

Group B Strep Support – Media Pack

Key facts

- Group B Streptococcus (also known as group B Strep, GBS or Strep B) is the most common cause of life-threatening infection in newborn babies.
- It causes a range of serious infections including sepsis, pneumonia and meningitis - it is the most common cause of severe infection in newborn babies and of meningitis in babies under 3 months of age.
- If left untreated, a GBS infection can kill a newborn baby within hours.
- On average, two babies each day in the UK develop a GBS infection and each week, one baby dies from a GBS infection and another is left with a life-changing disability.
- Most GBS infections in newborn babies can be prevented by testing during pregnancy and providing intravenous antibiotics during labour to women whose test results are positive.
- The UK does not routinely test for GBS, unlike the United States, Canada, Germany, France and Spain.
- Even Bangladesh, Iran, Lithuania and Trinidad and Tobago routinely test pregnant women for GBS.
- The test would cost the NHS just £11, and costs from £35 privately.

What is group B Strep?

- GBS is a bacterium carried by many adults, commonly in the gut or in the vagina. 'Carriage' is not an infection or illness, rarely causes any symptoms, and does not need to be treated. Carriage should therefore be regarded as 'normal'.
- It can cause infection in newborn babies when the bacteria are transmitted to the baby around labour (in very rare cases, it can also cause infection in adults whose immune system is depressed, either through old age, other illnesses, or medical therapy).

Testing for GBS carriage

- Pregnant women can take a simple, safe test for group B Strep between 35 and 37 weeks.
- The most effective test for group B strep is an enriched culture medium test (ECM test) and is available from several home testing services and private clinics (see www.gbss.org.uk/test).
- Although at present the NHS does not routinely test all pregnant women for group B Strep carriage, in late 2017 the Royal College of Obstetricians and Gynaecologists updated their guidance and recommended that women who tested positive in their previous pregnancy should be offered testing specifically for GBS, using the ECM test, in their next pregnancy. As a result, the ECM test is increasingly becoming available in NHS hospitals.

- The ECM test is highly sensitive – it will detect almost twice as many women carrying GBS than the all-purpose swab test used in the NHS to investigate vaginal discharge.

Preventative medicine in labour

- Most GBS infections in newborn babies could be prevented by identifying carriers during pregnancy and offering them intravenous antibiotics during labour.
- Giving women antibiotics (usually penicillin) in labour reduces the risk of a baby developing a group B Strep infection by up to 90%.

UK prevention approach

- The UK does not routinely offer antenatal testing for group B Strep, unlike most high-income countries, including the United States, Canada, Germany, France and Spain.
- Currently in the UK health professionals consider a range of risk factors to determine whether a woman should be offered antibiotics in labour, rather than testing for the presence of GBS. Latest RCOG guidelines are at <https://obgyn.onlinelibrary.wiley.com/doi/full/10.1111/1471-0528.14821>.
- The rate of early-onset GBS infection in newborn babies in the UK is currently two and half times (2.5x) that of the United States. The rate in the United States dropped by over 80% following the introduction of routine testing.
- If the rate was reduced in the UK in the same way, we could prevent GBS infection in approximately 350 babies every year, saving 15 babies' lives and protecting another 15 from life-changing disability.
- Depending on where she lives, a woman may not have access to the right kind of test (an ECM test) or be offered antibiotics in labour- it's a postcode lottery. Group B Strep Support campaigns to change this and to introduce a proper testing regime in the UK.

Who are Group B Strep Support?

- Group B Strep Support is a national charity, working to stop GBS infection in babies.
- Set up in 1996 by Jane Plumb after her newborn son, Theo, died from GBS infection aged 17 hours. We work with families affected by GBS and campaign for a proper testing regime to be introduced in the UK.
 - www.gbss.org.uk: offers information about GBS infections, testing and treatment. All information is approved by an expert medical advisory panel.
 - **Helpline**: provides one to one support and information. Call 01444 416 176 or email info@gbss.org.uk.
 - **Community support**: where families share experiences and support others, including a Facebook community of over 35,000 people.
 - **Campaigns**: to stop GBS infection in babies through the introduction of a proper testing regime in the UK
 - **Awareness and education**: working alongside health professionals to improve awareness and knowledge about group B Strep among new and expectant parents and their health professionals.

Myths

GBS is a sexually transmitted disease

GBS is NOT a sexually transmitted disease. It is a bacterium commonly found in the gut in healthy men and women, and in the vagina in women. It rarely causes symptoms and most carriers are unaware that they harbour GBS. Although in very rare cases it can cause infection in adults, it is the most common cause of severe infection in newborn babies.

GBS comes and goes so it is not worth testing

No. Research¹ has shown that the result of the GBS-specific ECM test - positive or negative - is highly predictive of carriage status over at least the following 5 weeks. This is why most countries recommend testing at 35-37 weeks of pregnancy. Testing then is predictive of the GBS carriage status of the mother when she's most likely to give birth – in the following 5 weeks.

When performed within the last 5 weeks before birth, research showed that a negative result is 96% predictive of still not carrying GBS at delivery. Only 4% of women acquired GBS carriage between testing and giving birth. A positive result was 87% predictive of still carrying GBS at delivery (13% of women lost carriage between testing and giving birth).

Testing for GBS would result in many more women being given antibiotics

No. Research found that a similar number of women would be offered antibiotics if we screened women compared with the risk-based approach.² The key difference is that with screening they would be offered to the women most likely to be carrying GBS in labour, rather than to women who have risk factors which are very poor at predicting GBS carriage (a recent study found that two-thirds of the newborn babies who developed GBS infection had no risk factors³).

For newborn babies the consequences of their mother not having preventative antibiotics in labour if she's carrying GBS can be catastrophic – sepsis, meningitis or pneumonia. The potential benefit of the antibiotics far outweighs the potential risk.

Antibiotics have been proven to be highly effective at stopping GBS infections in newborn babies when given intravenously to the pregnant woman as soon as her waters have broken, or labour has started.

Giving antibiotics in labour to prevent GBS infection in newborns would increase antibiotic resistant infections

No. This hasn't happened in other countries, including the USA, where antibiotics in labour have been recommended against GBS infection in newborn babies since the mid 1990s. The recommended antibiotic is penicillin, which not only is highly effective against GBS, it also is a narrow-spectrum antibiotic so will 'wipe out' fewer of the 'good' bacteria.

¹ <https://www.ncbi.nlm.nih.gov/pubmed/8885919>

² <https://www.ncbi.nlm.nih.gov/pubmed/21040389>

³ British Paediatric Surveillance Unit Annual Report, pp.10-12.

https://www.rcpch.ac.uk/sites/default/files/2018-06/bpsu_ar1516_web_0.pdf

GBS is caused by the same bacteria that gives you a sore throat

No. GBS is a different bacterium - group A Strep commonly causes Strep throat. They are in the same 'family' of bacteria, hence the name, but cause different infections.

The GBS test is not reliable

Yes *it is* – when done properly and at the appropriate time, the GBS-specific ECM test, recommended by Public Health England and the Royal College of Obstetricians & Gynaecologists, is very reliable.

Research⁴ has shown that whether a result is positive or negative, it is very reliable for the next 5 weeks. This is why the many developed countries that routinely test pregnant women for group B Strep carriage do so late in pregnancy, at 35-37 weeks gestation.

Using the right test at the right time is a highly effective way of detecting GBS. For pregnant women, this means using an enriched culture medium (ECM) test between 35 weeks and 37 weeks. A woman's GBS carriage status will stay broadly the same for the next five weeks and allows her and her midwife to consider whether taking antibiotics in labour is the right choice for her and her baby.

GBSS Press Office

We can provide case studies from across the UK. These include families whose baby died from group B Strep infection, families whose baby has life-changing disability as a result of group B Strep infection, and those whose baby has made a full recovery.

We have photos available on request to accompany any story.

Please contact our Press Office for further information on 01444 416176 or email info@gbss.org.uk

We have spokespeople and medical experts willing to discuss GBS:

Professor Philip Steer, Chair of GBSS's Medical Advisory Panel

Professor Steer is Emeritus Professor of Obstetrics and Gynaecology in the Faculty of Medicine, Imperial College London, UK and until April 2014 was a consultant obstetrician at the Chelsea and Westminster Hospital in West London. His clinical interests were in high risk pregnancy, especially those complicated by maternal heart disease. His research interests are in the (patho)physiology of pregnancy and labour, and so far 21 of his research fellows have been awarded higher degrees.

He was President of the British Association of Perinatal Medicine 1996-9, Convener of meetings for the Royal College of Obstetricians and Gynaecologists 2004-6, and President of the Section of Obstetrics and

⁴ <https://www.ncbi.nlm.nih.gov/pubmed/8885919>

Gynaecology of the Royal Society of Medicine 2007-8. He has published 134 original papers, 99 reviews and editorials and 62 book chapters; and co-edited three major textbooks (including High Risk Pregnancy- Management Options, now in its fifth edition and published by Cambridge University Press). He joined the editorial board of BJOG: An International Journal of Obstetrics and Gynaecology in 1987, was an editor 1992-4, on the Journal Management Committee 1994-5 and 1998-2003 and editor-in-chief from 2005 to 2012. He is now editor emeritus.

Jane Plumb MBE, Chief Executive of Group B Strep Support

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Jane is Chief Executive and founder of Group B Strep Support. Following a career in HR consulting, Jane became a stay-at-home Mum. In 1996, her second child, Theo, died aged 17 hours from group B Strep infection. Jane set up Group B Strep Support to improve the prevention of life-threatening group B Strep infections in newborn babies; support families affected by GBS and their health professionals; and support research into group B Strep.

Jane has worked with many UK medical bodies to improve national standards of prevention, including the Royal College of Obstetricians & Gynaecologists (where she sits on their Women's Network), the National Institute for Clinical Excellence (NICE) and the UK National Screening Committee. She has worked with parliamentarians and the Department of Health on improving the prevention of GBS infection in newborn babies. Jane has acted as a co-applicant, stakeholder and/or PPI (patient and public involvement) on many GBS research studies, and co-authored a number of medical papers.

In the 2012 New Year Honours' List, Jane was awarded an MBE for services to Child Healthcare. In 2014, she won the Tesco Campaigning Mum of the Year Award.