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## Group B Strep Prevention

To assist with responding to this FOI request, we would expect questions 1-9 and 13-14 to need input from the Midwifery/Obstetrics & Gynaecology department, while questions 10-12 will likely need input from the Microbiology department. Please let me know if any questions are unclear.

- 1. Please supply a copy of your guideline(s) relating to group B Strep during pregnancy, labour, and in newborn babies**

Within the Belfast Trust maternity service we adhere to RCOG:

- Prevention of Early-onset Group B Streptococcal Disease (Green-top Guideline No. 36) | RCOG Published 2017
- The Guideline for the Management of Group B Streptococcal Infection in Pregnancy has been in final draft since 2019. A BHSCT position statement was compiled regarding the new RCOG guideline 36 and shared with colleagues from the PHA as there were new aspects of the guidance that the Trust were not able to meet. (position statement attached)
- Attached are two local guidelines in which Group B strep is referred to

- 2. Please provide the date when your guidelines relating to group B Strep during pregnancy, labour, and in newborn babies were last updated**

The Attached guidelines are currently being updated

- 3. Please provide the date when your guidelines relating to group B Strep during pregnancy, labour, and in newborn babies are due to be updated**

The guidelines are currently outdated and are being updates.

- 4. Do you provide information materials about group B Strep to all pregnant women and people as a routine part of antenatal care? (Yes/No)**

Yes

- 5. If you do not provide information materials about group B Strep to all pregnant women and people, do you provide them to any of the following groups during antenatal care? (Select all that apply) those who have previously had a baby who developed GBS infection those where GBS was detected before the current pregnancy (swab or urine) those**

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**where GBS was detected during the current pregnancy (swab or urine)  
those who are in preterm labour those with preterm rupture of  
membranes those with prolonged rupture of membranes those who  
request information**

N/A – information provided to all pregnant women

- 6. Please supply copies of the information materials (physical and/or digital) which are given to pregnant women and people about GBS as a routine part of antenatal care.**

See attached -

RCOG Patient Information Committee in collaboration with Group B Strep Support

The Pregnancy To Birth Book 2024 - Chapter 5, page 52 & 53

- 7. Do you offer testing specifically for maternal GBS carriage to any pregnant women or people in either late pregnancy or in labour? [By this we mean a test specifically intended to detect GBS carriage, rather than a general test for the presence of any microorganisms of interest] (Yes/No)**

Yes

- 8. If you offer testing specifically for maternal GBS carriage in late pregnancy or in labour, do you offer: (Select all that apply) Testing late in pregnancy Testing in labour**

Testing late in pregnancy (35-37 weeks gestation)

We do not offer testing in Labour

- 9. Do you offer GBS-specific testing for maternal GBS carriage to: (Select all that apply) All pregnant women and people Those who previously had a baby who developed GBS infection Those where GBS was detected in a previous pregnancy Those who request it Those in other circumstances (for example, for reasons such as PPRM or vaginal discharge) Other (please state)**

GBS testing is offered to:

Those who previously had a baby who developed GBS infection

Those where GBS was detected in a previous pregnancy

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**10. If you undertake GBS-specific testing for maternal GBS carriage, which of the following specimen types do you collect (Select all that apply):**

Vaginal Swab alone **Lower Vaginal swab tested (not High Vaginal swab)**

Rectal Swab alone **anorectal swabs tested**

Both Vaginal and Rectal Swab(s) **Lower Vaginal swabs and anorectal swabs tested**

Other (please state)

**11. If you undertake GBS-specific testing for maternal GBS carriage, which detection method is used by the Microbiology laboratory? (Select all that apply) Direct culture on non-selective, non-chromogenic media Direct culture on selective &/or indicator media Broth enrichment with subculture onto non-selective, non-chromogenic media Broth enrichment with subculture onto selective &/or chromogenic media PCR (for example, Cepheid GeneXpert) Other (Please state)**

swab is cultured in LIM Broth (5mL) (Todd-Hewitt broth supplemented with 10µg/mL colistin - or 8µg/mL gentamicin and 15µg/mL nalidixic acid) for 18-24hrs then subcultured onto an agar that is both chromogenic and selective. Subculture incubated anaerobically for 24-48hrs.

**12. Does your lab offer any of the following (Select all that apply):**

**Enriched Culture Medium (ECM) as part of the routine lab test repertoire ECM offered, with samples referred to another lab PCR as part of the routine lab test repertoire PCR offered, with samples referred to another lab Other (please state)**

We use LIM Broth as an Enriched Culture Medium (ECM) as part of routine test. Samples not referred for PCR.

**13. Do you provide training on group B Strep in labour to (Select all that apply)**

Midwifery staff

Obstetric staff

Neonatal staff

Laboratory staff

Others (please state)

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There is no formal training provided for midwives, obstetricians or neonatal staff.  
Staff are aware of the free eLearning module on group B Strep provided by Group B  
Strep Support (available since July 2024).

**14. Do you use the Kaiser Permanente Neonatal Early-Onset Sepsis  
Calculator? (Yes/No)**

Yes - it is used in the postnatal ward

**14a. If yes to Q14, is there a prospective audit in place? (Yes/No) 14b. If yes to  
Q14, from what gestation do you use the calculator? Please specify weeks and  
days e.g. 34+0**

This has been audited twice

It is used from 35+0 weeks gestation

**15. Do you use digital platforms to analyse your Trust/Board's rates of GBS  
infection [invasive neonatal or maternal infections - not non-invasive  
infections, or infections that are not neonatal/pregnancy-related] (Yes/No)**

No

**16. If you use digital platforms to analyse your Trust/Board's rates of GBS  
infection as defined in Q15, do you use this for: (Select all that apply) Early-  
onset GBS infection Late-onset GBS infection Maternal GBS infection Others  
(please state)**