

# 10 Reasons Not To Culture For GBS

## Newborn Group B Strep Infection: Top 10 Reasons to Not Culture at 36 Weeks

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1. Culturing at 36 weeks and treating GBS-positive women prophylactically in labor has never been shown to decrease newborn GBS disease more than *not* culturing and *only* treating women who go into labor prematurely, have ruptured membranes for more than 18 hours, or have a fever and is far more costly. Culturing at 36 weeks and treating GBS-positive women prophylactically in labor has never been shown to decrease newborn GBS disease by randomized controlled trials.
2. The premise that GBS cultures are accurate for five weeks is based on a single study of 116 women. Larger studies failed to reproduce these results and have shown GBS cultures are not reliable for even 24 hours.
3. Penicillin-resistant GBS has been documented since 2007 and in one study already makes up 10% of GBS cultured from women. Based on history, 25-45 years from now, 50% of GBS is likely to be resistant to penicillin. It is plausible, that giving mega doses of penicillin to a million women in labor each year will speed the selection for penicillin resistant strains. No new antibiotic families have been discovered since 1960 so there is little hope for discovery of more effective antibiotics.
4. About 50% of GBS is already “resistant” to the antibiotics (clindamycin and erythromycin) used by the 7-10% of women who are allergic to penicillin. When the GBS is resistant, the alternative antibiotic, vancomycin, has been causing strong side effects such as hypotension and “Red Man syndrome” (i.e. hives, histamine reaction and feeling lousy).
5. The US Centers for Disease Control (2002) declared antibiotics a “temporary solution” because of the known risk of penicillin-resistant GBS, though failed to define temporary.
6. A GBS vaccine is never going to happen, because the surface antigens of GBS mutate too quickly to give the vaccine before pregnancy, and the legal liability of giving pregnant women vaccines is too great. The last 30 years of efforts to find an effective vaccine have failed.
7. One in 10,000 women have serious anaphylactic reactions to penicillin.
8. Vaginal GBS is twice as prevalent in states and countries that overuse antibiotics.
9. If the noses of newborns who have no GBS disease, are cultured, many will culture positive for GBS even if the mother was given Penicillin in labor. But the newborns who culture positive for GBS who’s mother’s received Penicillin in labor had three times more newborn respiratory distress (nasal flaring, grunting, retraction or tachypnea i.e.respiration rate >60 breaths/minute, within 48 hours after birth compared with GBS colonized newborns of untreated mothers. Antibiotics given during pregnancy also seem to be associated with increased allergies and asthma in children.
10. Telling women they have a bacteria that may kill their newborn is terrifying to most pregnant women.

## Top 10 Things We Don't Yet Know About GBS of the Newborn

1. How many full-term babies are injured (not killed) from GBS disease of the newborn? What morbidity do they experience?
2. Do prophylactic antibiotics to GBS-positive women prevent GBS morbidity in full-term newborns (vs. mortality)?
3. What is the effect of giving antibiotics to pregnant women with asymptomatic GBS bacteriuria on the occurrence of GBS disease of newborn?
4. Since prolonged ROM is known to increase the risk of GBS disease, how would eliminating AROM as well as scalp internal electrodes affect the occurrence of GBS disease of newborn?
5. Since frequent vaginal exams (more than six) have been shown to increase the risk of GBS disease, how would eliminating vaginal exams affect the occurrence of GBS disease of newborn?
6. We know that 99% of babies colonized with GBS don't get GBS disease. Why? We know that 99.999% of women colonized with GBS don't get GBS vaginitis. Why? Why does GBS sometimes cause infection and sometimes live in ecological balance?
7. Why is GBS present in two to three times as many women in the US than in Ireland, Cambodia, Taiwan, Philippines or Africa?
8. How does GBS inhibit the growth of lactobacillus in the vagina?
9. Since many have tried and no one has ever demonstrated that GBS crosses intact fetal membranes, why is it still believed that that happens? If so, how?
10. How many newborns will die of GBS disease in 10 years? 20 years? 40 years?

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