

Preventing Group B Strep infections in babies in the UK: failure to turn national recommendations into local guidelines

Authors: Plumb O, Plumb J
Group B Strep Support, UK



Group B Strep Support

Background

Group B Streptococcus (GBS or Strep B) is the UK's most common cause of severe infection in newborn babies, causing sepsis, pneumonia, and meningitis.

Approximately 800 babies a year in the UK develop GBS infection. 50 babies will die, and 70 will survive with life-changing disabilities.

In 2017, the Royal College of Obstetricians & Gynaecologists (RCOG) published updated clinical guidance on preventing early-onset GBS (EOGBS) infection¹.

Feedback received by national charity Group B Strep Support from families and their health professionals suggested that these guidelines had not been fully implemented in the UK.

In 2019, Group B Strep Support sought to establish the extent to which the RCOG's 2017 EOGBS guideline had been adopted and was being followed, and to understand better the barriers to its implementation.

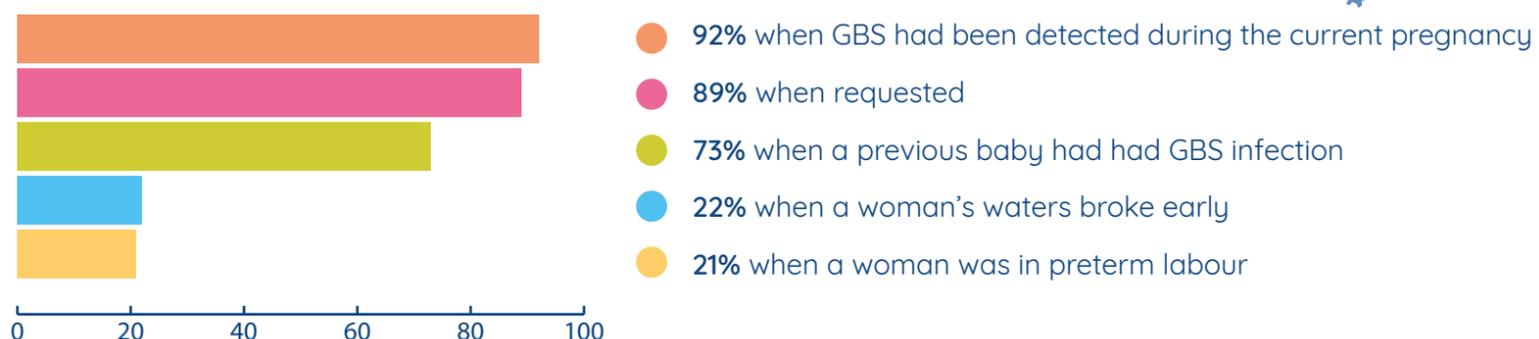
Method

Group B Strep Support made requests to NHS Trusts and Boards with maternity services throughout the United Kingdom under the Freedom of Information Act (FOIA), asking 14 questions, plus for copies of the information materials given to pregnant women about GBS and the sites' local guideline on preventing EOGBS infection. The responses were analysed using Microsoft Excel.

Results

151 Trusts/Boards responded - 125 in England, 15 in Scotland, 6 in Wales, and 5 in Northern Ireland. 19% reported not having updated their local guidelines since the 2017 update from the RCOG.

A new recommendation in the 2017 RCOG EOGBS guideline was that all pregnant women should be provided with an information leaflet on GBS, and the RCOG and GBSS co-wrote a suitable leaflet². However, only 46% of Trusts/Boards provided this to all pregnant women. Of those who gave it to some pregnant women, they provided it:



Another new recommendation was that all women who had carried GBS in a previous pregnancy should in a subsequent pregnancy be offered the option of an Enriched Culture Medium (ECM) test for GBS carriage at 35-37 weeks' gestation with the offer of intrapartum antimicrobial prophylaxis (IAP) if positive, or of having IAP without testing. 49% of Trusts/Boards did not offer the option of GBS testing in this situation.

ECM testing requires swab samples, taken from both the low vagina and rectum, to be processed using enriched culture media (Public Health England³). Where antenatal testing for GBS carriage was offered



Conclusions

Key recommendations from the RCOG's 2017 EOGBS guideline update have not been introduced, despite most Trusts and Boards having updated their local guidelines since it was published.

Less than half of NHS Trusts and Boards are following the recommendations to provide information about GBS to all pregnant women and to offer GBS-specific testing to some, with two thirds not following the methodology for ECM testing.

Pregnant women are receiving a postcode lottery of care which deviates significantly from recommended practice. As a result, babies will suffer EOGBS infection that should have been prevented were guidelines followed.

References

- 1 Hughes et al. (2017). Prevention of Early-onset Neonatal Group B Streptococcal Disease: Green-top Guideline No. 36. BJOG: An International Journal of Obstetrics and Gynaecology, 124(12), e280-e305. <https://doi.org/10.1111/1471-0528.14821>
- 2 The Royal College for Obstetricians and Gynaecologists, & Group B Strep Support. (2017). Group B Streptococcus (GBS) in pregnancy and newborn babies. https://gbss.org.uk/wp-content/uploads/2020/02/2017-Joint-RCOG-GBSS-PIL_final-1.pdf
- 3 Public Health England. (2018). Detection of Carriage of Group B Streptococci (Streptococcus agalactiae). UK Standards for Microbiology Investigations. B 58 Issue 3.1. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/719796/B_58i3.1.odt

Acknowledgements and Contact

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For further information, contact Oliver Plumb at oliver.plumb@gbss.org.uk