



## Informed Consent Group Beta Strep

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Group B *Streptococcus* (GBS) is a type of bacteria that can cause illness in people of all ages. In newborns, GBS is a major cause of meningitis (infection of the lining of the brain and spinal cord), pneumonia (infection of the lungs), and sepsis (infection of the blood) (CDC 1996; CDC 2005; CDC 2009). Group B strep appropriately lives in the intestines of everyone. It can however migrate down towards the rectum and vagina. While GBS colonizes the gastrointestinal and genital tracts of 15 to 40 percent of pregnant women, it does not typically cause an infection in either the woman or her baby. 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. A pregnant woman who tests positive for GBS and gets antibiotics during labor can feel confident knowing that she has only a **1 in 4,000** chance of delivering a baby with GBS disease. If a pregnant woman who tests positive for GBS does not get antibiotics at the time of labor, her baby has a **1 in 200** chance of developing GBS disease. This means that those infants whose mothers are GBS positive and do not get antibiotics have over 20 times the risk of developing disease than those who do receive preventive antibiotics (CDC, 2012). Most newborns are immune to the harmful effects of these bacteria. In the absence of any intervention, an estimated 1%--2% of infants born to colonized mothers develop early-onset GBS infections. Among those term infants, 2-3% will suffer a fatality (CDC, 2010). 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 from the CDC, recommend 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. Furthermore, pediatricians generally 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 given during labor offer no protection against Late-Onset GBS Disease, which occurs after the first week of life, but before three months of age. I have read the above information and I have decided:

1. I have had the **Morbidity and Mortality Weekly Report** published by the CDC on the **Prevention of Perinatal Group B Streptococcal Disease** (Revised Guidelines from CDC, 2010) made available to me and feel entirely informed on this issue with all of my questions addressed.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5910a1.htm>

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_

Husband/Partner \_\_\_\_\_ Date \_\_\_\_\_

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

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_

Husband/Partner \_\_\_\_\_ Date \_\_\_\_\_

3. I want a home birth with IV antibiotics. I am requesting this service from my midwife and have decided that I will have a home birth whether she can legally administer the antibiotics or not. 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 seek an appropriate health care provider in a hospital setting but choose to refuse this option.

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_

Husband/Partner \_\_\_\_\_ Date \_\_\_\_\_

4. I have been fully informed regarding the risk of GBS disease. Despite the proposed standard of care for screening and treatment, I have chosen to decline GBS screening. I understand, if I am colonized with GBS, that this puts my baby at 20 times greater risk of developing GBS disease.

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_

Husband/Partner \_\_\_\_\_ Date \_\_\_\_\_

5. I am opposed to intrapartum antibiotic treatment for religious, philosophical or medical reasons. I realize this greatly increases the risk my baby has for developing early onset disease and can result in a fatality. I also realize that I too am at risk for developing a GBS infection that can cause serious illness and/or death.

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_

Husband/Partner \_\_\_\_\_ Date \_\_\_\_\_