

Detection of group B strep in pregnant women

Group B strep colonize the human colon and can enter the vagina from there.

For this reason, to reliably detect group B strep, a swab should be taken from the vagina and rectum to prepare a bacteriological culture.

Some of the rapid tests (immunological tests that provide a result immediately after taking the sample) are less sensitive than the culture methods, i.e. they sometimes may not detect colonization with group B strep.

While the newborn is not considered at risk if group B strep is detected in the mother in early pregnancy, colonization of the pregnant woman in the period before delivery is associated with a significantly higher risk for the child.

For this reason, pregnant women should be examined in the 35th to 37th week of pregnancy (recommendation issued by the German Society for Gynaecology and Obstetrics).

For statutory health insurance holders:

Some medical services cannot be covered by health insurance companies or cannot be covered in every case (e.g. at the patient's own request) and must therefore be paid by the patient.

Please refer to the order form for individual healthcare services for the current prices.

For private health insurance holders:

Private health insurance will cover the costs according to the valid GOÄ if there has been no previous exclusion of benefits. If you have any questions about this, your doctor will be happy to advise you.



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Group B strep during pregnancy



What are group B strep (streptococci)?

Serological group B strep (*Streptococcus agalactiae*) are bacteria that colonize the intestinal and urogenital tract of women.

In Germany, they are detected in the vagina or faeces of around 10 % of pregnant women.

They pose no danger to the expectant mother and do not usually cause any symptoms. There is also generally no risk to the unborn child during pregnancy.

Why is it useful to check whether pregnant women are colonized with group B strep?

Group B strep can be transmitted from the pregnant woman to the child. Transmission usually occurs at birth, starting after rupture of the membranes.

Every second child of group B strep positive women is colonized with these bacteria after vaginal delivery. The pathogens can then be detected on the skin and mucous membranes, even without the children showing any signs of illness. In 1–2 % of children born to women who are group B strep positive, however, these bacteria cause infections in the newborn.

Group B strep infections in newborns

The diseases that occur in the first few days of life usually progress as a severe general infection that can be fatal. Pneumonia and meningitis can also occur and cause permanent damage.

The risk of transmission can be significantly reduced by administering an antibiotic effective against group B strep (usually penicillin) from the start of labour or after the amniotic sac has broken. However, this presupposes that it is known at this time whether the pregnant woman is colonized with group B strep.

It is therefore advisable to test pregnant women for the presence of group B strep.

Antibiotic treatment before delivery is not necessary, as the colonization usually poses no risk to mother and child during pregnancy.

