The Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecologists (ACOG) recommend culturing all women at 35-36 weeks of pregnancy for Group Beta Streptococcus presence. This bacteria can be found in approximately 10-30% of pregnant women. Women with positive cultures are greater than 25 times more likely to deliver babies that get sick from Group B strep than women with negative cultures, it is not reasonable to perform the test in labor because the results are not available for two days. Most newborns are immune to the harmful effects of these bacteria. Approximately 1% of term newborns whose mother had a positive culture become ill with Early-Onset GBS Disease. If the culture comes in as “heavy growth” the risk increases to 8%. If illness develops it is often severe and these infants can die. Infection and death rates are highest in preterm babies and if the water bag has been broken a long time before the birth. Women can also get sick, but this is rare. Currently guidelines form the CDC recommended that women who test positive be treated with IV antibiotics during labor. The CDC also recommends treating any woman who had a previous child with GBS disease, GBS presence in the urine with this pregnancy or a history of preterm delivery. Oral antibiotics in pregnancy or labor are not effective. Preliminary research regarding probiotic supplementation has shown promise in eradicating GBS in a large percentage of women who previously tested positive (but not all). We have found that including probiotics in your daily diet, especially Lactobacillus rhamnosus, has a preventative effect and greatly lowers your risk of being GBS positive. Research regarding Chlorhexidine vaginal washes has shown similar or less newborn GBS colonization rates as IV antibiotics, although it is not a standard of care for GBS in the US at this time. Pediatricians also recommend that all newborns born to mothers with positive GBS cultures remain in the hospital for 48 hours of observation after the birth. IV antibiotics during labor offer no protection against Late Onset GBS Disease, which occurs after the first week of life, but before three months of age. If you are GBS positive and plan to receive IV antibiotics during labor and are concerned about a resulting yeast/thrush infection you can take a probiotic supplement, specifically Saccharomyces boulardii in the last few weeks of pregnancy and for at least one week after the birth as a preventative measure.

We ask that both you and your partner please review the above information, mark the line that reflects your decision and then sign below.

_____ I want a birth center birth with IV antibiotics. We have been instructed in signs of infection/illness and will watch the baby carefully for any of these signs. We have been instructed to discuss this with our baby’s physician/care provider.

_____ I want to be transferred to medical care for a hospital birth to have antibiotics via intravenous route in labor and have the baby observed for 48 hours after birth.

_____ I do not wish to have IV antibiotics, nor do I wish to transfer to a hospital practice. I will discuss my choice with the midwife and sign the informed declination paperwork.

__________________________________________________________________________________________

Client printed name	Signature	Date

__________________________________________________________________________________________

Other parent printed name	Signature	Date