



**Wrightington, Wigan and
Leigh Teaching Hospitals**
NHS Foundation Trust

Group A Streptococcal Infection during pregnancy or after delivery v3

Group A Streptococcal Infection During Pregnancy or After Delivery

Patient Information

Infection Prevention and Control Team

- Author ID: KB
- Leaflet ref: IPC 001
- Version: 3
- Leaflet title: Group A Streptococcal Infection During Pregnancy or After Delivery
- Last review: May 2021
- Expiry date: May 2023

What is Group A Streptococcus?

Group A Streptococcus (GAS) is a bacterium that is commonly found in the throat and on the skin. In some cases, a person may carry it without any symptoms of illness; this is known as being colonised. In other cases, the germ can cause illness; this is known as being infected. Most people who come into contact with GAS remain well and symptom-free, or may develop mild throat or skin infections

GAS can be life threatening to women, if contracted in the uterus during pregnancy or during/after childbirth. GAS can be transferred to the genital tract by contaminated hands; for example, when caring for family members with colds and sore throats.

Who is at risk of GAS infections?

Anyone can become infected with GAS. However, during pregnancy you may be more susceptible if you experience any of the following:

- Diabetes
- Anaemia
- Prolonged rupture of membranes (hole/ tear in the amniotic sac that protects and allows the developing baby to move in the womb)
- Vaginal trauma, wound haematoma (excessive bruising), caesarean section.

How do I protect myself from the risk of contracting an infection?

- Maintain good personal hygiene at all times
- Wash your hands regularly, especially before and after using the toilet or changing sanitary pads
- Take particular care if anyone in your household has a sore throat, cough or cold.

Signs and symptoms of infection

- Pyrexia (high temperature)
- Hypothermia
- Tachycardia (fast heart rate)
- Breathlessness
- Impaired consciousness
- Abdominal pain
- Signs of infection around wounds
- Diarrhoea and/or vomiting
- Offensive vaginal discharge.

What is invasive GAS?

Invasive GAS occurs when the bacterium enters parts of the body where it is not usually found, such as the blood, muscle, or lungs. Two of the most severe, but rare, forms of invasive GAS are Necrotising Fasciitis (a deep tissue infection with tissue destruction requiring surgery) and Streptococcal Toxic Shock Syndrome (an illness with some of the following: high fever, low blood pressure, body rash, diarrhoea and vomiting, difficulty breathing, kidney or liver damage and blood clotting problems).

Why does invasive GAS infection occur?

Invasive GAS infection occurs when the bacterium gets past the body's natural defences.

This may occur when sores or other breaks in the skin allow the GAS bacteria to enter the bloodstream and deep tissue, or when a person's ability to fight off infection is decreased because of long-term illness, or an illness that affects the immune system. Some types (called 'strains') of GAS are more likely to cause severe disease than others.

If you are found to be infected with or colonised with GAS during pregnancy, you should be treated with antibiotics at the time and have this clearly documented in your maternity notes.

In the post-natal period (first 28 days), antibiotics should be administered to both you and baby if either of you develop suspected or confirmed invasive GAS infection.

I have been told I have GAS disease - what will happen to me now and how will it be treated?

Depending on where the GAS infection has been identified and how severe the symptoms are, you will be given appropriate antibiotic treatment. Very occasionally, immunoglobulin (antibodies that will help you fight the infection, obtained from blood donors) is given as well.

To prevent the spread of infection to other patients, it may be necessary to care for you in a single room and not in a shared patient bay for a minimum of 24 hours.. However, if the infection is more severe, it may be necessary for you to remain in a single room for a longer period.

Hospital workers caring for you will wear disposable gloves, aprons and on occasion a mask when in contact with you. The protective clothing worn will depend on your site of infection and the task being undertaken.

To help prevent GAS infection spreading to others, it is very important that you wash your hands frequently with soap and water, or using the alcohol hand rub. If you have a GAS throat infection, it is important that you cough/sneeze into disposable tissues, dispose of them promptly, followed by handwashing or using the alcohol hand rub.

[Are my relatives, visitors, household contacts at risk of getting GAS disease from me?](#)

Most people in close contact with GAS remain well and symptom free, though some develop a sore throat or mild skin infections. Although healthy people can get invasive GAS disease from a relative or a member of their household with GAS, it is very rare.

If your visitors are helping with your care activities, they may be required to wear disposable aprons or gloves and should discuss with nursing staff if this is necessary. It is very important that visitors and carers wash their hands or use the alcohol hand rub frequently, especially when leaving your room.

Other important times for them to wash their hands or use the hand rub are: on entering and exiting the ward/department, before eating and drinking, after going to the toilet, and before and after helping you with personal care activities.

How would they know if they have developed the infection?

The early signs and symptoms of invasive GAS disease may include:

- High fever
- Severe muscle aches
- Pain in one area of the body
- Redness at the site of a wound
- Vomiting or diarrhoea

What should they do if they develop any of these symptoms?

Contact their GP or seek medical advice urgently. Advise the GP they have been in contact with a person recently diagnosed with invasive GAS disease and have developed symptoms that are causing concern. It is likely that the GP will request to see them in the surgery. If they are too unwell to visit the surgery or it is closed, they should not delay seeking medical advice. It would be advisable to contact the out of hours GP service, or call the NHS 111 service for further assessment.

Remember, most people who come into contact with GAS remain well and symptom-

free, or may develop mild throat or skin infections.

Contracting invasive GAS disease from a relative or household member is very rare.

If you have any further questions, speak to the ward staff, or ask them to contact the hospital Infection Prevention and Control Team.



Version number: **3**
Last modified date: **03rd July 2026**

All rights reserved © 2026
WWL Teaching Hospitals NHS Foundation Trust