Group B Strep Support (GBSS)

Media Pack

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Group B Strep Support

Contents

Key facts 3
What is group B Strep (GBS)? 3
Early-onset vs late-onset GBS infection 4
  Early-onset 4
  Late-onset 4
Testing for GBS carriage 5
Preventative medicine in labour 5
UK prevention approach 5
GBS3 Trial 6
Numbers 7
Common myths 8
Who is Group B Strep Support? 10
Contact details 11

Key facts

- Group B Streptococcus (also known as group B Strep, GBS or Strep B) is the most common cause of life-threatening infection in newborn babies.
- GBS causes serious infections including sepsis, pneumonia and meningitis – itis the most common cause of severe infection in newborn babies and of meningitis in babies under 3 months of age.
- Untreated, a GBS infection can kill a newborn baby within hours.
- On average:
    - 2 babies each day in the UK develop a GBS infection. Most recover fully but
    - 1 baby each week dies from a GBS infection and
    - 1 baby each week recovers with a life-changing disability.
- Around 800 babies a year develop group B Strep infection, around 50 babies will die and 75 survivors have a long-term disability.
- Most GBS infections in newborn babies can be prevented by testing pregnant women and people during pregnancy and providing intravenous antibiotics during labour to those whose test results are positive.
- The UK does not routinely test pregnant women and people for GBS, unlike most high-income countries, including the United States, Canada, Germany, France, and Spain.
- The test would cost the NHS around £15, and home-test packs are available privately from around £50.
- In 2025, group B Streptococcus was added to the **Priority Pathogens list** published by the UK Health Security Agency. This list aims to help guide research and development investment in England, and is the first list specifically designed to consider both global public health threats as well as those most relevant to a UK population.

What is group B Strep (GBS)?

- GBS is a bacterium carried by 20-25% of adults in the UK, typically in the gut or vagina. Carrying GBS is not an infection or illness. It rarely causes any symptoms to the carrier and does not need to be treated. Carriage is normal.

- GBS can cause infection in newborn babies when the bacteria are transmitted to the baby, typically around labour or after birth. In rare cases, GBS also causes infection during pregnancy, in adults whose immune system is depressed, the elderly and women and people during pregnancy and after childbirth.

Early-onset vs late-onset GBS infection

Early-onset

- In the UK, up to two-thirds of GBS infection in babies are of early onset (showing within the first 6 days of life). Early-onset group B Strep infections occur in around 1 in every 1,750 babies in the UK and Ireland.

- Early-onset GBS infection usually presents as sepsis with pneumonia. Most early-onset GBS infections show signs within the first 12 hours after birth so will often be identified in the maternity unit.

- Babies can be exposed to GBS around birth when Mum, usually unknowingly, is carrying the bacteria. Most babies do not develop GBS infection, though a relatively small number will, and the infection may be severe.

- Most early-onset GBS infections can be prevented with testing during pregnancy, awareness of risk-factors and preventative intravenous antibiotics in labour.

Late-onset

- Up to a third of GBS infections in babies are of late onset, occurring after the baby's first 6 days, usually as meningitis with sepsis. Late-onset group B Strep infections occur in around 1 in every 2,700 babies in the UK and Ireland.

- Typical signs of late-onset group B Strep infection are similar to those associated with early-onset GBS infection, though with the additional signs of meningitis. It is uncommon after a baby reaches one month old and very rare after the age of three months.

- Babies can be exposed to GBS from a variety of sources after birth, including from Mum or from other people.

- Testing for group B Strep during pregnancy and having intravenous antibiotics during labour will prevent most cases of early-onset group B Strep infection, but have not been shown to reduce late-onset GBS infection.

- There are no known ways of preventing late-onset GBS infections (although one day a vaccine should do this), so speedy identification of the signs of these infections and urgent escalation are vital for early diagnosis and

treatment. A vaccine is in development but will take many years before being available.

Testing for GBS carriage

- Pregnant women and people can take a simple, safe test for group B Strep between 35 and 37 weeks of pregnancy.
- The most effective test for group B Strep carriage currently available is an Enriched Culture Medium test (ECM test).
- At present the NHS does not routinely test all pregnant women and people for group B Strep carriage. In late 2017 the Royal College of Obstetricians and Gynaecologists (RCOG) updated their guidance to recommend that women and people who tested positive in their previous pregnancy should be offered testing specifically for GBS, using the ECM test, in their next pregnancy. As a result, the ECM test is increasingly becoming available in NHS hospitals.
- The ECM test is highly sensitive – it will detect almost twice as many women and people carrying GBS than the all-purpose swab test used in the NHS to investigate vaginal discharge.
- The ECM test is available privately through home testing services and clinics (see www.gbss.org.uk/test).

Preventative medicine in labour

- Most GBS infections in newborn babies could be prevented by identifying women and people carrying the bacteria during pregnancy and offering them intravenous antibiotics during labour.
- Giving labouring women and people antibiotics (usually penicillin) reduces the risk of a baby developing a group B Strep infection by up to 91%.[1]

UK prevention approach

- In the UK, health professionals consider a range of risk factors to determine whether a woman should be offered antibiotics in labour, rather than testing for the presence of GBS. The latest (September 2017) guidelines on group B Strep prevention from the Royal College of Obstetricians & Gynaecologists are available here.

[1] Fairlie T et al. Effectiveness of intrapartum antibiotic prophylaxis for prevention of early-onset group B streptococcal disease. Obstet Gynecol. 2013. Available online: https://pubmed.ncbi.nlm.nih.gov/23635620/

- Most high-income countries routinely offer antenatal testing for group B Strep, including the United States, Canada, Germany, France and Spain.

- The UK rate of early-onset GBS infection (EOGBS = GBS infection in babies aged 0-6 days) is currently two and half times (2.5x) that of the United States. The US rate dropped by over 80% following the introduction of routine testing.

- If the UK rate were reduced in the same way by the introduction of routine testing, we could prevent approximately 350 babies from developing early onset GBS infection every year, saving 15 babies' lives and protecting another 15 from life-changing disability.

- A 2020 systematic review suggests that routine antenatal testing prevention strategies reduce the incidence of early-onset GBS infection compared to risk-based protocols without a significant rise in antibiotic use.[2]

- As these statistics show, routine testing could – and in other countries does – prevent most early-onset GBS infections and in turn ease long-term pressure on the NHS.

- Some women and people are not given information on group B Strep or have access to the right kind of test (an ECM test) nor are offered antibiotics in labour - it can be a postcode lottery. Group B Strep Support works to change this.

GBS3 Trial

- In May 2019, the National Institute for Health Research announced a major clinical trial to improve the prevention of early-onset GBS infection in the UK.

- The trial will compare the clinical and cost-effectiveness of the UK's current approach, the risk-factor approach, with routinely testing pregnant women and people for group B Strep carriage.

- To do this, the trial will compare two types of testing:
    - Antenatal culture testing (ECM testing) at 35-37 weeks of pregnancy, which takes 48 hours to a result
    - A rapid PCR test done in labour, which takes < 1 hour to a result

- The trial will establish whether testing pregnant women and people at 35-37 weeks or using a rapid 'bedside test' at the start of labour is more effective at

[2] Hasperhoven GF et al. Universal screening versus risk-based protocols for antibiotic prophylaxis during childbirth to prevent early-onset group B streptococcal disease: a systematic review and meta-analysis. BJOG. 2020. Available online: https://pmc.ncbi.nlm.nih.gov/articles/PMC7187465/

preventing early-onset GBS infections in babies than the current risk-based strategy.

- The GBS3 Trial is the first to compare two types of testing versus a risk-factor approach and could lead to improvements in care internationally. The trial has involved 71 hospitals and 320,000 women and people and their babies.

- The full results are expected to be available in Spring 2027. The trial has taken nearly 20 years to secure and is a once-in-a-lifetime opportunity to determine what the best way forward for the UK is. Read more at https://gbss.org.uk/gbs3/.

Numbers

- Approximately 20-25% of women and people carry group B Strep in their vagina and/or lower intestines. Carrying the bacteria is not associated with symptoms and is usually not harmful to the carrier.

    - If a woman is carrying group B Strep when she gives birth, the risk of her newborn baby developing early-onset GBS infection is approximately one in 400 if no preventative antibiotics are given in labour. When they are, the risk falls to approximately one in 4,000.

    - The best data on this are from the British Paediatric Surveillance Unit (BPSU)'s enhanced surveillance study on group B Strep infection in babies aged 0-90 days in the UK & ROI during 2014-5. The UKHSA (formerly PHE) publish reports annually on voluntarily reported cases of GBS infection in this age group in England, but do not report deaths or disabilities.

    - Since the BPSU's first GBS study in 2000/1 (before the UK introduced a risk-based prevention strategy in 2003), the number of GBS infections has increased (from 568 in 2000/1 to 856 in 2014/15). The number of babies with disability at discharge from hospital has also increased, up from 33 in 2000/1 to 59 in 202014/5. The number of deaths from GBS infection in babies aged 0-90 days is unchanged.

- Best estimates are that around 94% of babies who develop a GBS infection will survive, and around 6% die (5% for early-onset and 8% for late-onset), and 9% of survivors will recover with a long-term disability (7% for early-onset and 12% for late-onset GBS infection survivors).

Common myths

GBS is a sexually transmitted disease

GBS is NOT a sexually transmitted disease. It is a bacterium commonly found in the gut and in the vagina in healthy women and people. It rarely causes symptoms, and most carriers are unaware that they harbour GBS. Although in very rare cases it can cause infection in adults, it is the most common cause of severe infection in newborn babies.

GBS comes and goes so it is not worth testing

No. Research[3] has shown that the result of the GBS-specific ECM test - positive or negative - is highly predictive of carriage status over at least the following 5 weeks. This is why most countries recommend testing at 35-37 weeks of pregnancy. Testing then is predictive of the GBS carriage status of the mother when she's most likely to give birth – in the following 5 weeks.

When performed within the last 5 weeks before birth, research showed that a negative result is 96% predictive of still not carrying GBS at delivery. Only 4% of women and people acquired GBS carriage between testing and giving birth. A positive result was 87% predictive of still carrying GBS at delivery (13% of women and people lost carriage between testing and giving birth).

Testing for GBS would result in many more women and people being given antibiotics

No. Research found that a similar number of women and people would be offered antibiotics if we screened women and people compared with the risk-based approach.[4] The key difference is that with screening they would be offered to the women and people most likely to be carrying GBS in labour, rather than to women and people who have risk factors which are very poor at predicting GBS carriage (a recent study found that two-thirds of the newborn babies who developed GBS infection had no risk factors[5]).

For newborn babies the consequences of their mother not having preventative antibiotics in labour if she's carrying GBS can be catastrophic – sepsis, meningitis or pneumonia. The potential benefit of the antibiotics far outweighs the potential risk.

[3] Yancey MK et al. The accuracy of late antenatal screening cultures in predicting genital group B streptococcal colonization at delivery. Obstet Gynecol. 1996. Available online: https://www.ncbi.nlm.nih.gov/pubmed/8885919
[4] Daniels JP et al. Intrapartum tests for group B streptococcus: accuracy and acceptability of screening. BJOG. 2011. Available online: https://www.ncbi.nlm.nih.gov/pubmed/21040389
[5] British Paediatric Surveillance Unit Annual Report, 2015-2016. pp.10-12. Available online: https://www.rcpch.ac.uk/sites/default/files/2018-06/bpsu_ar1516_web_0.pdf

Antibiotics have been proven to be highly effective at stopping GBS infections in newborn babies when given intravenously to the pregnant woman as soon as her waters have broken, or labour has started.

Giving antibiotics in labour to prevent GBS infection in newborns would increase antibiotic resistant infections

No. This hasn't happened in other countries, including the USA, where antibiotics in labour have been recommended against GBS infection in newborn babies since the mid-1990s. In addition, a 2020 systematic review found that routine testing prevention strategies not only reduced the incidence of early-onset GBS infection compared to risk-based protocols, it did so without a significant rise in antibiotic use.[6]

The recommended antibiotic is penicillin, which is both highly effective against GBS and is a narrow-spectrum antibiotic so will 'wipe out' fewer of the 'good' bacteria.

GBS is caused by the same bacteria that gives you a sore throat

No. GBS is a different bacterium - group A Strep commonly causes Strep throat. They are in the same 'family' of bacteria, hence the name, but cause different infections.

The GBS test is not reliable

Yes it is. When done properly and at the appropriate time, the GBS-specific ECM test, recommended by Public Health England and the Royal College of Obstetricians & Gynaecologists, is very reliable.

Research[7] has shown that whether a result is positive or negative, it is very reliable for the next 5 weeks. This is why the many developed countries that routinely test pregnant women and people for group B Strep carriage do so late in pregnancy, at 35-37 weeks gestation.

Using the right test at the right time is a highly effective way of detecting GBS. For pregnant women and people, this means using an enriched culture medium (ECM) test between 35 weeks and 37 weeks. A woman's GBS carriage status will stay broadly the same for the next five weeks and allows her and her midwife to consider whether taking antibiotics in labour is the right choice for her and her baby.

[6] Hasperhoven GF et al. Universal screening versus risk-based protocols for antibiotic prophylaxis during childbirth to prevent early-onset group B streptococcal disease: a systematic review and meta-analysis. BJOG. 2020. Available online: https://pmc.ncbi.nlm.nih.gov/articles/PMC7187465/

[7] Yancey MK et al. The accuracy of late antenatal screening cultures in predicting genital group B streptococcal colonization at delivery. Obstet Gynecol. 1996. Available online: https://www.ncbi.nlm.nih.gov/pubmed/8885919

Who is Group B Strep Support?

- Group B Strep Support is the UK charity working to stop GBS infection in babies. It was set up in 1996 by Jane & Robert Plumb after their son, Theo, died from GBS infection aged 17 hours.

- Group B Strep Support's vision is for a world free from group B Strep infection in babies.

- Supported by a highly respected clinical advisory panel, GBSS will continue to press the Government and the UK National Screening Committee to go beyond simply informing all pregnant women and people. We advocate for protecting them and their babies by introducing routine antenatal testing for GBS on the NHS.

- **www.gbss.org.uk**: Our website offers information about GBS infections, testing and treatment. All information is approved by an expert clinical advisory panel.

    - On our website you can find a stories from members of our community. Please get in touch if you would like to explore or feature one of these stories.

- **Helpline:** We provide one to one support and information. Call 0330 120 0796 or email info@gbss.org.uk.

- **Community support:** We offer families the opportunity to share experiences and support others across a number of channels, including a Facebook community of over 41,000 people.

- **Campaigns:** We campaign to stop GBS infection in babies through improvements to prevention and treatment strategies in the UK, including the introduction of an antenatal testing programme.

- **Awareness and education:** We work alongside health professionals to improve knowledge and awareness about group B Strep among new and expectant parents and their health professionals.

    - This includes our free CPD accredited group B Strep e-Learning module to provide evidence-based education on group B Strep to enhance the care of pregnant women and people, and their babies, and ultimately help save lives.

Contact details

For further information, for interview or photographs, please contact:

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