



Should all pregnant women be offered testing for group B streptococcus?

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Background

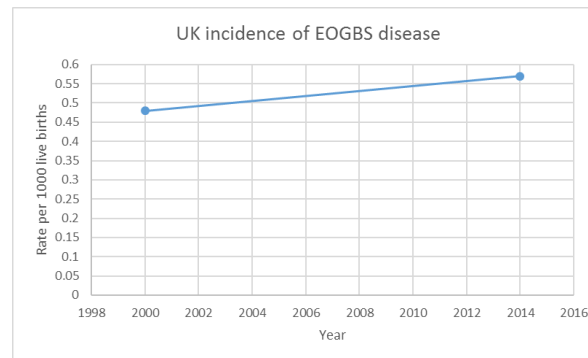
Introducing **universal testing** for Group B streptococcus (GBS) for all women in late pregnancy would likely **reduce cases of early-onset infection in the newborn** but may **increase the number of women given antibiotics during labour**.



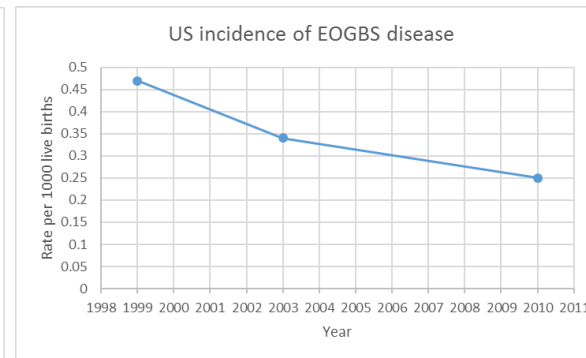
The two strategies to identify which pregnant women need intrapartum antibiotic prophylaxis are **universal testing** for maternal GBS colonisation or a **risk-factor based approach** in labour.

Maternal GBS testing involves **microbiological culture** of a **vaginal-rectal swab** taken at 35-37 weeks gestation but **rapid intrapartum nucleic acid amplification tests** are available. (Fig. 1).

Current UK approach

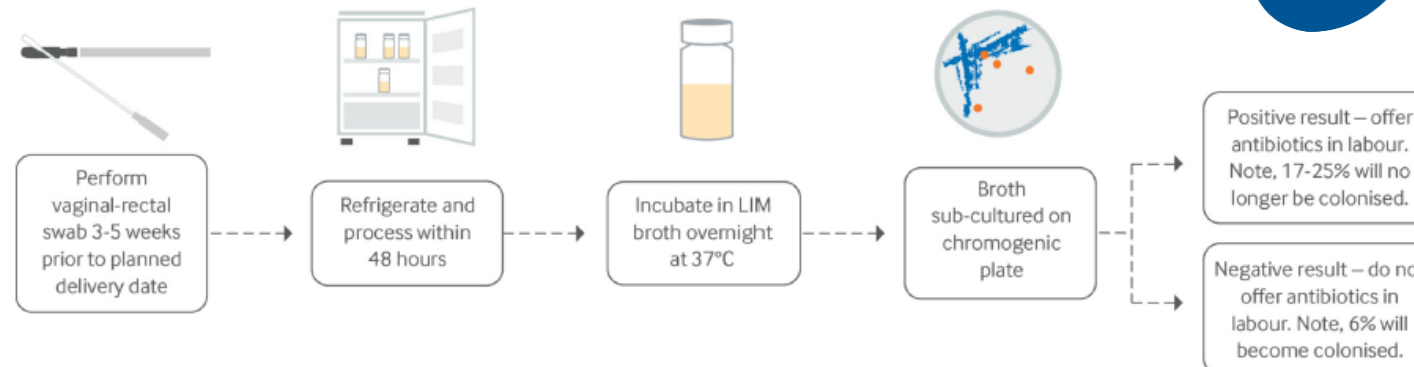


Rising incidence in the UK/ROI where a **risk-factor based approach** is used



Falling incidence in the US where **universal testing** is performed

The reason the UK has not adopted **universal testing** is that modelled estimates suggest that compared to a risk-based strategy, universal testing would result in an additional **1675-1854** women receiving intrapartum antibiotics to **prevent one additional case of newborn infection**.



Ongoing research

The **GBS3 trial** is a cluster-randomised trial involving **320,000 women** from up to **80 UK maternity units**. It will determine the clinical and cost-effectiveness of universal testing (160,000 women), compared to the current risk-factor based strategy (160,000 women).



There will also be a sub-randomisation to compare antenatal enriched culture (80,000) at 35-37 weeks against intrapartum rapid testing (80,000).

Recruitment began in **April 2021** and will take two years.

@GBS3Trial