

Group B Streptococcus in Pregnancy

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Abstract

Group B Streptococcus (GBS) is the ‘leading infectious cause of neonatal morbidity and mortality in the United States’ (Colicchia, Lauderdale, Du, Adams, & Hirsch, 2015, p. 173).

GBS is a bacterium present in the vagina and/or anorectal flora of women and is considered to be normal flora which generally does not cause infection, however, if a pregnant woman is GBS positive and left untreated during birth, the newborn passing through the birth canal is at risk for becoming colonized (Bicheno & Geraghty, 2015, p. 224). Infants exposed to GBS may develop sepsis, pneumonia, and meningitis within the first week after birth (early-onset disease) or after a week and up to three months of life (late on-set disease) (Kawa, 2017). Infected infants who survive may experience life-long impairments (CDC, 2018). Women who are pregnant should be tested for GBS and should be treated with antibiotics while in labor if the results for GBS are positive. The antibiotics help prevent the transmission of GBS infection from the mother to the infant thus decreasing the incidence of early and late onset GBS disease in infants.

Keywords: GBS, Group B, Infants, Pregnancy, Streptococcus

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