

## **Outcomes after applying the strategy of preventing group B Streptococcal disease in newborns**

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### **Objective**

This study determined the prevalence of Group B Streptococcus (GBS) colonization among full-term pregnancies and compared maternal and fetal outcomes between the non-GBS infection group and the GBS infection group.

### **Methods**

In this cohort study, all pregnant women would be screened for Group B Streptococcus (GBS) by vaginal-rectal culture at 36/7-37/7 weeks of gestation, and infected women were managed according to ACOG guidelines to prevent vertical transmission. The prevalence of GBS colonization would be calculated, and the maternal and fetal outcomes between the two groups were compared.

### **Results**

Among 537 women, the prevalence of GBS colonization was 18.1%. The proportion of gestational diabetes mellitus, urinary tract infection, and premature rupture of membranes among the GBS infection group was higher than the non-GBS infection group (OR, 95%CI: 2.3, 1.17-4.34; OR, 95%CI: 1.94, 1.23-3.07; and OR, 95%CI: 3.09, 1.96- 4.86, respectively). There are no differences between the two groups in the cesarean section rate, peripartum infection, neonatal weight, and Apgar score. There was no newborn recorded GBS infection.

### **Conclusion**

This study pointed out that the prevalence of GBS colonization was still high, and the strategy of preventing group B Streptococcal early-onset disease in newborns has shown efficiency. However, there were more maternal adverse outcomes among women infected with GBS than in the non-GBS infection group.