Informed Consent-GBS status and treatment

Emily McGregor

Written/Revised March 3rd 2024

GBS is a transient bacteria that lives in the lower GI tract and intestines of healthy adults without causing harm or disease. GBS is not considered a sexually transmitted infection. Roughly 25% of pregnant people will also carry GBS in the vagina. Because GBS is transient it comes and goes without posing a health risk to the pregnant person.

What are the risks of GBS?

While GBS is not dangerous for the pregnant person, a small percentage of neonates will become colonized with bacteria during labor or birth. If the colonization spreads to their lungs, they can become very ill. Early-onset infections (EOGBS) occurring within the first week of life is a very serious condition. Of the neonates that develop this infection, approximately 5% will die and approximately 25% will have lifelong injuries such as hearing loss, vision loss and/or learning disabilities.

How do we screen for GBS?

Screening for GBS is done in a couple of different ways, during pregnancy, GBS may be seen in a urine sample. However, the more common, standard testing is done around 35-37 weeks with a vaginal–rectal swab that looks like one or two long Q-Tips (depending on the brand of the test). This sample is typically collected by you personally. However, if you prefer it can also be collected by your midwife. This is done by inserting the swab about 2 inches into the vagina, swirling the swab around several times and then dragging the swab along the perineum (the hammock of skin between the opening of the vagina, and the opening of the anus) then inserting the swab about half of an inch into the anus. This is done in order to collect a thorough sample. The swab is then placed in a tube with a stabilizing solution and sent to the lab. There, the sample is cultured for several days. Results will be sent directly to your midwife through a HIPAA compliant lab report. Your midwife will then share the results of your test with you. Because GBS is transient, it is important that a sample is collected within 5-6 weeks of giving birth. Therefore if your sample is collected around 35 weeks, and you go past 41 weeks gestation, it is indicated to test again.

How is GBS treated?

Oral antibiotics are not effective in treating GBS. The recommendation from the CDC is that the pregnant person who has screened positive, receive IV antibiotics in labor. These antibiotics are not intended to *cure* the person of the GBS infection. The antibiotics cross the placenta and provide the fetus with preventive protection, also known as prophylaxis against the possible exposure that may occur during labor and birth. Penicillin G is the current standard of care for

treatment. Penicillin for GBS is given through an IV and two doses 4 hours apart, and again every subsequent 4 hours prior to delivery is considered full treatment. For those with known allergies to penicillin, there are other IV antibiotics available including ampicillin, cefazolin, clindamycin and vancomycin. However, not all antibiotics are equally as effective and some have more risks associated with them. If this is you, further discussion on options and counseling from your midwife will be available.

Rates of EOGBS infection <u>without treatment</u> (for neonates born at or beyond 37 weeks)

- No additional risk factor 1:770
- Rupture of membranes for >18-hours 1:150
- Fever in labor 1:20

Rates of EOGBS infection <u>with treatment (</u>for infants born at 37- weeks)

- No additional risk factors and 2-does of medication 1:100,00
- No additional risk factors and 1-dose of medication 1:80,000
- Ruptured membranes > 18-hours 1:17,000
- Fever in labor 1:4,000

Risks of Consenting to treat

- If more than 10-doses of antibiotics are requires, the risk of antibiotic -resistant infection in the newborn rises
- There is a risk of an allergic reaction in the pregnant person to the antibiotic, most often involving irritation but very rarely(approx.1:100,000) involving life-threatening anaphylaxis. Please inform the midwife if you have ever had an allergic reaction to any medication.

Risks of declining to treat <u>or</u> receiving only 1-dose of medication in labor

- Depending on risk factors, increased risk of EOGBS infection resulting in death or lifelong injury
- Recommended hospital observation and assessment of the newborn for 48-hours to monitor signs of EOGBS. Assessment may include blood work, x-rays, ultrasound,and spinal tap

Consent/Refusal to Screen for Group B Strep (GBS)

I have read the above information, I have had the opportunity to discuss GBS screening/testing with my midwife and have had my questions answered. My choice is indicated below:

- ☐ I **CONSENT** to screen for GBS.
- ☐ I **DECLINE** all screening for GBS
- ☐ I **REFUSE** information screening for GBS

Client Name: _____

Client Signature: _____ Date: _____

Midwife Signature: _____Date:_____

Consent/Refusal for Antibiotic treatment for GBS

I have read the above information, I have had the opportunity to discuss GBS treatment with my midwife and have had my questions answered. I understand the risks and benefits associated with treatment and declining treatment. My choice is indicated below:

- ☐ I **CONSENT** to antibiotic treatment for GBS during labor.
- ☐ I **CONSENT** to antibiotics *only after* my water has been confirmed ruptured.
- ☐ I **DECLINE** antibiotic treatment for GBS.
- ☐ I **REFUSE** information or discussion about antibiotic treatment for GBS.
- ☐ **Other:** Please explain_____

Client Name: _____

Client Signature: _____ Date: _____

Midwife Signature: _____Date:_____

Additional notes: _____

_____

Client Allergies:_____

References:

American College of Obstetricians and Gynecologists (2022). Prevention of Group B Streptococcal Early-Onset Disease in Newborns https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/02/prevention-of-group-b-streptococcal-early-onset-disease-in-newborns

Centers for Disease Control (2022). Preventing Group B Strep Disease. https://www.cdc.gov/groupbstrep/about/prevention.html#:~:text=Antibiotics%20during%20labor,bacteria%20can%20grow%20back%20quickly.

Morgan JA, Zafar N, Cooper DB. Group B Streptococcus and Pregnancy. (2022). In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK482443/