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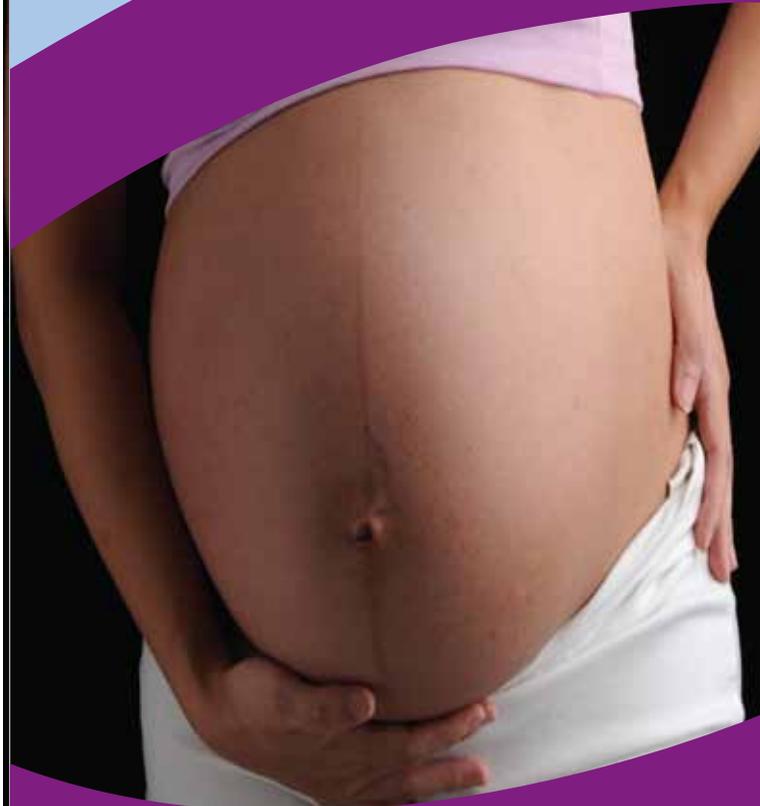
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NUH Women's Centre
 Is My Answer

Group B Streptococcus (GBS) screening in mothers

What is Group B streptococcus?



Group B Streptococcus (GBS) is a common bacterium found in the genital tract and gut of about 16% - 24% of women. It is harmless and is not a sexually transmitted disease. The carrier status may also change over time. Women who are GBS carriers usually do not develop any symptoms.

How is GBS detected?



GBS can be detected in swabs taken from the genital region at 35-37 weeks of your pregnancy. Screening for GBS status is not 100% accurate.

Should I be screened for GBS if I am having a planned caesarean section?



At National University Hospital, we offer universal screening for GBS for mothers who are hoping for a normal vaginal delivery.

However, if you are planning for a caesarean section for any particular reason, you do not need to be screened for GBS. The risk of GBS transmission to the baby is highest during vaginal delivery.

What are complications of maternal GBS colonisation on babies who undergo vaginal delivery?



The majority of babies who are born via normal vaginal delivery to mothers who are GBS carriers, are not affected by GBS.

The incidence of GBS infection in newborns is less than 0.2 per 1000 live births in Singapore. Furthermore, the majority of the newborns who are affected are preterm babies.

GBS infection is usually in the form of pneumonia (infection of the lung), or meningitis (infection of the lining of spinal cord). In a small number of cases, GBS infection can be severe and life-threatening.

What happens if GBS is detected in my current pregnancy? What should I expect when I go into labour?



You will be given antibiotics at least 4 hours before delivery to ensure adequate coverage.

Please inform your doctor if you have an allergy to any antibiotic.

What happens if I do not receive adequate antibiotic coverage during my labour if I am found to be GBS positive?



If you do not receive adequate antibiotic coverage, your baby will be observed for 24 - 48 hours before discharge.

If your baby is delivered less than 4 hours after you have received antibiotics, blood tests will be performed on him/her. Antibiotics will be given until the results show that there is no bacterium detected in your baby's blood (usually around 48 hours). If the blood tests are abnormal, treatment will be given to your baby accordingly.

What are the side effects of antibiotics to me or to my baby?



Allergic reactions may occur if you are not aware that you are allergic to the antibiotic that we give you. In rare cases, the reaction may be severe.

The common side effects include nausea or diarrhea.

Can I still breastfeed if I am found to be a carrier of GBS?



Yes, you can. There is no evidence to show an increased risk of GBS transmission to babies via breastfeeding.

Would GBS carrier status affect my future pregnancies?



GBS carrier status may change over time. This means that GBS in this current pregnancy may not affect your future pregnancy.

However, if your baby has been affected by GBS, prophylactic antibiotics should be given to you during labour for your subsequent pregnancies.

