Group B strep test and when testing is done

What group B strep is

Group B Streptococcus is a bacterium that commonly colonizes the lower gastrointestinal tract and may also be present in the vagina or rectum. Colonization means the bacteria are present without necessarily causing infection. Many people have no symptoms and would not know they carry GBS without testing.

In pregnancy, the main concern is not usually maternal illness. The concern is neonatal exposure during labor or after the membranes rupture. Some babies exposed to GBS can develop early-onset GBS disease, which may include sepsis, pneumonia, or meningitis. These outcomes are uncommon, but potentially serious, which is why routine screening and intrapartum prevention are part of standard prenatal care.

It is also important to know what GBS is not. A positive GBS screen is not a diagnosis of a sexually transmitted infection, and it is not a reflection of cleanliness, sexual behavior, diet, or personal choices. It is a common bacterial colonization pattern that obstetric teams are trained to manage.

When testing is done

According to the CDC, pregnant people should be screened for GBS during each pregnancy at 36 to 37 weeks of gestation. MedlinePlus describes the test as usually being done between 36 and 38 weeks. Many clinical settings schedule it at a routine late-third-trimester visit, often alongside other birth-planning discussions.

The timing is intentional. GBS colonization can be intermittent: a person who was positive earlier in pregnancy may later be negative, and someone who was negative earlier may become positive closer to delivery. Testing in the late third trimester gives the care team information that is more relevant to the actual birth window than a very early pregnancy swab.

Testing is recommended in each pregnancy, even if you were negative or positive in a previous pregnancy. The result from one pregnancy does not reliably predict the result in another.

If labor starts prematurely, testing may be done earlier. In that situation, your clinician may collect a GBS swab when you present with signs of preterm labor or ruptured membranes, and treatment decisions may be based on risk factors and available results. Because preterm birth can change both timing and risk, it is especially important to follow the advice of your obstetric, midwifery, or maternal-fetal medicine team.

How the GBS swab test is collected

The standard screening test is simple and brief. A clinician uses a swab to collect samples from the lower vagina and rectum. The CDC notes that the swab method is simple and does not hurt, though some people describe mild pressure, awkwardness, or temporary discomfort.

Depending on the clinic, the sample may be collected by a healthcare professional, or you may be given instructions to self-collect the swab in a private space. If you self-collect, the clinic should explain exactly how to swab the correct areas and how to return the specimen. If you are unsure, ask for clarification; proper collection improves the usefulness of the result.

The sample is sent to a laboratory to check whether GBS grows in culture or is

detected using the testing method used by that lab. Results are commonly available within a few days, although timing varies by facility.

You usually do not need special preparation. In most cases, there is no need to fast, change your diet, or stop routine medications unless your clinician gives you specific instructions. If you are using vaginal medications or have bleeding, ruptured membranes, or symptoms of infection, tell your care team before the swab is collected.

What a positive result means

A positive GBS screen means GBS was found in the vaginal-rectal sample. It does not mean you are sick, and it does not usually mean you need antibiotics immediately during pregnancy if you have no infection symptoms. Instead, the key preventive step is typically antibiotics during labor, because that is when the baby may be exposed.

Intrapartum antibiotics reduce the amount of GBS present during birth and lower the risk of early-onset GBS disease in the newborn. The exact antibiotic choice and timing depend on your allergy history, local protocols, susceptibility testing when needed, and your clinical situation. If you have a penicillin allergy or a history of severe allergic reaction, tell your clinician well before labor so an appropriate plan can be documented.

A positive result also helps the labor and delivery team make decisions if your membranes rupture, labor is prolonged, or you develop fever during labor. It is useful to know your GBS status when you go to the hospital or birth center, but if you do not remember it, your records may be available to the care team.

Try not to interpret a positive result as a personal failure. GBS colonization is common and often silent. The purpose of the test is not to judge risk behavior; it is to guide a targeted, evidence-based prevention strategy.

What a negative result means

A negative GBS screen means GBS was not detected in the sample at the time of testing. For many people, this means intrapartum antibiotics specifically for GBS prevention are not needed. However, obstetric care is always

individualized, and antibiotics may still be recommended for other reasons, such as signs of intra-amniotic infection or certain obstetric complications.

Because colonization can change, a negative result is most informative when testing is performed at the recommended time close to delivery. If you were tested much earlier and then labor occurs weeks later, your clinician may need to reassess the situation.

If your result is negative but you develop fever in labor, have prolonged rupture of membranes, or have other infection concerns, your team will manage those findings based on their clinical judgment. GBS status is one piece of the overall picture, not the only factor that matters.

GBS found in urine during pregnancy

Sometimes GBS is detected on a urine culture during pregnancy. MedlinePlus notes that urine testing can identify GBS, and UCLA Health explains that a positive urine culture during pregnancy may indicate carrier status without needing additional swab testing. The details depend on the amount of bacteria found, whether you have urinary symptoms, and your clinician’s protocol.

If GBS is found in urine, your clinician may consider this evidence of significant colonization. Some people may need treatment for a urinary tract infection during pregnancy, especially if symptoms are present or the bacterial count meets treatment thresholds. Separately, GBS bacteriuria often affects the labor plan because intrapartum antibiotics may be recommended even if a later swab is not done.

Do not start or stop antibiotics based only on a portal result. Urine culture interpretation in pregnancy can be nuanced, especially when there are mixed organisms, contamination concerns, or no symptoms. Ask your clinician what the result means for both immediate pregnancy care and labor planning.

Situations where the plan may differ

Most people follow the usual pathway: screening at 36 to 37 weeks and antibiotics during labor if positive. However, several circumstances can change the plan.

Preterm labor or preterm rupture of membranes: testing may be done earlier, and treatment decisions may be made before final results are available.
GBS in urine during the current pregnancy: this can indicate carrier status and may mean intrapartum antibiotics are planned.
Previous baby with GBS disease: clinicians may recommend intrapartum antibiotics in a later pregnancy regardless of a routine screening result.
Unknown GBS status in labor: risk factors such as gestational age, fever, or duration of membrane rupture may guide management.
Medication allergies: antibiotic planning may require extra detail, especially for people with a history of severe penicillin or beta-lactam reactions.

If any of these apply to you, it is reasonable to ask for the plan to be written clearly in your prenatal record. That can reduce stress if labor begins suddenly or you are seen by a clinician who has not met you before.

How to prepare for the appointment and discuss results

GBS screening is usually a quick part of a late pregnancy visit, but it is still worth asking questions. You might ask when the result will be available, how you will be notified, and what the plan is if labor starts before the result returns.

If you know you have medication allergies, bring details: the medication name, what reaction occurred, how severe it was, and whether you required emergency treatment. This information can affect antibiotic selection during labor.

You may also want to discuss how antibiotics are given in your birth setting. In many cases, they are administered intravenously during labor at intervals determined by the clinical protocol. If you are hoping for a low-intervention birth, a water birth, or early discharge, ask how a positive GBS result may interact with those plans. Often, birth preferences can still be respected while incorporating appropriate infection prevention.

GBS screening is one part of a broader prenatal testing landscape. Many people find it helpful to keep a list of late-pregnancy test results together with other screening information, such as routine blood tests in pregnancy or glucose screening results, so questions can be reviewed at prenatal visits.