Group B streptococcus (GBS) is a Gram positive bacterium that colonises the gastrointestinal and genitourinary tract (Morgan et al 2021). This is ordinarily not harmful or associated with any symptoms whereby approximately 14% of women in the UK carry the bacteria (Colbourn et al 2007). However this has the potential to cause serious infection to neonates post-delivery and very rarely during pregnancy (Royal College of Obstetricians and Gynaecologists 2017).

GBS is identified as a leading causes of infectious neonatal morbidity and mortality, with approximately 1 in every 1,750 new-born babies in the UK and Ireland diagnosed with early onset GBS infection (NHS 2018 [A], NICE 2015) .

There are three types of perinatal GBS, these include;

Prenatal-onset GBS: before birth

Early-onset GBS: within the first 6 days of life

Late-onset GBS: between 7 days of age until 6 months (GBS after 3 months of age is extremely rare)

(NHS 2018 [B])

Infants at a greater risk of contracting GBS include those born prematurely or whose sibling previously developed GBS. Risks are also enhanced if a fever is experienced by the woman during labour, her waters ruptured for more than 24 hours before delivery or they are diagnosed as positive within pregnancy (Royal College of obstetricians and gynaecologists 2017).

Currently within the UK routine GBS screening is not offered, but this maybe diagnosed during a vaginal swab or urinary test undertaken for alternative reasons (Bevan et al 2019). If GBS is identified before delivery or a woman’s previous infant has experienced GBS, IV antibiotics will be administered during labour and an in-patient stay will be required for at least 12 hours post-delivery, to monitor the infant (NHS 2021).

GBS can cause sepsis, pneumonia or meningitis in an infant. Infants may demonstrate the following signs of infection:

Noisy breathing, grunting or tachypnoea

tachycardia

Sleepy

Excessive crying

Floppy

Difficult to feed

Fever

Low blood pressure

Low blood sugars

(NHS 2018 [B])

Prompt treatment can assist to reduce the impact of the infection. This is particularly important as 7% of infants who develop GBS have a risk of a long-term physical or cognitive disability and 5% mortality (Royal College of obstetricians and gynaecologists 2017). It is therefore important that health visitors are able to advise parents in relation to GBS so appropriate treatment can be obtained.

Bevan D, White A, Marshall J et al (2019) Modelling the effect of the introduction of antenatal screening for group B streptococcus (GBS) carriage in the UK. BMJ. 9: e024324

Colbourn T, Gilbert R (2007) [An overview of the natural history of early onset group B streptococcal disease in the UK](http://www.ncbi.nlm.nih.gov/pubmed/17300884). Early Human Development 83(3): 149–56

Morgan J, Zafar N, Cooper D (2021). Group B streptococcus and Pregnancy. Florida: StatPerals

NHS (2018) [A] Is my unborn baby at risk of early onset group B streptococcus (GBS) infection? [Online] Available; <https://www.nhs.uk/common-health-questions/pregnancy/is-my-unborn-baby-at-risk-of-early-onset-group-b-streptococcus-infection/>

NHS (2018) [B] What are the risks of group B streptococcus (GBS) infection during pregnancy. [Online] Available; <https://www.nhs.uk/common-health-questions/pregnancy/what-are-the-risks-of-group-b-streptococcus-infection-during-pregnancy/>

NHS (2021) Grouo B Strep. [Online] Avalable ; <https://www.nhs.uk/conditions/group-b-strep/>

NICE (2015) Xpert GBS test for the intrapartum detection of group B streptococcus. [Online] Available; <https://www.nice.org.uk/advice/mib28/chapter/introduction>

Royal College of Obstetricians and Gynaecologists (2017) Group B Streptococcus (GBS) in pregnancy and newborn babies. [Online] Available; <https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-gbs-pregnancy-newborn-booklet.pdf>