Keeping healthy during pregnancy

✓ Go to all your prenatal care checkups, even if you feel fine.

Prenatal care is medical care you get during pregnancy. At each visit your health care provider checks on you and your growing baby. Getting early and regular prenatal care can help you have a full-term baby. Full term means your baby is born between 39 weeks and 40 weeks, 6 days. Being born full term gives your baby the time he needs in the womb to grow and develop.

✓ Don't smoke, drink alcohol or use street drugs.

If you need help to quit, tell your provider. Also stay away from secondhand smoke (smoke from someone else's cigarette, cigar or pipe).

✓ Tell your provider about any medicine you take.

This includes prescription and over-the-counter medicine, herbal products and supplements. Don't take any medicine without talking to your provider first. Not all medicines are safe to take during pregnancy. You may need to change to a medicine that's safer for you and your baby. When you're taking any medicine:

- Don't take more than your provider says to take.
- Don't take it with alcohol or other drugs.
- Don't use someone else's medicine.

✓ Eat healthy foods and do something active every day.

✓ Take a prenatal vitamin with 600 micrograms of folic acid in it every day.

✓ Reduce your stress.

✓ Protect yourself from infections.

Wash your hands often and stay away from people who are sick. Get a dental checkup to prevent gum infections. And have safe sex. If you have sex, have it with only one person who doesn't have other sex partners. Use a condom if you're not sure if your partner has a sexually transmitted disease (also called STD). Ask your partner to get tested and treated for STDs.

✓ Stay away from harmful chemicals at home and work, like bug spray and cleaners with strong smells.

✓ Get help if your partner abuses you

Abuse is never OK. Tell a friend or your provider if you need help.

✓ Always wear your seat belt in the car.

Wear the lap belt and the shoulder strap. Make sure they both fit snugly. Put the lap belt under (not across) your belly and over your hips. Put the shoulder strap between your breasts and off to the side of your belly. Never place it under your arm. Slide your seat back as far as you can.

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Common discomforts of pregnancy

Most of these discomforts are common side effects of pregnancy. But in some cases, they may be signs of more serious problems. **Tell your health care provider if you have any of these discomforts during pregnancy.**

1. Backache

Backaches are common during pregnancy, especially in the later months.

What you can do:

- Stand and sit up straight.
- Avoid twisting movements.
- Don't lift heavy things.
- Get a prenatal back massage.
- Sleep on a firm mattress.
- Do lower-back exercises.
- If your back pain is severe, ask your health care provider for a referral to a back pain specialist.

2. Breast changes

You may notice these changes to your breasts during pregnancy:

- Breast tingling, swelling and tenderness are caused by increased amounts of hormones in your body.
- Your breasts get bigger as your milk glands get bigger and you build up fat in your breasts. By 6 weeks, your breasts may have grown a full cup size or more.
- Itchiness and stretch marks are caused when your breasts grow and your skin stretches.
- Leaking may happen by 12 to 14 weeks of pregnancy. The leaking is colostrum, the fluid that feeds your baby for the first few days after birth before your breasts start to make milk. Colostrum may leak on its own, or it may leak when you're having sex or putting pressure on your breasts.

What you can do:

- Wear a support or maternity bra. These bras usually include extra hooks so you can adjust the size as your body changes. Wear the bra when you sleep to help make you more comfortable during the night.
- Put breast pads in your bra if you're leaking colostrum.
- Don't use soap on or around your nipples. It can dry out the skin.

3. Constipation

Constipation is when it's hard to have a bowel movement. It's a common problem during pregnancy. It's caused by hormone changes and the pressure of your growing belly on your intestines.

What you can do:

- Drink six to eight glasses of water each day.
- Eat high-fiber cereals, whole-grain bread and pasta, fruits and vegetables.
- Do something active every day.
- Eat dried fruit, like prunes or dates, every day.
- Ask your health care provider about medicines you can take.

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4. Heartburn

You may have heartburn for the first time during pregnancy, especially during the second and third trimesters.

What you can do:

- Eat small, low-fat meals and snacks.
- Eat slowly.
- Drink fluids between meals, not with meals.
- Don't eat spicy foods.
- Wait 1 to 2 hours after eating to lie down, especially before bedtime.
- Wear loose-fitting clothing.
- Ask your health care provider if you can take an antacid.

5. Varicose veins and swollen legs

Varicose veins are enlarged veins that are raised above the skin's surface. Swollen legs during pregnancy can make varicose veins worse.

What you can do:

- Rest with your legs up.
- Wear support tights or stockings.
- Get up and move around often.

6. Hemorrhoids

Hemorrhoids are swollen veins in and around the anus that may hurt or bleed. Lots of women get them during pregnancy.

What you can do:

- Soak in a warm bath.
- Use an over-the-counter spray or cream to help relieve pain. Ask your provider which ones are OK to use.
- Eat foods that are high in fiber, such as fruits, vegetables and whole-grain breads and cereals.
- Drink lots of water.
- Try not to strain when you're having a bowel movement.

7. Leg cramps

Leg cramps may be caused by too little calcium and potassium in your body.

What you can do:

- Drink milk, eat dairy products and eat foods high in potassium, like bananas.
- To ease a cramp, extend your leg out straight and flex your foot so that your toes come toward your body.

8. Morning sickness (also called nausea and vomiting of pregnancy or NVP)

Morning sickness is nausea (feeling sick to your stomach) and vomiting that happens during pregnancy, usually in the first few months. It can last all day and happen any time of day or night.

What you can do:

- Eat five or six small meals a day and drink lots of water.
- Eat foods—like cereal, rice and bananas—that are easy to digest. Don't eat spicy or fatty foods if they upset your stomach.
- Eat healthy snacks between meals to keep your stomach from being empty.
- Eat a few crackers before you get up in the morning to settle your stomach. Keep them by your bed.
- Tell your provider if these tips don't work to ease your morning sickness, you're losing weight or you can't keep any food or drink down. Your provider may be able to prescribe medicine to help you feel better that's safe for you and your baby.

9. Sciatica

Sciatica is pain down the leg that can get worse as your baby begins to put pressure on the sciatic nerves. These nerves run from the spine through the pelvis and down the legs. Sciatica usually starts in the buttocks and moves down the back of the thigh. Sometimes it can cause leg numbness or weakness.

What you can do:
Lie on your side on a firm mattress.

10. Stomach aches and pains

It's normal to have aches and pains as your belly stretches to make room for your growing baby.

What you can do:
Call your health care provider, especially if you have stomach pain with other symptoms, like vomiting.

11. Feeling tired

Your body works hard during pregnancy. You may need more rest than you did before you got pregnant.

What you can do:
- Take short rests during the day.
- Go to bed a little earlier each night.
- Ask your partner to help around the house to give you time to rest.
- If you're so tired you can't do your normal activities, tell your provider.

12. Urine leakage

Urine leakage is caused by the weight of your baby pressing down on your bladder.

What you can do:
- Wear a sanitary pad or panty liner.
- Do pelvic exercises (also called Kegel exercises) to help strengthen the muscles that control the flow of urine. To do them, squeeze the muscles you use to stop yourself from urinating. Hold the muscles tight for 10 seconds and then release.

13. Vaginal discharge

You may have an increase in vaginal discharge during pregnancy. The discharge should be clear and look like mucus.

What you can do:
- Wash with a mild soap.
- Don't douche. Douching means using water or other liquids to clean the vagina.
- Tell your provider if you see blood or if you have a lot of discharge that smells bad or causes itching or burning. These could be signs of infection.

Prenatal care

Prenatal care is medical care you get during pregnancy. At each visit, your health care provider checks on you and your growing baby.

Go for your first prenatal care visit as soon as you know you're pregnant. And go to all your prenatal care checkups, even if you're feeling fine.

Getting early and regular prenatal care can help you have a full-term baby. Full term means your baby is born between 39 weeks and 40 weeks, 6 days. Being born full term gives your baby the time he needs in the womb to grow and develop.

Who can you go to for prenatal care?

You can get prenatal care from lots of providers, including:

- An obstetrician
- A family practice doctor
- A certified midwife or certified nurse-midwife
- A family nurse practitioner
- A women's health nurse practitioner

How often do you go for prenatal checkups?

Most pregnant women can follow a schedule like the one below.

- **Weeks 4 to 28 of pregnancy.** Go for one checkup every 4 weeks (once a month).
- **Weeks 28 to 36 of pregnancy.** Go for one checkup every 2 weeks (twice a month).
- **Weeks 36 to 41 of pregnancy.** Go for one checkup every week (once a week).

You may need to go for checkups more often if you're at risk for having problems with your pregnancy. For example, you may need more checkups if you:

- Are older than 35
- Had problems in a previous pregnancy
- Have health conditions like diabetes or high blood pressure

What happens at your first prenatal care visit?

- Your provider asks you about your health and your family's health:
  - **Your current health** includes health conditions you have, like diabetes and high blood pressure. It also includes any medicines you take, including prescription and over-the-counter medicine, supplements and herbal products. Some of these can hurt your baby during pregnancy. Tell your provider about any medicine you take.
  - **Your family health history** includes health conditions and treatments that you, your partner and everyone in both your families have had. Premature birth is an important part of family health history. Go to **marchofdimes.org/familyhealthhistory** to download a family health history form. Fill it out and share it with your provider.
  - **Your pregnancy history** includes if you've been pregnant before or if you've had trouble getting pregnant. Tell your provider if you've ever had a premature birth (before 37 weeks of pregnancy).

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- Your provider checks your weight and blood pressure. If your provider thinks you may be at risk for having high blood pressure, he may want to treat you with low-dose aspirin to help prevent it. Talk to your provider to see if treatment with aspirin is right for you.
- You get a pelvic exam and a Pap smear.
- You get routine blood and urine tests. You also get a blood test for HIV, unless you say no.
- Your provider tells you your due date. You may get an ultrasound to check your baby's age.
- Your provider prescribes a prenatal vitamin. These vitamins are made just for pregnant women. Your prenatal vitamin should have 600 micrograms of folic acid in it.

What happens during later prenatal checkups?

- Your provider checks your weight, blood pressure and urine at each visit.
- Your provider checks your baby's heartbeat after about 10 to 12 weeks. You can listen, too.
- Your provider measures your belly to check how much your baby is growing. She starts doing this when you're about 20 weeks pregnant.
- Your provider offers you prenatal tests, including screening tests for certain genetic diseases and birth defects.

Prenatal tests

Prenatal tests are medical tests you get when you're pregnant. They help your provider find out how you and your baby are doing. You get some prenatal tests, like blood pressure checks and urine tests, at almost every checkup. You get other tests at certain times during pregnancy or only if you have certain problems. Talk to your provider about which tests are right for you.

First trimester

Cell-free fetal DNA screening (also called noninvasive prenatal screening or testing) — Tests your blood for your baby's DNA to see if he may have certain genetic conditions, like Down syndrome. You can have this test after 10 weeks of pregnancy. Your provider may recommend the test if an ultrasound shows that your baby may have a birth defect or if you've already had a baby with a birth defect. The test isn't recommended if you're not likely to have a baby with a birth defect or if you're pregnant with multiples (twins, triplets or more). It's called noninvasive because it's done with a blood test. It doesn't require any other tools that break the skin or enter your body. If you have this test, your provider may recommend you have an invasive test, like amniocentesis, to confirm the results.

Chorionic villus sampling (also called CVS). Tests the tissue from the placenta to see if the baby has a genetic disorder, like Down syndrome. The test usually is done between 10 and 12 weeks of pregnancy. Your provider may want you to have a CVS if:

- You are older than 35.
- Genetic problems run in your family.
- Your first-trimester screening shows that your baby is at increased risk for birth defects.

Cystic fibrosis (also called CF) carrier screening. Tests to see if you may have the gene that causes CF. CF is a disease that affects breathing and digestion. You and your partner can have this test any time during pregnancy.

Early ultrasound. Helps your provider confirm that you're pregnant. It also dates the pregnancy, so you know exactly how old your baby is.

First-trimester screening. An ultrasound and blood test to see if your baby may be at risk for some birth defects, like heart defects and conditions like Down syndrome. The test usually is done at 11 to 13 weeks of pregnancy.

Second trimester

Maternal blood screening. Tests your blood to see if your baby may be at risk for some birth defects, like heart defects and conditions like Down syndrome. The test is done at 15 to 20 weeks of pregnancy.

Amniocentesis (also called amnio). Tests the fluid (called amniotic fluid) around the baby to see if he has a genetic disorder, like Down syndrome. The test usually is done at 15 to 20 weeks of pregnancy. Your provider may want you to have an amnio for the same reasons as for CVS.

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Ultrasound. Helps your provider check for birth defects and make sure your baby is growing. The test usually is done at 18 to 20 weeks of pregnancy.

Glucose screening test. Tests to see if you may have gestational diabetes. The test is done at 24 to 28 weeks of pregnancy.

Third trimester

Group B strep test. Group B strep is an infection you can pass to your baby during birth. The test checks fluid from your cervix to see if you have Group B strep. The cervix is the opening to the uterus (womb) where your baby grows. The test is done at 35 to 37 weeks of pregnancy.

Genetic counseling

Genetic counseling helps you find out about how genes, birth defects and other medical conditions run in families, and how they can affect your health and your baby's health. A genetic counselor asks you questions about you, your partner and your families to learn about medical conditions that may run in your families. These genetic conditions can include birth defects, like cystic fibrosis, heart defects and sickle cell disease.

You may want to get genetic counseling if:

- You're older than 35.
- You or your baby's father has already had a baby with a genetic condition or birth defect.
- Genetic conditions run in your family.
- Prenatal test results say that your baby may have a genetic condition.
- You and the baby's father are blood relatives (such as first cousins).
- You or your baby's father is from an ethnic group that is more likely than others to have certain health conditions. For example, sickle cell disease is more common in African-Americans than in people who aren't African-American.

Tips for a successful appointment

- Write down all your questions before your visit.
- When you make your appointment, ask if your health care provider speaks the same language you do. If she doesn't, ask if she can refer you to a provider who does. Or she may be able to have an interpreter at your visits.
- Ask about costs and fees. Does your provider take your insurance? Is there a co-pay? Do you have to pay for services at each visit?
- When you meet your provider for the first time, tell her what you want her to call you (by your first name or last name).
- Ask if your provider will see you all throughout your pregnancy, labor and birth. Or will you see other providers, too?
- Tell your provider about any problems you have getting to your prenatal visits. For example, tell him if you can't get time off from work, if you don't have transportation or if you don't have child care.
- Tell your provider about your medical history and the baby's father's medical history. This includes problems with pregnancy or other conditions, like diabetes or heart problems.
- Tell your provider about any medicine you take, including prescription and over-the-counter drugs, herbal products or supplements.
- Tell your provider if her advice or treatment does not agree with your beliefs.

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Rh Factor

As part of your prenatal care, you will have blood tests to find out your blood type. Each person's blood is one of four major types: A, B, AB, or O. Blood types are determined by the types of antigens on the blood cells. Antigens are proteins on the surface of blood cells that can cause a response from the immune system. The Rh factor is a type of protein on the surface of red blood cells. If your blood lacks the Rh antigen, it is called Rh-negative. If it has the antigen, it is called Rh-positive. Most people (85%) who have the Rh factor are Rh-positive.

When the mother is Rh-negative and the father is Rh-positive, the fetus can inherit the Rh factor from the father. This makes the fetus Rh-positive too. Problems can arise when the fetus's blood has the Rh factor and the mother's blood does not. If you are Rh-negative, you may develop antibodies to an Rh-positive baby. If a small amount of the baby's blood mixes with your blood, which often happens, your body may respond as if it were allergic to the baby. Your body may make antibodies to the Rh antigens in the baby's blood. This means you have become sensitized and your antibodies can cross the placenta and attack your baby's blood. They break down the fetus's red blood cells and produce anemia (the blood has a low number of red blood cells). This condition is called hemolytic disease or hemolytic anemia. It can become severe enough to cause serious illness, brain damage, or even death in the fetus or newborn. Sensitization can occur any time the fetus's blood mixes with the mother's blood.

It can occur if an Rh-negative woman has had:

- A miscarriage
- An induced abortion or menstrual extraction
- An ectopic pregnancy
- Chorionic villus sampling
- A blood transfusion

How can problems be prevented?

- A blood test can provide you with your blood type and Rh factor.
- Antibody screen is another blood test that can show if an Rh-negative woman has developed antibodies to Rh-positive blood.
- An injection or Rh immunoglobulin (RhIg), a blood product that can prevent sensitization of an Rh-negative mother.

RhIg is used during pregnancy and after delivery:

- If a woman with Rh-negative blood has not been sensitized, her doctor may suggest that she receive RhIg around the 28th week of pregnancy to prevent sensitization for the rest of pregnancy.
- If the baby is born with Rh-positive blood, the mother should be given another dose of RhIg to prevent her from making antibodies to the Rh-positive cells she may have received from their baby before and during delivery.
- The treatment of RhIg is only good for the pregnancy in which it is given. Each pregnancy and delivery of an Rh-positive child requires repeat doses of RhIg.

Rh Factor

- Rh-negative women should also receive treatment after any miscarriage, ectopic pregnancy, or induced abortion to prevent any chance of the woman developing antibodies that would attack a future Rh-positive baby.
- If and when an amniocentesis is done, fetal Rh-positive red blood cells could mix with a mother's Rh-negative blood. This would cause her to produce antibodies, therefore making it necessary for RhIg to be given.

What happens if antibodies develop?

Once a woman develops antibodies, RhIg treatment does not help. A mother who is Rh sensitized will be checked during her pregnancy to see if the fetus is developing the condition. The baby may be delivered on time, followed by a blood transfusion for the baby that will replace the diseased blood cells with healthy blood. For more severe cases, the baby may be delivered early or given transfusions while in the mother's uterus.

Last Updated: 04/2006

Preterm labor

What is preterm labor?

Preterm labor is labor that happens too early, before 37 weeks of pregnancy. This is too early for a baby to be born. Babies born too soon are more likely than babies born later to have problems after they are born, such as breathing problems and harmful infections. Some of these problems can last their entire lives.

What are the signs of preterm labor?

- Contractions that make your belly tighten up like a fist every 10 minutes or more often
- A change in the color of your vaginal discharge, or bleeding from your vagina
- The feeling that the baby is pushing down (called pelvic pressure)
- Low, dull backache
- Cramps that feel like your period
- Belly cramps with or without diarrhea

What should you do if you have a warning sign?

- Call your health care provider or go to the hospital right away.
- Stop what you are doing. Rest on your left side for 1 hour.
- Drink two to three glasses of water or juice (not coffee or soda).

If the signs get worse or do not go away after 1 hour, call your health care provider again or go to the hospital. If the symptoms get better, relax for the rest of the day.

Who is at risk for preterm labor?

Preterm labor can happen to any pregnant woman. But it happens more often to some women than to others. Talk to your health care provider about risk factors for preterm labor. If you have one of the risk factors, it does not mean that you'll definitely have preterm labor. It just means you're more likely to have preterm labor than a woman without risk factors.

Risk factors for having preterm labor:

These three risk factors make you most likely to have preterm labor and give birth early:

1. **You had a premature baby in the past.**
2. **You're pregnant with multiples (twins, triplets or more).**
3. **You have problems with your uterus or cervix or you've had these problems in the past.**

Medical risk factors for preterm labor

- Getting late or no prenatal care
- Bleeding from the vagina in the second or third trimester
- Being underweight or overweight before pregnancy or not gaining enough weight during pregnancy

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- Having certain health conditions, like high blood pressure, preeclampsia, diabetes or thrombophilias (blood clotting disorders). Or having certain infections during pregnancy, like a sexually transmitted disease (also called STD) or other infections of the uterus (womb), urinary tract or vagina.
- Having preterm premature rupture of the membranes (also called PPROM). This is when the sac around the baby breaks early, causing labor to start.
- Being pregnant after in vitro fertilization (also called IVF). IVF is a fertility treatment used to help women get pregnant.
- Being pregnant with a baby who has certain birth defects, like heart defects or spina bifida
- Getting pregnant too soon after having a baby. For most women, it's best to wait 18 to 23 months before getting pregnant again. Some women can't wait this long because of their age or other reasons. Talk to your provider about what's right for you.
- Having a family history of premature birth. This means that someone in your family has had a premature baby.
- Being exposed to the medicine DES, a man-made form of the hormone estrogen. This includes being exposed to DES in the womb (your mother took DES when she was pregnant with you).

Risk factors in your everyday life

- Smoking, drinking alcohol, using street drugs or abusing prescription drugs
- Having a lot of stress in your life, including having little education or low income, being unemployed or having little support from family and friends
- Being single
- Domestic violence. This is when your partner hurts or abuses you. It includes physical, sexual and emotional abuse.
- Working long hours or having to stand a lot
- Being exposed to pollutants, like air pollution or harmful chemicals at work

Other risk factors for preterm labor and premature birth: Age and race/ethnicity

Being younger than 17 or older than 35 makes you more likely than other women to give birth early. Your race/ethnicity is a risk factor, too. In the United States, black women are more likely than women of other races and ethnicities to give birth early. We don't know why race plays a role in premature birth; researchers are working to learn more about it.

What can you do to reduce your risk of preterm labor?

- Get prenatal care as soon as you think you're pregnant. Go to every checkup, even if you feel fine.
- Don't smoke and avoid secondhand smoke.
- Don't drink alcohol.
- Tell your health care provider about any medicine and herbal products you take.
- Try to reduce stress. Ask your friends and family for help. Rest and relax whenever you can.
- Tell your health care provider if your partner abuses you. Abuse often gets worse during pregnancy.
- Call your health care provider if you feel burning or pain when you go to the bathroom. You may have an infection.
- Learn the signs of preterm labor.

Preeclampsia

Preeclampsia a condition that can happen after the 20th week of pregnancy or right after pregnancy. It's when a pregnant woman has high blood pressure and signs that some of her organs, like her kidneys and liver, may not be working properly.

If you have any of these signs of preeclampsia, call your health care provider:
- Sudden swelling of fingers, legs, toes and face
- Severe headaches
- Nausea and vomiting
- Blurred or disturbed vision and dizziness
- Severe stomach pain
- Excessive, sudden weight gain

You're more likely than other women to have preeclampsia if you're:
- Pregnant for the first time
- Older than 35
- Pregnant with more than one baby (twins, triplets or more)

If you have preeclampsia, you may need to stay in the hospital so your provider can closely monitor you and your baby. You may need medicine to help control your blood pressure. If your preeclampsia is severe, you may need to have your baby early.

If your provider thinks you're at high risk of having preeclampsia, he may want to treat you with low-dose aspirin to help prevent it. Talk to your provider to see if treatment with aspirin is right for you.

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Gestational diabetes

Diabetes is a medical condition in which your body has too much sugar (called glucose) in your blood. This can damage organs in your body, including blood vessels, nerves, eyes and kidneys.

Gestational diabetes is a kind of diabetes that can happen during pregnancy. It usually goes away after you give birth. But if you have it, you're at high risk of having it again in another pregnancy. You're also more likely to develop diabetes later in life.

What problems can gestational diabetes cause for your baby?

If your diabetes is untreated, your baby is more likely to:

- **Be very large and need to be born by cesarean birth (also called c-section).** This is surgery in which your baby is born through a cut that your doctor makes in your belly and uterus (womb).
- **Have birth defects.** These are health conditions that are present at birth. They change the shape or function of one or more parts of the body. They can cause problems in overall health, in how the body develops or in how the body works.
- **Have health complications after birth,** including liver and breathing problems and low blood sugar.
- **Be stillborn.** This is when a baby dies in the womb after 20 weeks of pregnancy but before birth.

Who is more likely to have gestational diabetes?

You're more likely than other women to develop gestational diabetes if:

- You're older than 30.
- You're overweight or gained a lot of weight during pregnancy.
- Diabetes runs in your family.
- You had gestational diabetes in a previous pregnancy.
- You're Asian, black, Hispanic, Native American or Pacific Islander.

How do you know if you have gestational diabetes?

You get a glucose screening test as a regular part of prenatal care. This test can tell if you have gestational diabetes. It's done at 24 to 28 weeks of pregnancy. Your provider may give you the test earlier if he thinks you're likely to develop gestational diabetes.

How is gestational diabetes treated?

Eating healthy foods and being physically active may be enough to control your gestational diabetes. You may be asked to check your blood sugar several times a day. You can do this with a special finger-stick device. Some women with gestational diabetes need treatment with medicine. You and your provider can decide on the kind of treatment that's right for you.

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Group B Strep Infection

Group B streptococcus (GBS) is a type of bacterial infection that can be found in a pregnant woman's vagina or rectum. This bacteria is normally found in the vagina and/or rectum of about **25 % of all healthy, adult women**. Those women who test positive for GBS are said to be colonized. A mother can pass GBS to her baby during delivery.

GBS is responsible for affecting about **1 in every 2,000 babies in the United States**. Not every baby who is born to a mother who tests positive for GBS will become ill. Although GBS is rare in pregnant women, the outcome can be severe, and therefore physicians include testing as a routine part of prenatal care.

How can I find out if I have Group B Strep infection?

The Centers for Disease Control and Prevention (CDC) has recommended routine screening for vaginal strep B for all pregnant women. This screening is performed between the 35th and 37th week of pregnancy (studies show that testing done within 5 weeks of delivery is the most accurate at predicting the GBS status at time of birth.)

The test involves a swab of both the vagina and the rectum. The sample is then taken to a lab where a culture is analyzed for any presence of GBS. Test results are usually available within 24 to 48 hours. The American Academy of Pediatrics recommends that all women who have risk factors **PRIOR** to being screened for GBS (for example, women who have preterm labor beginning prior to 37 completed weeks' gestation) are treated with IV antibiotics until their GBS status is established.

How does someone get group B strep?

The bacteria that causes group B strep normally lives in the intestine, vagina, or rectal areas. Group B strep colonization is not a sexually transmitted disease (STD). **Approximately 25% of all healthy women carry group B strep bacteria**. For most women there are no symptoms of carrying the GBS bacteria.

What if I test positive for Group B Strep infection?

If you test positive for GBS this simply means that you are a carrier. Not every baby who is born to a mother who tests positive for GBS will become ill. Approximately **1 out of every 200 babies** whose mothers carry GBS and are not treated with antibiotics, will develop signs and symptoms of GBS disease. There are, however, symptoms that may indicate that you are at a higher risk of delivering a baby with GBS.

These symptoms include:

- Labor or rupture of membrane before 37 weeks
- Rupture of membrane 18 hours or more before delivery
- Fever during labor
- A urinary tract infection as a result of GBS during your pregnancy
- A previous baby with GBS disease

In this case your physician will want to use antibiotics for prevention and protection.

Group B Strep Infection

According to the CDC, if you have tested positive and are not in the high risk category, then your chances of delivering a baby with GBS are:

- 1 in 200 if antibiotics are not given
- 1 in 4000 if antibiotics are given

How can I protect my baby from Group B Strep infection?

If you test positive for GBS and meet the high risk criteria, then your physician will recommend giving you antibiotics through IV during your delivery to prevent your baby from becoming ill. Taking antibiotics greatly decreases the chances of your baby developing early onset group B strep infection.

For women who are group B strep carriers, antibiotics given before labor begins are not effective at preventing the transmission of the group B bacteria. Since they naturally live in the gastrointestinal tract (guts), the bacteria can come back after antibiotics. A woman may test positive at certain times and not at others. That's why it is important for all pregnant women to be tested for group B strep **between 35 to 37 weeks of every pregnancy**.

How does Group B Strep infection affect a newborn baby?

Babies may experience early or late-onset of GBS.

The signs and symptoms of early-onset GBS include:

- Signs and symptoms occurring within hours of delivery
- Sepsis, pneumonia, and meningitis, which are the most common complications
- Breathing problems
- Heart and blood pressure instability
- Gastrointestinal and kidney problems

Early-onset GBS occurs more frequently than late-onset. Newborns with early-onset are treated the same as the mothers, which is through intravenous antibiotics.

The signs and symptoms of late-onset GBS include:

- Signs and symptoms occurring within a week or a few months of delivery
- Meningitis, which is the most common symptom

Late-onset GBS could be a result of delivery, or the baby may have contracted it by coming into contact with someone who has GBS.

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