

wifery: *Panacea or Paradox?* by Sara Wickham, RM, MA, BA (Hons), PGCE(A).

If I refuse testing or treatment, how will I know if my baby gets sick?

YOUR BABY MAY EXPERIENCE jaundice, lethargy, and low muscle tone if the symptoms are mild. For mild Rh incompatibility, babies are usually treated with breastfeeding and phototherapy using bilirubin lights.

More severe cases can cause brain damage, fluid buildup and swelling in the baby, seizures, and problems with mental function, movement, hearing, and speech.¹⁶ Severe incompatibility can be fatal.

Group Beta Strep (aka Group B Strep or GBS)

GROUP BETA STREP (GBS) is just one of many types of bacteria that normally live in our bodies. GBS is not a sexually transmitted disease—it is perfectly natural and cannot be controlled by a person's behavior or cleanliness.

Since GBS is in “The Big Ten” chapter, and there are a lot of words on the next few pages, there must be something more to it than that, right? The trouble with GBS comes into play when there is an over-colonization of it in the vagina and/or rectum.

As she is born, your baby may be exposed to GBS in the birth canal and potentially become ill. There are simple tests to check for colonization and some options for treatment plans. Many parents struggle with GBS testing and treatment because on the one hand, the likelihood of their baby getting an infection is pretty small if they do not have any risk factors. On the other hand, if the baby does get a GBS infection, it can be life threatening.

What is GBS?

GBS IS A NATURALLY occurring bacteria found in the throat, intestines, and vagina of pregnant and nonpregnant women. GBS is migratory; it comes and goes depending on the flora in your digestive tract. You may test positive one day, and negative another. You may be negative during one pregnancy, and positive with the next. Regardless of the potential for change, most providers test only one time and consider those results valid for five weeks.

If it's so normal, why the big to-do?

THE FEAR WITH GBS is that during birth, your baby will come into direct contact with the bacteria and she will get an infection. GBS is the leading cause of pneumonia, blood infections, and meningitis in newborns.¹⁷

When do I take the test?

WOMEN OFTEN WONDER BOTH why we are testing for something that may or may not be there when they give birth and why we don't just test during labor. The short answer is that we are doing the best we can with the technology we have to get the information we need to try to prevent neonatal deaths from GBS infections. Until tests are readily and cheaply available that give quick results and can be used during labor, this test will be offered between 35 and 37 weeks.

How do I take the GBS test?

THE TEST IS EASY and painless. You or your midwife will simply take a sample from your vagina and rectum using a long swab.

I tested positive for GBS. What does this mean?

ABOUT 25 PERCENT OF healthy pregnant women test positive for significant GBS colonization. You will not feel sick or show any other symptoms normally associated with bacterial overload. It simply means that you have a level of colonization in your vagina and/or rectum that merits talking about potential treatments and outcomes.

I tested positive at 37 weeks, but could I be negative when I give birth?

YES. THIS IS ONE of the factors that make GBS testing and treatment so frustrating. If the GBS levels go back down but you do not know it, you will receive antibiotics for absolutely no reason.

This is a concern for many people who worry about building antibiotic resistance in themselves and their babies. During the past decade, while GBS infections have decreased due to the routine use of antibiotics, other newborn infections, especially *E. coli*, have risen.¹⁸ *E. coli* is very resistant to the standard course of antibiotics, making it difficult to treat. In one study, done in 2002, researchers looked at 70 premature babies, born over a two-year period, who were infected with *E. coli*. Among them, 29 percent had bacteria resistant to ampicillin in 1998, while by 2000, the number had jumped to 80 percent.¹⁹

Under normal circumstances, babies are colonized with their mother's beneficial bacteria. Antibiotics disrupt this process. This increases your baby's risk of gastrointestinal distress and disease, allergies, and asthma, among other long-term health effects.

I tested negative at 37 weeks, but could I be positive when I give birth and put my baby at risk?

YES. WE STRONGLY RECOMMEND preventative action to help control GBS regardless of the results of your 37-week test. Both of the

methods we like, discussed below, add to your overall health regardless of your GBS status.

What are some natural, preventative methods for keeping GBS colonization in check?

WE'RE SO GLAD YOU asked. As we're fond of saying, the best defense is a great offense. There are two great proactive natural methods to try:

- Take a daily probiotic to keep your digestive flora balanced. You should take these throughout pregnancy and while nursing.
- Eat raw garlic. Garlic is a powerful antibiotic that has been shown to kill GBS.²⁰ It also leaves behind a powerful odor, so have your partner join in your culinary activities—two people smelling like garlic is better than one, for preserving the peace! The active antimicrobial ingredient in garlic is *allicin*. It is released upon cutting or crushing the clove. It may not entirely eliminate the GBS in your body but it can reduce the level of colonization.
 - ◆ *Slice it raw into your salads.*
 - ◆ *Make fresh garlic hummus.*
 - ◆ *Chop up a clove and mix it with a teaspoon of honey, then swallow it without chewing.*
 - ◆ *Place a peeled, halved clove between your toes for two hours or overnight.*
 - ◆ *Place a peeled, halved clove into your vagina for two hours or overnight. You can use a needle and thread to make a tamponlike string for easy removal. This delivers antibiotic powers straight to the source. Using this protocol for two nights on, one night off for 15 days before your test and again 15 days before your due date can get the levels down.*

You say that most women have some GBS, but most babies do not get sick. How is this possible?

HAPPILY, YOU PROVIDE A lot of immunity for your baby against GBS and a variety of other infections. Most mothers have immunity to the GBS strains that live in their birth canal (which is why they do not get urinary tract infections from its presence).

Your antibodies are transferred across the placenta to your baby around 32 weeks of pregnancy, which is why your baby's own immune system can usually cope with any GBS exposure.

I have tested positive; what is the likelihood that my baby will get an infection?

ACCORDING TO THE CENTERS for Disease Control and Prevention,

- one in 4,000 if you test positive and receive antibiotics
- one in 200 if you test positive, do not receive antibiotics, and have no other risk factors
- one in 25 if you test positive, do not receive antibiotics, and have other risk factors

Four to six percent of babies who become ill due to GBS will die.²¹

It is important for homebirth parents to know that the incidence of GBS in newborns is based upon research done in large hospitals that care for high-risk mothers. These facilities routinely have procedures that homebirth midwives do not, including the following:

- MANY VAGINAL INTERVENTIONS (from regular vaginal exams, to probes and lines that are pushed into the vagina, to rupturing the membranes prior to birth), which all increase the risk that the baby will be exposed to GBS even before the birth as the bacteria can travel up with the

instrument, equipment, or hand, into the amniotic fluid and flourish there)

- CONTROLLED DELIVERY OF THE BABY (if your provider stops the natural progress or alters the natural direction of a birthing baby, he can inadvertently expose the baby's nose and mouth to the amniotic fluid that comes just behind it; this fluid picks up GBS as it runs down the vagina and out of the body—and if it rushes over the baby's face, the baby can become infected)

I have tested positive and understand that other issues may increase the chances of my baby getting sick. What are they?

YOUR BABY HAS A higher risk of developing a GBS infection if

- you have a previous baby who developed a GBS infection
- your baby is born before 32 weeks of gestation
- your water is broken longer than 18 hours before your baby is born
- you develop a fever during labor
- you have a urinary tract infection during pregnancy that was cultured and shown to be caused by GBS

I do want to take antibiotics but the thought of an IV really terrifies me. Can I take a course of oral antibiotics before labor begins?

NO. ORAL ANTIBIOTICS ARE not known to be effective against GBS.

I really don't like antibiotics. Are there any alternatives?

YES. CHLORHEXIDINE (KNOWN AS Hibiclens) is popular among some homebirthers instead of antibiotics. It is used in a douche at regular intervals throughout labor. Mothers simply stand in the shower and use the douche vaginally. More and more midwives are offering this as a viable treatment during labor, as more and more research shows that it is an effective alternative. One large, well-designed study from Italy showed that chlorhexidine and ampicillin had the same efficacy in preventing newborn GBS, and that the chlorhexidine group had a lower incidence of *E. coli*.²²

The CDC does not support the use of Hibiclens. They recommend that all women who test positive receive IV antibiotics at regular intervals throughout labor.²³ Additionally, the use of Hibiclens can alter the flora in your vagina, so it is important to talk to your midwife about how to restore balance during the postpartum period.

I have tested positive; can I still birth at home with GBS?

EACH MIDWIFE WILL HAVE her own answer to this question. Some midwives are not allowed to carry or administer IV antibiotics. If she is comfortable with it, Hibiclens can be used instead. You also have the right to refuse any treatment, and many women do. Ask your midwife to share her protocols and thoughts regarding GBS.

I tested positive and plan on using Hibiclens. How will I know if my baby develops a GBS infection?

TAKE A DEEP BREATH. The good news is that the likelihood is very, very high that you will be aware of and will observe your baby starting the first minute she is born and continuing until some eighteen years or longer into the future. Homebirth parents tend to observe their babies closely, and it would be rare for them to miss signs of infection. (If

you do find yourself overwhelmed and feel you are not providing good care for your baby, call your midwife, physician, or a family member and ask for help.)

Specifically, symptoms of GBS infection in a baby include these:

- difficulty breathing
- fever or abnormally low body temperature
- jaundice
- poor feeding
- vomiting
- seizures
- swelling of the abdomen
- bloody stools

Otherwise, here's the thing about sick babies: babies who are sick, look sick. They act lethargic and do not nurse well. Their playfulness diminishes or stops. Their temperature will drop or rise (a low temperature can be a sign of infection in a newborn). They do not pee and poop as much as they do when they are healthy.

If your baby stops acting like herself, either emotionally or physically, call your midwife or pediatrician. Providers expect these calls from new parents and should respond to your instincts with support. Never be shy about following your gut, even when you don't have concrete evidence that something is wrong. If there is something wrong, then you have placed your baby in the right hands for further care. If everything is fine, you will feel reassured and able to move forward. Seems like a win-win to us.

Gestational Diabetes

WHILE THE NUMBERS VARY, it appears that gestational diabetes affects 7 to 14 percent of all pregnant women. Official protocols in each