

# Information for you

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## Group B Streptococcus (GBS) in pregnancy and newborn babies

### About this information

This information is for you if you (or a friend or relative) are expecting a baby, planning to become pregnant or have recently had a baby. It tells you about group B Streptococcus (GBS) infection in babies in the first week after birth (known as early-onset GBS) and provides links to further information about late-onset GBS infection. It includes the current UK recommendations for preventing GBS infection in newborn babies.

A glossary of all medical terms is available on the RCOG website at: [www.rcog.org.uk/en/patients/medical-terms](http://www.rcog.org.uk/en/patients/medical-terms).

### Key points

- Group B Streptococcus (GBS) is one of the many bacteria that normally live in our bodies and which usually cause no harm.
- 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.
- 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 should 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 should be treated with antibiotics straight away.