BIRTH FOR HUMANKIND

TESTS - GBS & GTT

The Group B streptococcus [GBS] screening and the Glucose Tolerance Test [GTT] are two of the tests you will be offered during the last part of your pregnancy. Whether or not to do a test is always your decision, we encourage you to make an informed choice.

GBS SCREENING

Usually offered around 36 weeks of pregnancy.
GBS [group B streptococcus] is a common bacterium that may be found in the vagina. It usually causes no concerns or symptoms. It is a transient bacterium which means it may be present sometimes and not others.

WHY TEST FOR GBS?

The main concern is that it may be passed to the baby during a vaginal birth after the waters have broken. There is a 1 to 4 in 1000 chance of the baby becoming very sick with a serious infection.

WHO HAS A HIGHER CHANCE OF INFECTION?

GBS infection risk is higher in premature babies, women who have had babies before with GBS infection, or the waters breaking well before labour starts.

HOW THE TEST IS DONE?

The test is done by inserting a swab [like a cotton bud] into the vagina and sometimes around your back passage [anus] – usually the midwife or doctor will give you the swab to do it yourself. If not, ask if you can do it yourself.

DOES EVERYONE HAVE TO DO THE TEST?

Some hospitals recommend every woman does the test, other hospitals recommend only those with risk factors have the test. It is your choice as to whether you do the test or not.

WHAT IF THE TEST IS POSITIVE?

If you test positive to GBS you will be asked to have intravenous antibiotics when you are in labour.

This means inserting an intravenous cannula into your arm or hand and being given antibiotics like penicillin, usually every 4 hours in labour.

Your baby will be monitored after the birth even if you had antibiotics in labour.

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GTT - GLUCOSE TOLERANCE TEST

A blood test to see if you have developed diabetes of pregnancy [GDM].
You will be offered this test between 25 & 28 weeks of pregnancy.
Around 12-14% of pregnant people will get diabetes around that time.

WHO HAS A HIGHER CHANCE OF HAVING DIABETES IN PREGNANCY?

Those more likely to get gestational diabetes are:

- people who are older
- who have a family history of type 2 diabetes
- are overweight
- are from certain ethnic backgrounds including South Asian, Vietnamese, Chinese, Middle Eastern and Polynesian/Melanesian.

Others at risk include those who have had gestational diabetes, polycystic ovarian syndrome, large babies or birth complications in the past.

HOW TO DO THE TEST

You need to fast overnight before the test, then you have a blood test, then you drink a sugary drink, then a blood test is repeated 1 and 2 hours later.

The test will examine how your body dealt with the sugar load.

If you have diabetes you will be referred on to a diabetes clinic. It may be managed by diet and exercise alone or you may need insulin.

IMPACT OF GDM

You will have more appointments during pregnancy to monitor you and your baby.
About 30% of those who have diabetes have larger than average babies. This means you may be encouraged to have an induction of labour [starting the labour before your body is ready].
It can also mean that you are at higher risk of needing intervention during labour or having a cesarean section.
There is an increased chance that the mother and the baby will develop diabetes later in life.

RESOURCES

https://www.sarawickham.com/topic-resources/group-b-strep-resources/
https://www.pregnancybirthbaby.org.au/group-b-strep-test
https://www.betterhealth.vic.gov.au/health/ConditionsAndTreatments/streptococcal-infection-group-b
https://www.pregnancybirthbaby.org.au/gestational-diabetes
https://www.diabetesaustralia.com.au/about-diabetes/gestational-diabetes/
https://www.ndss.com.au/about-diabetes/resources/find-a-resource/pregnancy-and-diabetes-fact-sheet/

DISCLAIMER

This information is not intended to be medical advice, it is a guide only. Please ask your midwife or doctor for information and advice directly related to your care and your baby's care.