

## Group B Strep

Pregnant women today are cultured for the presence of group B streptococcus between 35 and 37 weeks gestation. If the woman tests positive, ACOG recommends antibiotics be given to the mother in labor and the babies may be treated with antibiotics immediately following birth. Roughly 30% of pregnant women carry group B strep in their systems prenatally, and 40 to 75% of these mothers will transmit the strep to their babies (1). However, the actual incidence of group B streptococcus disease in infants is between 1 and 2 per 1,000 live births (2) (3). It is usually harmless.

Women are considered high risk for transmission of the disease if they have a temperature during the course of their labors. But epidural use causes a rise in temperature, (4) so this is not a reliable gauge. Preterm babies are at slightly higher risk of developing an infection at 3.1 per 1,000 births (5).

The accepted use of antibiotic treatment for mothers and babies should be examined further. Less than 2 per 1,000 babies are infected by group B strep, yet we treat healthy babies with antibiotics within hours of birth; just in case. Women and babies are exposed to antibiotic associated risk, such as weakened immune systems and allergic reactions to penicillin. In one case (6), a woman was treated in labor with penicillin due to group B strep, and she suffered a serious reaction which resulted in an emergency cesarean. The use of any drug increases risk factors in the patient.

A recent clinical study (7) concluded that the administration of antibiotics to the mother during labor did not change the clinical spectrum of the disease; nor did it delay the onset of symptoms of infection or treatment of the baby. In fact, when babies are exposed, in utero, to antibiotics given to their mother in labor, the diagnosis of infection may be obscured by depressing the growth of

bacteria in blood cultures taken from the baby following birth (8).

The administration of antibiotics before obtaining blood samples from the baby will decrease the frequency of positive blood cultures in truly ill infants (9) (10). Thus, babies who are truly at risk for complications due to early-onset group B streptococcal infection may not be correctly diagnosed.

Additionally, the low incidence of initial symptoms presenting after the first 24 hours of life, even with obstetrical risk factors present, suggests that babies need not be kept and observed for 48 hours in a neonatal nursery, as recommended by the American Academy of Pediatrics (11). The attack rate on the second day of life was found to be .04%. (12)

It would be interesting to see if the babies who become infected with group B strep are breastfed. The colostrum a baby receives in the hours immediately after birth carry specific antibodies which protect the newborn from becoming sick. Also, the babies contracting group B strep disease, as observed in these clinical studies, were all born in hospitals, where germs abound.