



CHILDBEARING, PARENTHOOD & HEALER
COACH



GBS

INFORMED-EVIDENCE BASED
INFORMATION



www.reallygreatsite.com

WHAT IS GBS?

A type of bacteria that lives in the intestines.

- The bacteria migrate to the vagina and rectum of the mother/birthing person.
- The major cause of meningitis, pneumonia, and sepsis in newborns.
- 10-30% of pregnant people carry GBS



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NEWBORN INFECTION WITH GBS

- Early infection = within 7 days after birth
- Symptoms usually within 12 hours– almost all by 24-48 hours
- Study of 148,000 infants– 94 developed early GBS and had symptoms within 1 hour
- Caused by transfer of GBS from mother to baby, usually after
- water breaks





Symptoms of GBS Infection

- Fever
- Difficulty feeding
- Irritability or lethargy
- Difficulty breathing
- Blue-ish color to the skin
- Grunting
- Very high or low heart rate
- Abnormal vitals

HOW ACCURATE IS TESTING FOR GBS?

- Of women/pregnant people who screen positive for GBS, 84% are still positive during labor
- Of women/pregnant people who screen negative, 91% are still GBS negative during labor.



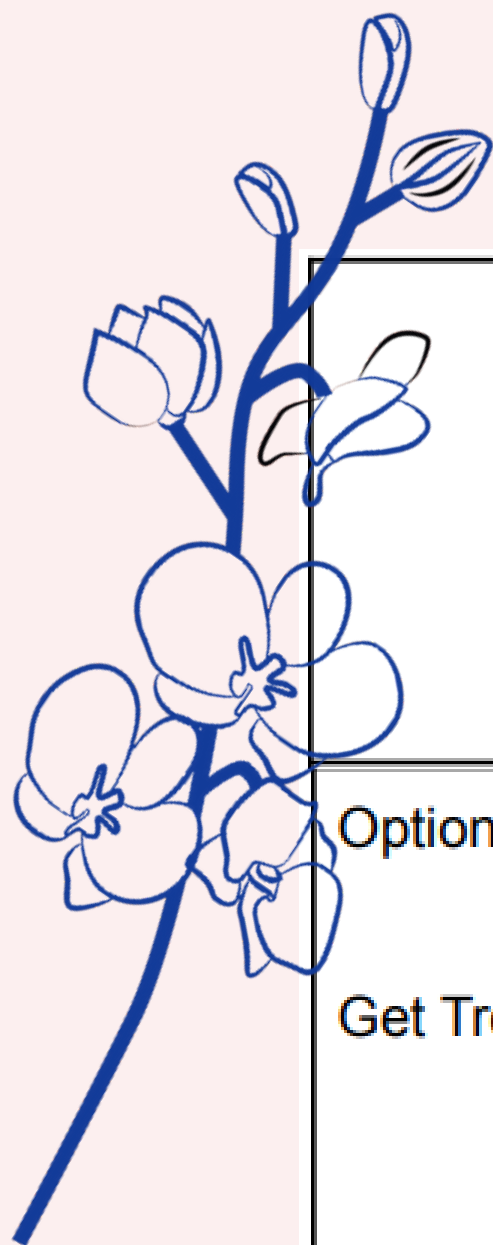
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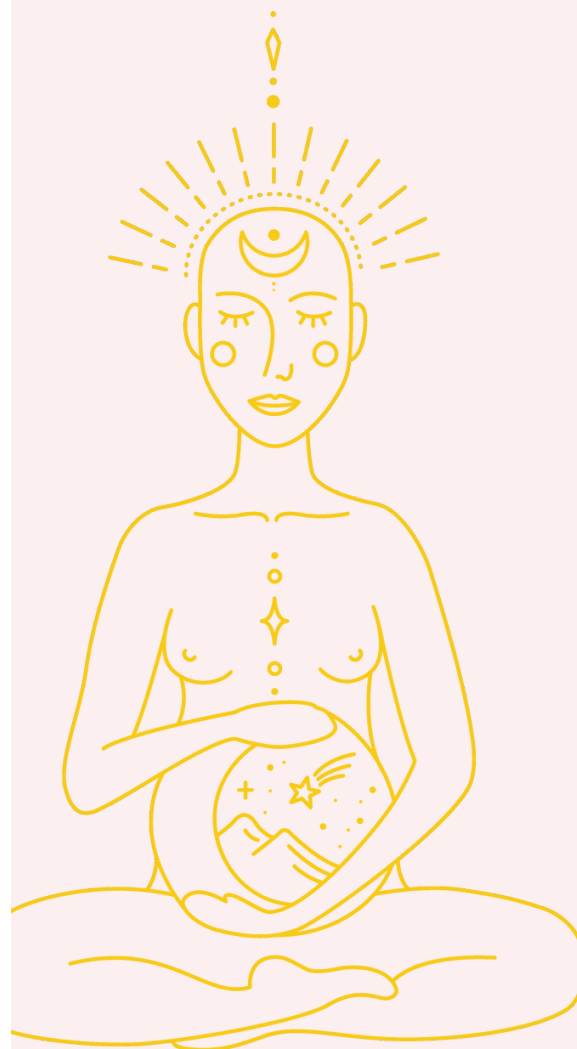
PENICILLIN ALLERGY: CDC GUIDELINES FOR GBS

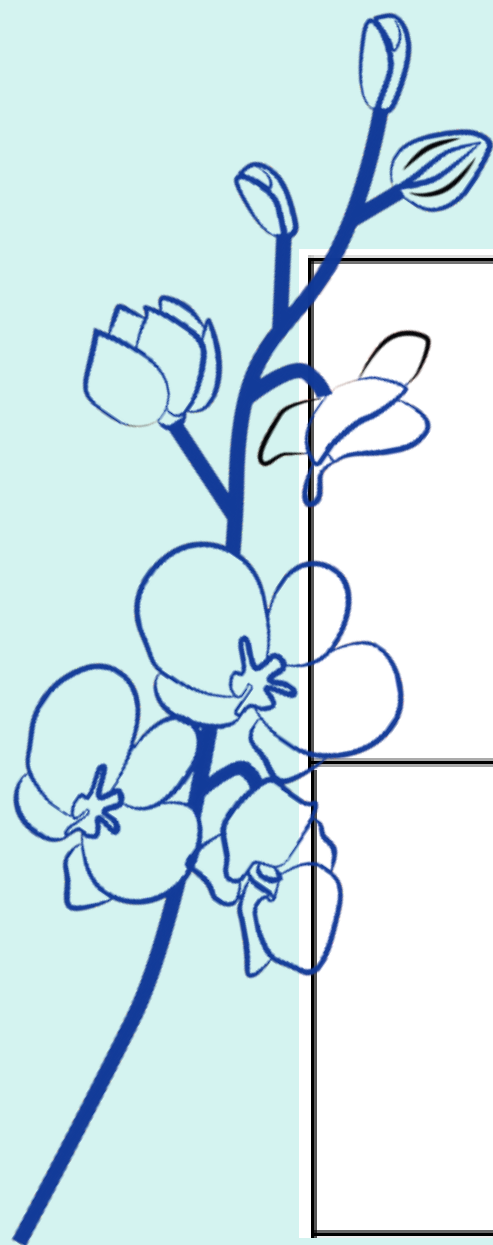
- Low risk for anaphylaxis = Cefazolin
- At high risk for anaphylaxis:
- Antimicrobial susceptibility testing
- If sensitive to clindamycin and erythromycin, use clindamycin If sensitive to clindamycin but not erythromycin—additional testing
- needed for “inducible resistance to clindamycin”
- Vancomycin last resort is resistance to all of these



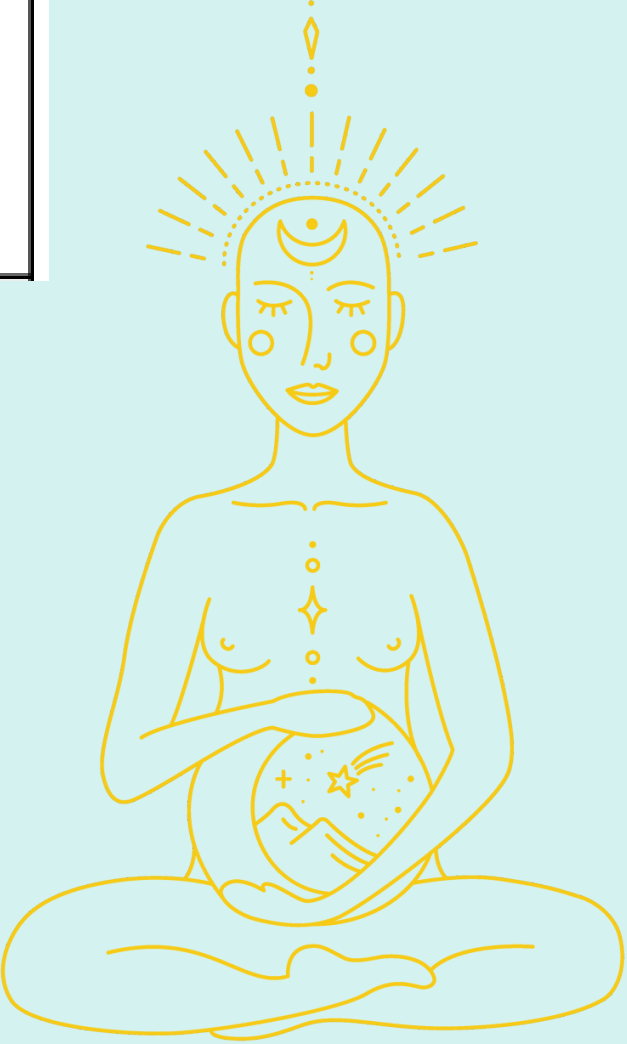
	Benefits-Pro	Rate how much it matters 0 -not all 5 -greatly	Risks-Con	Rate how much it matters 0 -not all 5 -greatly
<p>Option #1</p> <p>Get Treatment</p>	<p>If treated it reduces the spread of the infection to the infant from 1%-2 % to 0.2%. (absolute numbers)</p> <p>Effective treat is 4 hours - 2 hours for a treat before the infant is born.</p> <ul style="list-style-type: none"> • Ampicillin and penicillin decrease the risk of early GBS infection by 83-91% • Antibiotics cross into the fetal circulation • Universal approach > "guess" approach 		<p>The GBS is not accurate. It is should have rapid GBS testing during labor.</p> <p>Affects the infant's microbiome. Read more in the selection: Potential harms.</p> <p>Severe allergic reactions</p> <ul style="list-style-type: none"> • Increase in the risk of yeast infections; decrease in beneficial bacteria • Side effects of the antibiotic • Potential 	

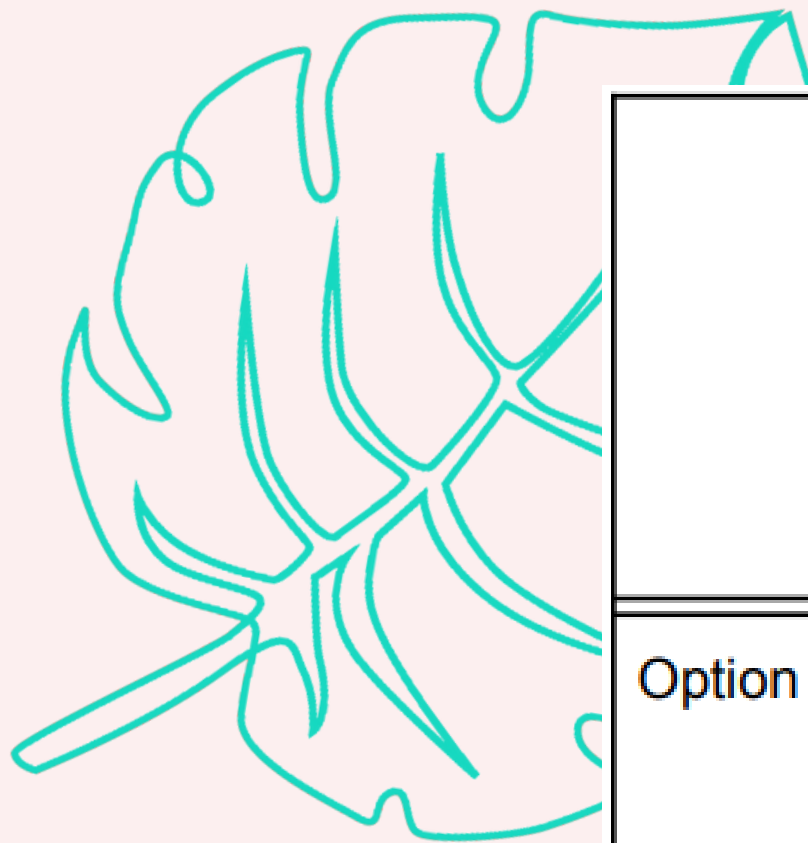
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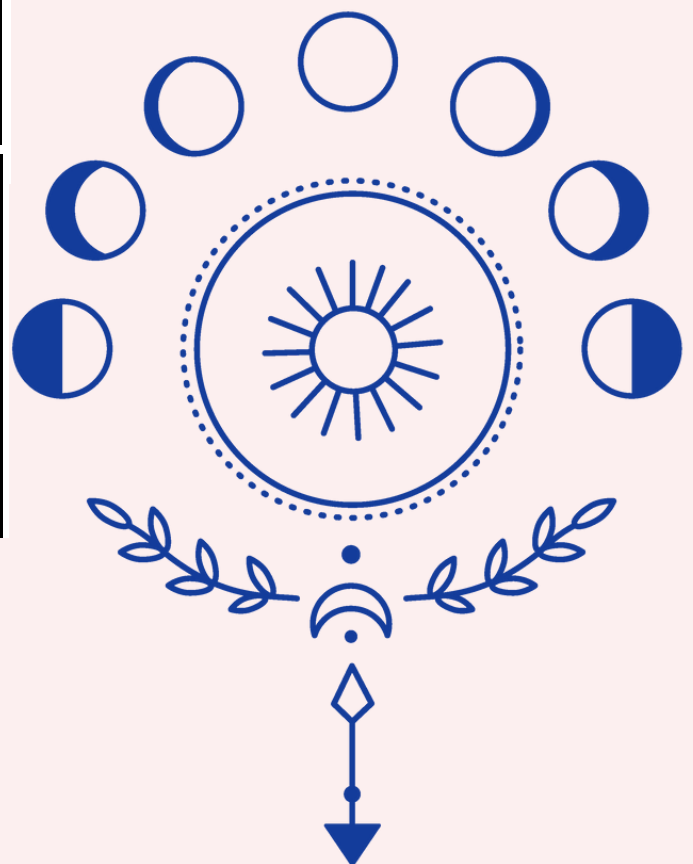


	Benefits- Pro	Rate how much it matters 0 -not all 5 -greatly	Risks- Con	Rate how much it matters 0 -not all 5 -greatly
	<ul style="list-style-type: none">• Universal approach > "guess" approach• Antibiotic resistance has not been a problem with penicillin		<p>antibiotic</p> <ul style="list-style-type: none">• Potential medicalization of normal labor and birth• PCN allergy limits your options	

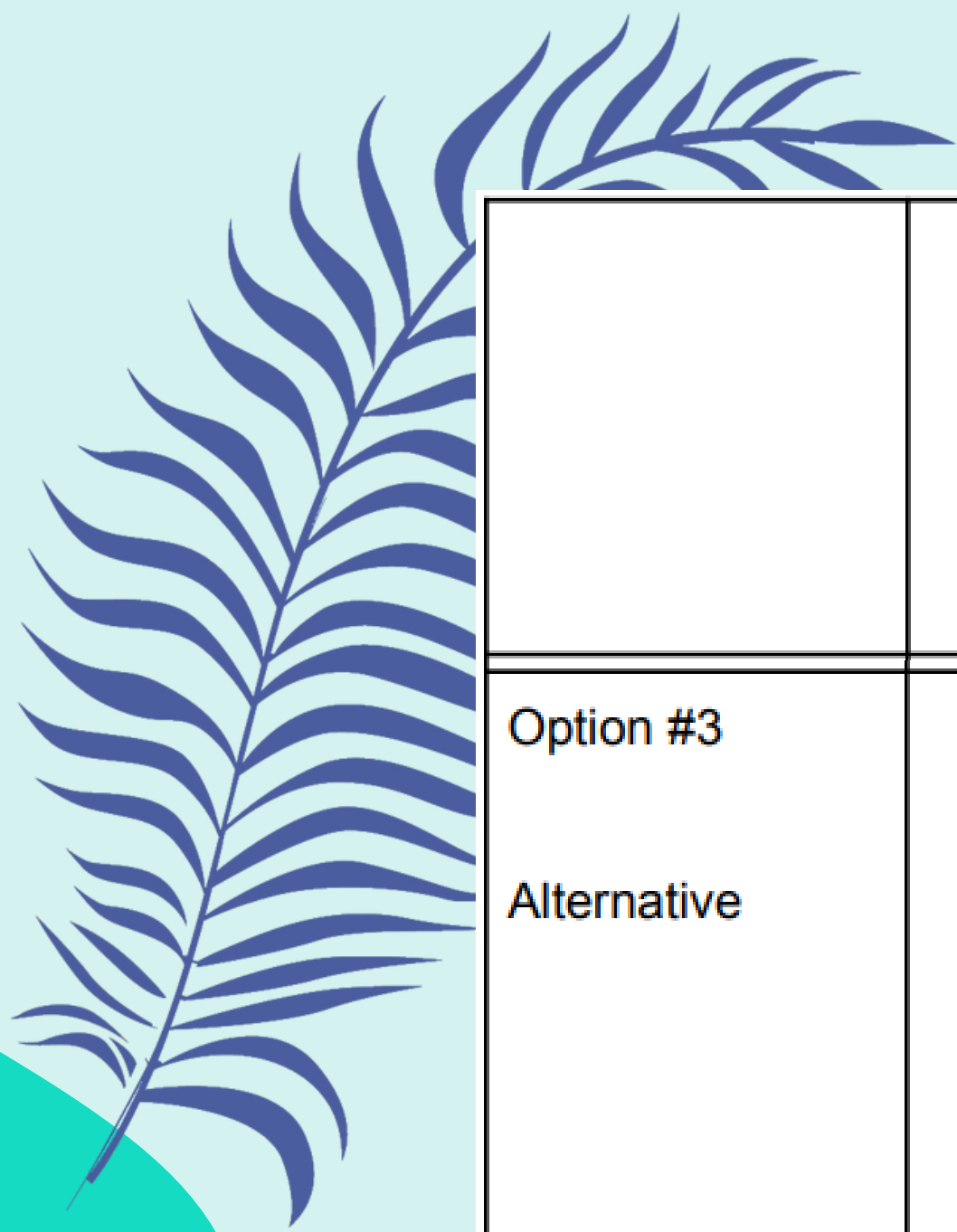


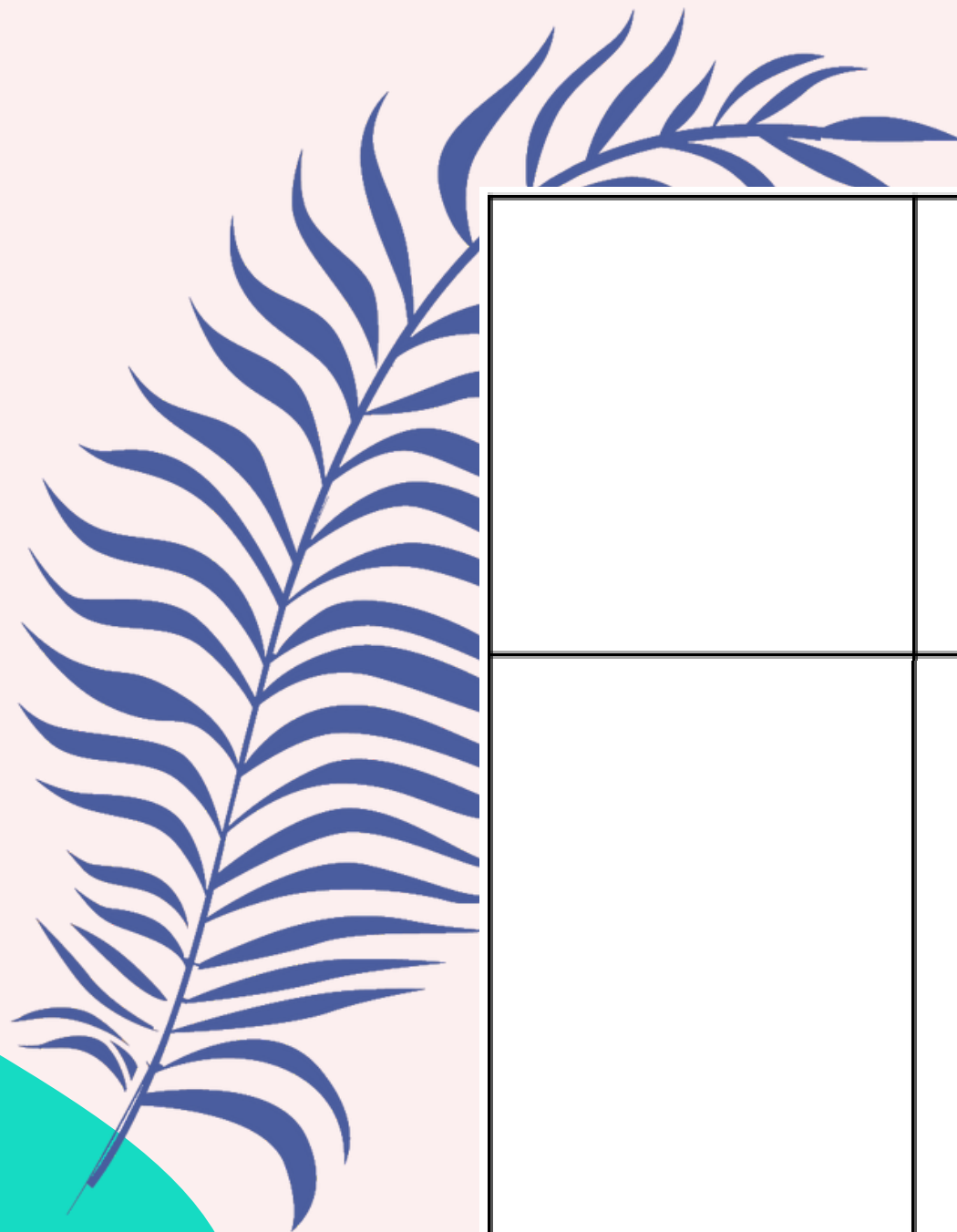


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Option #2 Don't want to be treated or wasn't able to get treated	For every 1,000 women who are GBS positive and do not receive antibiotics, 500 infants will be colonized.		10-20% out of 500 infants colonized will have early GBS infections and 0.5-1 will die if the infant is born full term. However, infants born earlier than 33 weeks	
			their a risk increase for mortality of 20 -30%.	

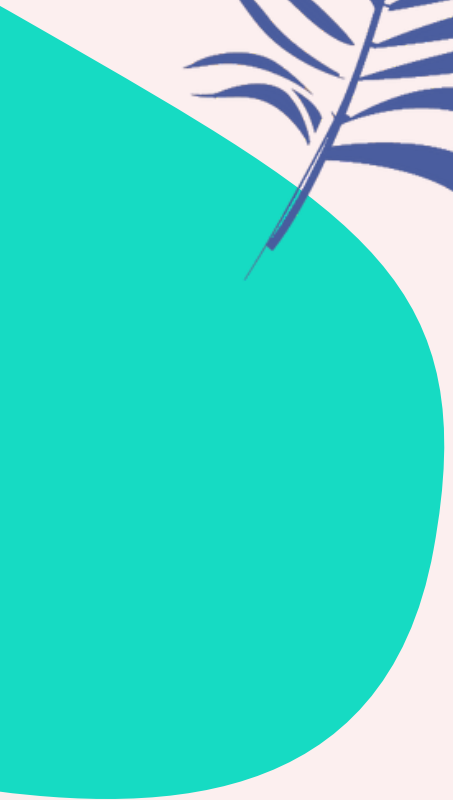


	Benefits-Pro	Rate how much it matters 0 -not all 5 -greatly	Risks-Con	Rate how much it matters 0 -not all 5 -greatly
Option #3 Alternative	<ol style="list-style-type: none"> Chlorhexadine (Hibiclens) Reduces colonization by 28% Probiotics Inhibits growth of GBS due to an increase in acidity; decrease in maternal colonization (43% tested negative vs. 14% in placebo group) Garlic 		<ol style="list-style-type: none"> not effective at reducing infection rates in infants. Unknown, has not been tested in pregnant women. Unknown; has not been tested in pregnant women. Unknown Unknown 	





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	<p>3. Garlic does inhibit growth of GBS</p> <p>4. Colloidal Silver Unknown</p> <p>5. Diet (yogurt, kefir, etc.) Unknown</p>			



RESOURCES

- Evidence on Group B Strep in Pregnancy
(evidencebasedbirth.com)
- Boyer, K. M. and S. P. Gotoff (1985). "Strategies for chemoprophylaxis of GBS early-onset infections." *Antibiot Chemother* 35: 267-280. [Click here.](#)
- Centers for Disease Control and Prevention (CDC) (2009). "Trends in perinatal group B streptococcal disease- United States, 2000-2006." *MMWR Morb Mortal Wkly Rep* 58: 109-112.
- CDC (2010). "Prevention of perinatal group b streptococcal disease." *MMWR* 59: 1-32. [Click here.](#)
- Feigin, R. D., J. D. Cherry, et al. (2009). *Textbook of Pediatric Infectious Diseases*, Saunders.



THANK YOU

For more support:

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