



FREQUENCY OF GROUP B STREPTOCOCCAL INFECTIONS IN PREGNANT WOMEN WITH PRETERM LABOUR

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INTRODUCTION

- Group B streptococcus:**
- Natural bowel flora of 20-40% of adults.
 - Colonizes anorectal region and vagina.
 - GBS in pregnancy leads to preterm labour resulting into hazardous pregnancy outcomes.
 - Vertical transmission in mothers colonised by GBS during pregnancy: 30-70%
 - Most frequent cause of severe early-onset infection in newborn infants.

Incidence of EOGBS in:

- UK 0.57/1000 births
- Developing countries 2-4/1000 live births

GBS carriage rate: varies among racial groups; highest: Black Africans, lowest: South Asians

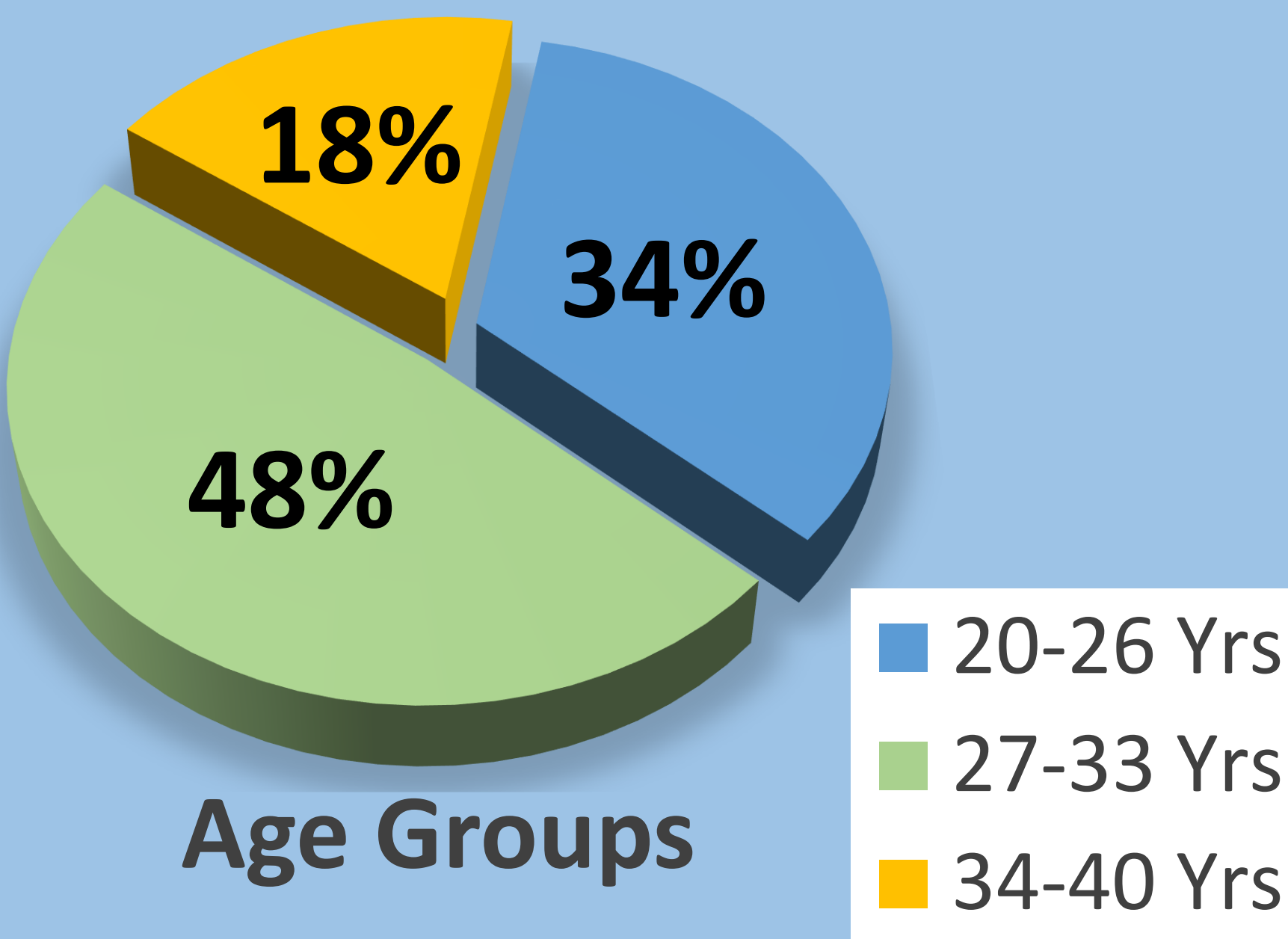
AIM OF OUR STUDY: To provide a road map for the identification of the burden of GBS infection in our study population of Pakistan in order to delineate local guidelines regarding antenatal screening of GBS.

METHODS

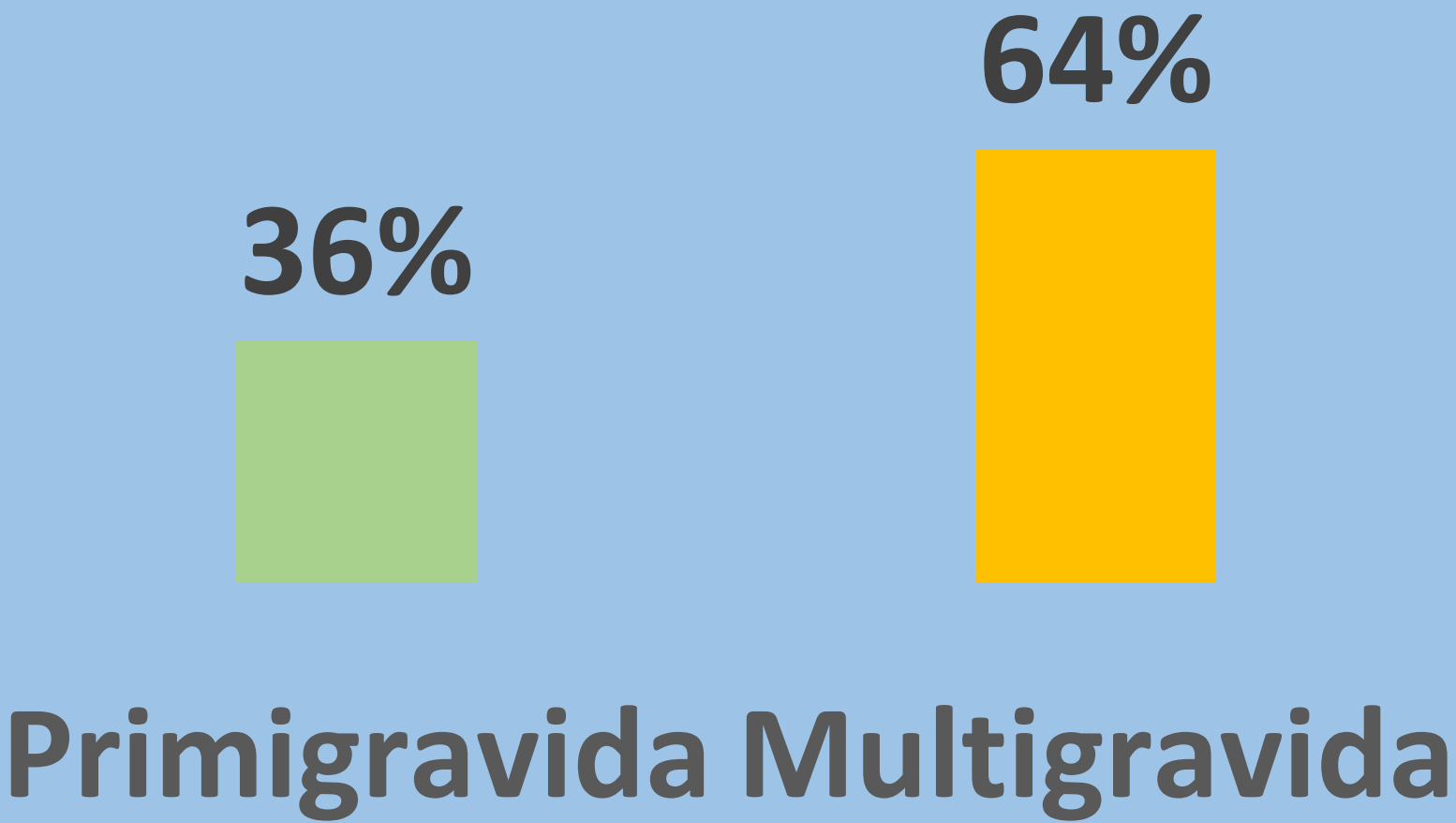
- A descriptive cross-sectional study was carried out from May 2018 to November 2018 at Obstetrics and Gynaecology department of tertiary care hospital, Mardan, Pakistan.
- High vaginal swabs of 95 patients with preterm labour were sent for culture.
- Culture reports were collected and data was analysed using SPSS version 23.
- Descriptive statistics were measured for qualitative and quantitative variables.
- Effect modifiers were controlled by stratification.

SAMPLE SIZE AND STATISTICS

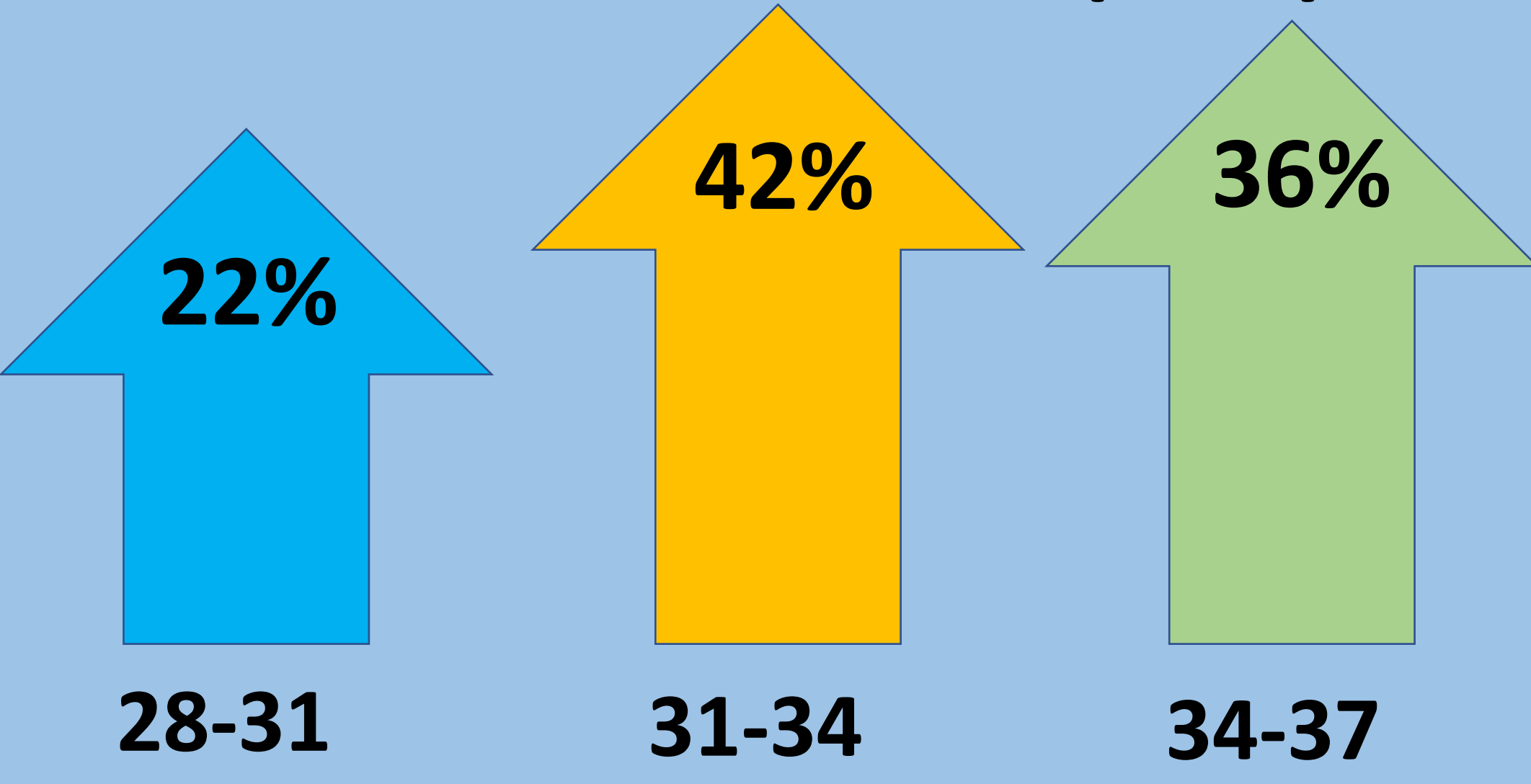
Sample size: 95
Mean & SD:
Age (yrs): 31.6±4.02
Gestational Age (wks): 33.1±2.9
Parity: 2.3±1.2



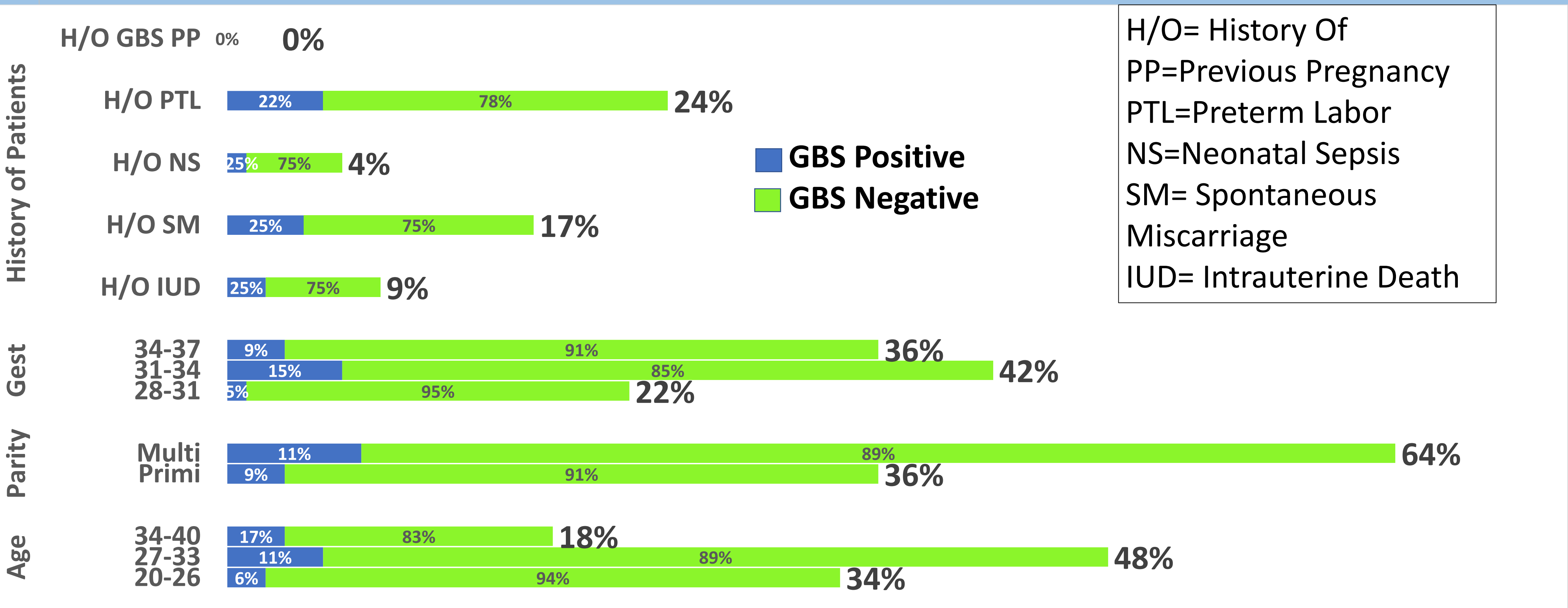
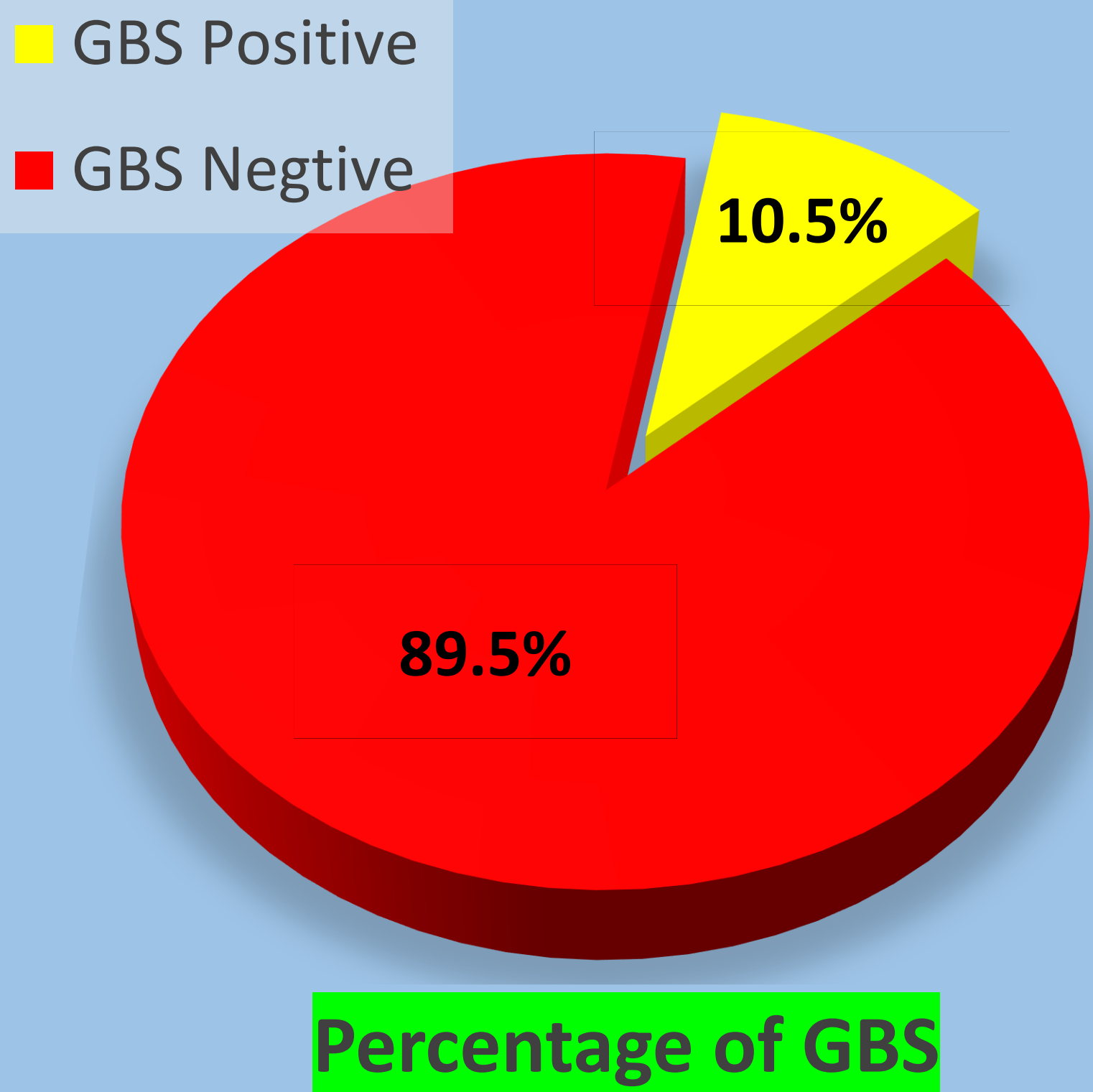
PARITY



GESTATIONAL AGE (wks)



RESULTS



H/O= History Of
PP=Previous Pregnancy
PTL=Preterm Labor
NS=Neonatal Sepsis
SM= Spontaneous Miscarriage
IUD= Intrauterine Death

Statistically Significant
P value<0.05

History of Previous Preterm Labor
P value= 0.044

History of Spontaneous Miscarriage
P value= 0.039

All remaining factors are non-significant

CONCLUSION

- RCOG guidelines do not recommend universal bacteriological screening for GBS in pregnancy, however, US guidelines advise screening of all pregnant women for GBS carriage at 35-37 weeks of gestation.
- Our results show that 10.5% women in our study population of Pakistan have vaginal colonization of Group B streptococcus.
- We suggest that GBS screening programme should be considered in antenatal care of women with significant risk factors. There is evidence in our study that history of previous preterm birth and history of spontaneous miscarriage are significant risk factors for maternal GBS colonisation.