

Group B Streptococcus Test

This is an In-Vitro Diagnostic Screening Test which must be carried out by a healthcare professional.

What is Group B streptococcus?

Group B streptococcus (GBS) or strep B for short is a common type of the streptococcus bacterium which lives in the body without the carrier knowing. Approximately a third of men and women carry GBS in their intestines and a quarter of women carry it in their vagina. GBS is the UK's most common cause of blood poisoning, meningitis and even pneumonia in newborns.

However giving antibiotics through the vein to all women during the onset of labour, as well as those giving birth prematurely, can prevent most GBS disease in newborns. In fact this use of antibiotics can reduce the likelihood of early-onset GBS from 1 in 300 to less than 1 in 6000.

Why do I need this test?

GBS testing is not routinely available on the NHS but maternal health testing is carried out every day by Quest Diagnostics (www.questdiagnostics.com). A doctor can carry out a test if you ask, though they may not agree to it as the test available on the NHS, is known to give false negative results up to 50% of the time when it should be positive. This test is new and a much more reliable test it is called the polymerase chain reaction (PCR) test for active GBS infection. This test is faster and more sensitive than standard antenatal culture methods. Two swabs (lower vaginal and rectal) need to be cultured at about 35-37 weeks of pregnancy to best predict colonisation with GBS around the time of delivery.

What are the symptoms of GBS and is my baby at risk?

GBS shows no obvious symptoms or problems and so you will not know if you have it or not. Babies are usually exposed to GBS shortly before or during birth. It is not understood why some babies are susceptible to the bacteria and develop infection, whilst others do not.

What is clear, however, is that most GBS infections in newborn babies can be prevented by giving women in higher risk circumstances intravenous antibiotics from the onset of labour until the baby is born.

Your baby is more likely to develop GBS infection if:

- You were found to carry GBS during a previous pregnancy.
- GBS was found in your urine during this pregnancy.
- You have had a baby previously infected with GBS.
- Your waters break more than 18-24 hours before you have your baby.
- You have a raised temperature during labour.
- You go into premature labour (before 37 weeks).
- Your waters break prematurely (before 37 weeks) with or without other labour signs.

What are the symptoms of GBS infection in a baby?

Approximately 60% of babies who have got GBS infection will show symptoms at birth and 90% within the first 2 days. This is known as 'early onset' GBS. This can be treated with intravenous antibiotics, although even with the best possible care the infection can be fatal in 1 in 8 infected babies.

Typical symptoms of 'early onset' GBS are as follows:

- Grunting
- Poor feeding
- Lethargy
- Low blood pressure
- Irritability
- Abnormally high or low temperature, heart rate and/or breathing rate.

Around 10% of GBS infections will develop after the baby is 2 days old, usually as meningitis with septicaemia, this is known as late-onset GBS. Most babies will survive with treatment although 30% will be left with long term problems. Warning signs of late-onset GBS include:

- Fever
- Poor feeding
- Drowsiness

Signs of meningitis may include:

- Shriill or moaning cry or whimpering
- Dislike of being held and fretful
- Tense or bulging fontanelle (soft spot on babies head)
- Involuntary body stiffening/ jerking movements
- Floppy body
- Blank staring or trance like expression

- Low or high breathing rate.
- Turns away from bright lights.
- Pale and/or blotchy skin.

If your baby shows signs consistent with GBS infection of meningitis then call your doctor immediately. If your doctor isn't available then go straight to your nearest hospital.

How can I keep my baby safe from GBS?

If you don't have a GBS infection or you don't fall into any of the categories listed under 'What are the symptoms of GBS and is my baby at risk?', then it's unlikely that your baby will develop GBS infection. However, if your baby is at risk, research shows that by giving drugs (antibiotics) through a vein from the start of your labour or from when your waters break (whichever comes first) until your baby is born can help prevent GBS infections in newborn babies in the majority of cases. You should ideally be given the antibiotics for at least 4 hours prior to delivery where possible.

If your baby is at risk then once he/she is born he should be examined by a paediatrician immediately and if you didn't receive antibiotics for more than 4 hours then the baby should be started on antibiotics until he's given the all clear. If the baby shows any signs of GBS infection then antibiotics should be started immediately. Caesarean sections are not recommended to prevent GBS infection.

GBS can also be passed from the hands so everyone should wash their hands when handling a newborn baby. The risk of a baby catching GBS decreases with age, GBS infection is rare after one month of age and virtually unknown after 3 months.

What does the test involve?

The test is simple and all that is required are 2 samples, lower vaginal and rectal, which must be **carried out by a healthcare professional**. Speak to your midwife, doctor or the healthcare professional you are seeing for your antenatal care. They should be willing to carry out the swab for you, however they may charge you for carrying out the swab.

What is included in the test?

A double pocketed plastic bag containing:

- 2 swabs, packed individually in a protective plastic wrap.
- A prepaid envelope addressed to Clinical Trials Processing, Quest Diagnostics, Unit B1 Parkway West, Cranford Lane, Heston, Middlesex TW5 9QA.
- Instructions.

- Patient Information Form, this must be completed by the healthcare professional carrying out the test and must be returned with both samples.
- Contents List

The swabs will need to have a reference number, this number has been allocated to you and appears on the patient information form and should be exactly the same as the one below:

This is your unique number in case you need to contact us. If the numbers are different then please contact us. You should keep these instructions with your number on it after you have posted your sample.

For the healthcare professional that is carrying out this GBS test.

Please make sure you read all these instructions carefully before carrying out the test and follow them exactly.

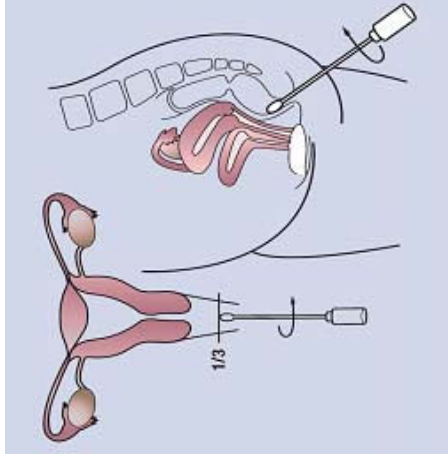
1. Remove all the items from the plastic bag. These steps should not be carried out until you are ready to carry out the test.
2. Take the plastic protection tubes out of their plastic protection wrap by tearing the plastic where indicated. Do not use if the expiration date has been exceeded or if the sterile transparent package has been broken prior to use.
3. Remove the cap from the protection tube by twisting and pulling off at the end marked as 'sterile', there is also a perforation mark indicating where to pull apart.
4. The swab can now be carried out, this should only be carried out by a **healthcare professional** as follows:

Lower vaginal swab:

- Insert into lower vagina, not more than 2 – 4 cm. A speculum should not be used.
- Rub lower vagina gently with swab, around the front sides and back of vagina (see the left side of picture below).
- Withdraw swab and place in the protection tube provided, complete the label on the outer casing as indicated below. Ensure the cap is closed firmly

Rectal Swab:

- Remove swab from packaging.
- Insert gently into the anus so that no more than 1 – 2 cm of the swab is in the rectum (see right side of picture below).
- Withdraw swab and place in the protection tube provided, complete the label on the outer casing as indicated below. Ensure the cap is closed firmly.



5. Complete the label on swab protection tube :
 - A. Patients Name - write under 'Name'.
 - B. Date Specimen Taken – write under 'Date'.
 - C. Reference Number, this is the unique number given above—write under 'Hospital No.'
 - D. Location of swab, either 'lower vaginal' or 'rectal' as appropriate—write under 'Specimen section'.

*If these details are not on the sample swab the laboratory will not carry out the test
 6. Complete the patient information form making sure you enter all details clearly.
 7. Place both completed swabs and the customer information form in the pre-paid envelope provided.
 8. The envelope is now ready to be posted. Post as soon as possible (the postage is pre-paid).
- The laboratory is closed Sundays and bank holidays so to minimize the chances of any delay in processing the sample, we advise that you collect the sample Sunday to Thursday and post as soon as possible after collection.

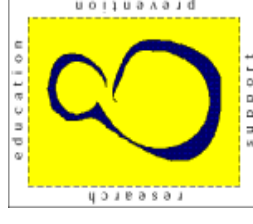
Results

The results of the test are usually available within 3 working days of receipt of the swabs. The results will be sent to the healthcare professional that has completed the patient information form, showing whether GBS has been isolated (positive) or not (not isolated).

To provide you with a fast service the results can be sent in three ways, email, telephone or post. The healthcare professional will need to decide the most convenient way for them to receive your results.

If you have any queries regarding this test then please contact us, at any time via email : gbs@homehealth-uk.com

If you want more information on any other health topics, visit our website www.homehealth-uk.com. Our website contains thousands of pages of health information and advice.



GROUP B STREP SUPPORT

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