



## Grace Nartey – The Midwife Experience

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From a maternity point of view, we had the task of actually implementing the GBS screening programme within our maternity unit. And Dr Rao's already talked about our demographics and this is just a quick overview of our population. So, for all intents and purposes, we started in March 2014 and it was a staggered implementation. We started with our antenatal clinics, now over the past 18 months we have actually merged with Ealing Hospital, hence the change of our name; so a lot of our data is just primarily from Central Middlesex antenatal clinic and Northwick Park and it actually took a team effort to ensure that the implementation was successful.

And then we went out into the community, so we went into children's centres, and our GP surgeries where our midwives were working there and implemented GBS screening to all our pregnant mothers. So, with every screening programme, there is always- you'll get to and fro, for and against, so it was really about just listening to clinicians' and midwife's beliefs and perceptions and Dr Rao came with some good study that really encouraged our way of thinking to actually offer this screening programme. And it was also about women- getting women on board and getting them to understand the reasons why we were concerned and felt that it was necessary to offer this programme. But we also looked on the potential impact on normal birth because we have a maternity led unit as well as delivery suite but we also have home births as well, so those were one of the other challenges and we looked at the risk of anaphylaxis and the risk of developing antibiotic resistant GBS. So all these things we beared in mind.

So, it wasn't that difficult to actually implement; we got complete buy in from more and I would say when I mean buy in, it wasn't just the clinician and the midwives but we actually work really closely with our Maternity Assistants and I actually have to say a big "Thank You" to our Maternity Assistants because they did a lot of the formal work within the antenatal clinics supporting the midwives. It was also important to educate the staff; so we did have some training programmes, trainings on site for GBS and we had a leaflet of Frequently Asked Questions, we had posters, we did all the emailing and there were posters everywhere just encouraging the programme, as well as having good guidelines and an algorithm.

What I would say - guidelines with no flowchart is no guideline - so most people will not read the small print, they just go to the flow chart and that's been really helpful and we've had some audit programmes as well. So, this is our version 8A and this is our algorithm - I'm not going to go through it because a lot of what was said this morning actually is covered here in our algorithm but what we needed to do was really think very carefully about our pregnant woman's GBS screening journey as she entered our maternity unit. So, the information is given to women at booking, it's actually within our handheld notes and the information which is given is actually the information that's supported by the Group B Strep



Support so we've actually just taken on those messages. And then we remind women again at 28 weeks at their appointment and then we offer as per said earlier between 35 and 37 weeks and usually the results are given to the women either by post or in person or by telephone and then all the information then is put into the woman's handheld notes and we also check the results again when women come in in labour. Now, these are just a couple of examples of what's actually in our handheld notes. We actually have the information in 8 different languages and those are the most common languages that are used within our area. As you can see, we would take 2 swabs - one vaginal, one anal - and we actually offer women if they wish to take the sample themselves; some women would say "Yes, I'll do my own samples" and others would ask for assistance and this is where our Maternity Assistants were of great use. I've done clinics, I've worked in clinics and I've offered women GBS and I've assisted some and some have actually said "No, I'm quite capable of taking them myself." We also had posters so that women knew exactly what we wanted, because we didn't want them to go and take something else and then we'd have to repeat it. Once the sample had been taken, we'd actually put a GBS sticker in the front of their handheld notes just to say they had been tested, as you can see, and then we would wait for their results.

And, as I said before, women are informed; once they are informed we would actually ... if women were GBS negative or positive, we would actually place that information in their antenatal and their labour ward risk section of their handheld notes. Now, if a result came back and it was positive, we would actually just put that information on the front of the sticker and we would talk to the women again, offering them IAP and then their choice to either opt in or opt out. So, even though some women may actually say "Yes, I do want to know because of its benefit to me", but not everyone may necessarily want to take up with antibiotics but that was actually still positive, especially if in the postnatal period that the baby became unwell, we could actually start to eliminate what could possibly be wrong with baby. And also if it was negative, then information would then be documented in the notes. Now we do actually offer women, who are found to be GBS positive, water births, so they can actually have a water birth. What we tend to do is to actually just insert a cannula and then we would actually just pop a plastic glove and ensure that they don't immerse their hand under water so that's worked quite well.

Also in Delivery Suite, we have, for women with slightly higher risks, we do have a birthing pool as well, so women do have that option. With elective caesarean sections, as it's said before we don't - some women will actually say if they were previous caesarean section and they actually say, "Well I know that I'm going to have another caesarean section", we still give them the option because, if we are informing them at booking, some women will say "Well I would still like to know" so we offer it to all our women. At the moment, and I think it's something that we're looking into, we don't actually offer women who are having... if a woman is found to be GBS positive before she decides that she wants to have a home birth, we don't actually recommend intrapartum antibiotics at home so we actually do not offer that process for home births at the moment.

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So, in terms of moving forward, because we have merged and we've merged with Ealing GPs as well, we are looking at working with our GPs in the other areas where GBS was not a routine screening programme, we're looking at unbooked mothers because there are some unbooked mothers that come in antenatally which gives them enough time and gives us enough time to offer those particular women but then, on the other hand, some women just turn up unbooked in labour. Some mothers initially weren't being offered but we actually have quite a good uptake rate in terms of women actually coming on board with screening. One of the other things, if we know that a woman is GBS positive and she has quite a quick labour and sometimes, in those circumstances, we don't have time to give antibiotics but, with our algorithms, we do still monitor our babies. Preterm we've talked about that before and transfer of care because some women, if they transfer their care into our maternity services, it's about the midwives just offering women that particular test.

So, there's not much I can actually say - was it quite challenging? I would say - and I'm not just saying it because I'm standing in front of a whole load of people - it was quite an easy process, I would actually have to say that. But, in terms of the reason why it was easy is because Dr Rao is very proactive and he is always in Maternity, encouraging us and I think that's what you need, we- you do need champions and from myself as the Public Health lead, that was something else I was quite proactive in saying "How are we doing with the screening?". Also I ensured that I met with the Community Midwives when they had their monthly meetings, just to encourage them to continue to offer and we could actually see the numbers rising so the midwives did take it on board and so did the midwives within the clinic and also the clinicians as well and this is where our Maternity Assistants came in quite handy because sometimes the doctors actually say "well it's a really busy clinic and I know I've offered it but can someone else screen the woman", so it's really basically working in partnership and I think for any type of screening that's offered, you do need that partnership working. Thank you.