reason GBS is a concern for pregnant women is that, in very rare cases, the GBS bacteria can get into the baby and cause serious illness.



The vagina has its own "colony" of bacteria that help you to stay healthy. **As the baby passes through your vagina during birth, she becomes coated in your vaginal fluids, which contain many different types of bacteria.** Some of this fluid and bacteria will also enter the baby's mouth, and colonize her gut. Depending on how many GBS bacteria are in your vagina at that moment, GBS may be among the bacteria that enter your baby's body.

If you test positive for GBS, your midwife will give you the option of taking intravenous (IV) antibiotics during labour. **The main benefit of antibiotic treatment is that it is scientifically proven to reduce the amount of GBS in your body, making it much less likely to get into your baby during birth.** However, there are downsides to antibiotics as well. These include:

- Less exposure to good, healthy bacteria for your baby
- Risk of yeast infection or rash for you and your baby
- Risk of your baby developing asthma and/or allergies
- Increased resistance to antibiotics in GBS bacteria

If you decide against antibiotic treatment, you may want to look into probiotics and other natural remedies. Probiotics are safe for pregnant women, whether you take supplements, or eat foods that contain them. Foods like yogurt, garlic, and honey are generally good for you and can help you maintain a healthy balance of bacteria in your body, which you can then pass on to your baby during birth.

If you are colonized by GBS, there are certain factors that may raise the risk of your baby getting sick from GBS (see next page). Be sure to talk to your midwife about these risk factors before you decide whether or not to go on antibiotics.

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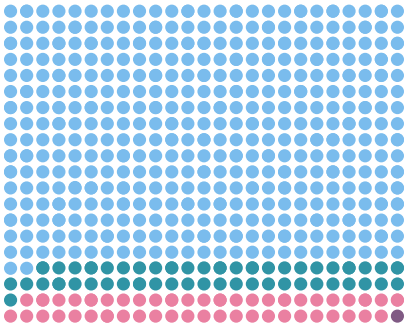
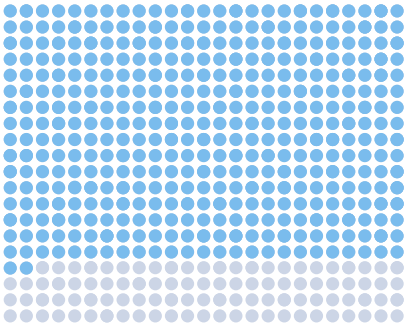
The statistics around GBS vary depending on a number of factors. These graphics break down the rates of different possible events associated with GBS so that you can understand what these numbers might mean for you and your baby.

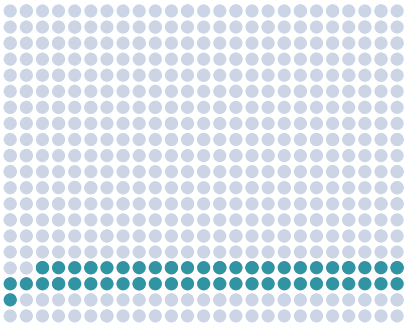
This graph represents a group of 500 Ontario women. Each colour represents a different outcome, as shown to the right.



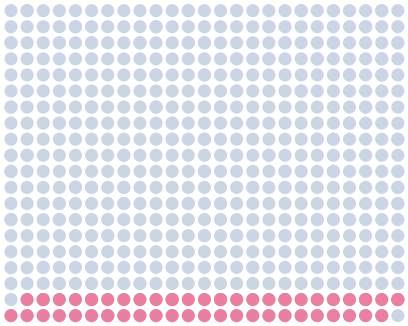
Out of 500 Ontario women who are tested at 36 weeks, about 402, or **80.4%**, are **negative** for GBS.



Out of the same group of 500, about 49 women, or **9.8%**, are positive for GBS, but **do not** pass the bacteria on to their babies.



48 women, or **9.6%**, are positive for GBS and **do** pass the bacteria on to their babies during birth, but their babies are **not infected** with early onset GBS disease (EOGBSD).



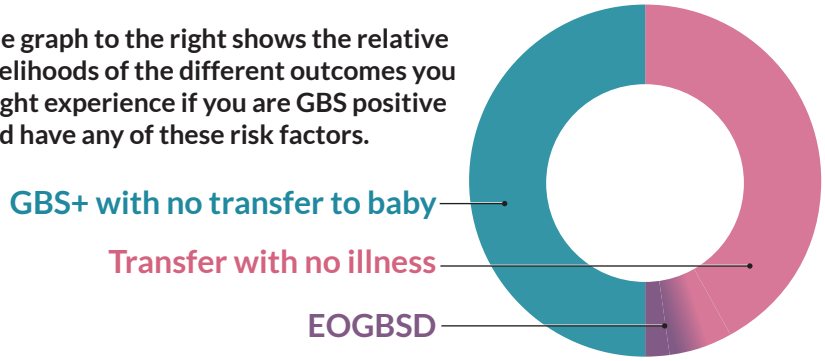
1 woman in the group, or **0.2%**, has a baby who is **infected with early onset GBS disease (EOGBSD).**

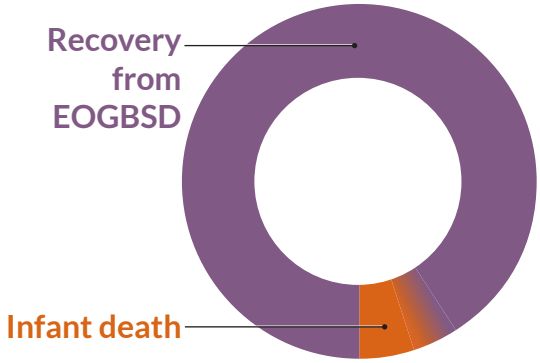
If you test positive for GBS, the average risk of your baby getting EOGBSD is about 0.5%. **However, this risk may be higher if you have any of the following risk factors:**

- if you have a fever during labour
- if you have a preterm birth (before 37 weeks)
- if your water breaks over 18 hours before the baby is born
- if your baby has a low birth weight (less than 2.5kg)
- if you have GBS in your urine during pregnancy
- if you have had a baby with EOGBSD before

The graph below shows that, among the rare cases of EOGBSD, about **5-9%** of babies do not survive. **Almost all of the babies who die from EOGBSD are born preterm.**

The graph to the right shows the relative likelihoods of the different outcomes you might experience if you are GBS positive and have any of these risk factors.





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Worksheet

Below, you can check off which statements apply to you and use this to frame future discussions with your midwife.
Visit uoft.me/visualtools to learn more about GBS.

- ☐ I did not/will not get tested for GBS
  - ☐ I will consider antibiotics if I have one or more risk factors
  - ☐ I definitely do not want antibiotics
  - ☐ I will use probiotics and/or natural remedies
- ☐ I tested negative for GBS
  - ☐ I will consider antibiotics if I have one or more risk factors
  - ☐ I definitely do not want antibiotics
  - ☐ I will use probiotics and/or natural remedies
- ☐ I tested positive for GBS
  - ☐ I will have antibiotics even if I do not have any risk factors
  - ☐ I will consider antibiotics if I have one or more risk factors
  - ☐ I definitely do not want antibiotics
  - ☐ I will use probiotics and/or natural remedies

Questions for my midwife: _____

_____

I am concerned about:

_____

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_____

I want to learn more about:

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References

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About this pamphlet

The Visual Tools pamphlets originated as part of a Master's research project comprising a series of printed pamphlets and corresponding web modules focusing on specific informed choice topics in midwifery care. The web modules offer more detailed information on each topic, including additional illustrations, and can be accessed at **uoft.me/visualtools**. The project was completed by Amanda Montañez (**amandamontanez.com**) with the support of the MScBMC program at the University of Toronto.

Master of Science in
Biomedical Communications

Institute of Medical Science
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