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INFORMED CONSENT FOR GROUP B STREP SCREENING

Group B Streptococcus (GBS) was first found to cause illness in newborns in the 1930s. Since then, multiple studies show different conclusions about the incidence and poor perinatal outcomes due to GBS. Some studies estimate that as many as 1 in every 3 women carry GBS in their vagina and bowel. Other studies show as little as 1 in 10 women are GBS carriers. It is considered normal flora which rarely causes problems in adults.

Newborns can be exposed to GBS during passage through the vagina. Rarely, GBS can cause severe infection in babies such as sepsis, meningitis, pneumonia, or death.

Many babies who are exposed to GBS will not become infected. The babies most at risk to become ill are: premature newborns (born before 37 weeks gestation), long labors where the bag of waters is broken more than 18 hours, mothers who have a fever of greater than 100.4 degrees in labor.

The following are ways in which different providers deal with GBS screening and treatment:

1. Culture all women between 35 and 37 weeks of pregnancy:
    a. Offer treatment to all women who have tested positive in labor with IV antibiotics. (Treatment prior to labor is not considered effective.)
    b. Do not treat women who test negative.
2. Cultures are not obtained at all, and treatment is only offered to those women who present in labor with the following risk factors:
    a. Women giving birth before 37 weeks.
    b. Women whose membranes have ruptured longer than 18 hours.
    c. Women who have a fever of greater than 100.4 degrees in labor.
3. No screening for GBS, no treatment.
4. Another category of special circumstances in which treatment is offered for GBS are women who have:
    a. A previous child ill from GBS infection.
    b. GBS found in urine culture (no other cultures needed).

If a woman tests positive for GBS, or develops risk factors in labor the medical standard recommends she be treated with antibiotics in labor.

There are concerns to treating all women who test positive for GBS with antibiotics:

a. Severe allergic reactions to antibiotics can occur.
b. The overuse of antibiotics can lead to resistant bacteria that no longer respond to common antibiotics.
c. Increases in other serious newborn infections (especially *E Coli* and yeast causing thrush) as a result of over treatment of GBS may be outweighing the benefits of GBS treatment.

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Another issue with GBS is that women who get a negative culture may still have GBS due to a “false negative” test and be falsely reassured that her newborn could not have a GBS illness.

Due to the complexities of GBS testing and treatment, you must decide what is best for you and your family.

I have been informed about GBS testing and treatment options.

_____ I consent to GBS screening between 35 and 37 weeks of pregnancy

_____ I DO NOT consent to GBS screening

_____ I have had a previous baby ill from GBS will forego testing, assuming my GBS status remains positive

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If my GBS culture is positive or I decline screening, my decision regarding treatment is:

_____ Antibiotic treatment during labor for positive culture

_____ Refusal of antibiotic treatment in labor

_____ Antibiotic treatment in labor only if I develop risk factors listed above

_____ Refusal of antibiotic treatment but I want to do natural therapies, even though I understand these therapies are not proven as effective as antibiotics.

I have read and understand the risks associated with GBS. I take full responsibility for my health and the health of my baby. In addition, I will ensure that if my newborn shows signs of GBS infection I will immediately have him/her checked by a health care provider with pediatric expertise.

I further understand that if transport becomes necessary, most hospitals will initiate IV antibiotic treatment for me or my baby if I have a positive test or show any of the above risk factors.

Client Signature: _____Date: _____

Midwife Signature: _____Date: _____