Maidstone and Tunbridge Wells NHS Trust

Ref: FOI/GS/ID 5526

Please reply to:
FOI Administrator
Trust Management
Maidstone Hospital
Hermitage Lane
Maidstone, Kent
ME16 9QQ
Email: mtw-tr.foiadmin@nhs.net

02 October 2019

Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Group B Strep.

You asked:
Name of Trust/Board:
Name of Hospital / Unit:
1. Please supply a copy of your guideline(s) relating to group B Strep during pregnancy, labour, and in newborn babies
2. Please provide the date when your guidelines relating to group B Strep during pregnancy and labour was last updated
3. Please provide the date when your guidelines relating to group B Strep during pregnancy and labour is due to be updated
4. Do you provide information materials routinely to pregnant women about group B Strep as a routine part of antenatal care?
5. Do you provide ALL pregnant women with information materials about group B Strep?
a) If not to all pregnant women, do you provide them to women who have previously had a baby with GBS infection?
b) If not to all pregnant women, do you provide them to women where GBS has been detected during the current pregnancy (swab or urine)?
c) If not to all pregnant women, do you provide them to women who are in preterm labour?
d) If not to all pregnant women, do you provide them to women whose waters break early?
e) If not to all pregnant women, do you provide them to women who request information?
6. Please supply copies of the information materials (physical and/or digital) which are given to women about GBS as a routine part of antenatal care.
7. What was the Trust/Board's recorded number of early-onset GBS infections (EOGBS infections develop in babies aged 0-6 days) and late-onset GBS

infection (LOGBS infections develop in babies aged 7-90 days) for 2017 and 2018. This may include those who developed GBS infection while in hospital, and those who were brought to hospital (i.e. fell ill after going home). Please also supply your declared total number of births within your Trust/Board for each year
8. Does the Trust/Board offer culture-based GBS testing for GBS carriage in late pregnancy to women where GBS was detected in a previous pregnancy?
9. Does the Trust/Board offer culture-based GBS testing for GBS carriage in late pregnancy to women in any other circumstances?
10. If the Trust/Board undertakes GBS testing for GBS carriage in to women in late pregnancy, which of the following specimen types do you collect?
a) Vaginal Swab
b) Rectal Swab
c) Both Vaginal and Rectal Swab
d) Other (please state)
11. If the Trust/Board undertakes GBS testing for GBS carriage in women in late pregnancy, which detection method is used by the Microbiology laboratory?
a) Direct culture on non-selective, non-chromogenic media
b) Direct culture on selective &/or indicator media
c) Broth enrichment with subculture onto non-selective, non-chromogenic media
d) Broth enrichment with subculture onto selective &/or chromogenic media
e) Other (Please state)
12. Is testing for GBS carriage within the accredited scope of the Microbiology laboratory?
13. Does the Microbiology laboratory use an automated specimen processor (e.g. WASP)?
14. If the Microbiology lab uses an automated specimen processor, does it allow enrichment broth inoculation?

Trust response:
1.

MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

Management of Haemolytic Group B Streptococcus during Pregnancy and Labour Guideline

Requested/ Required by:	Maternity Guideline Group
Main author:	Senior Obstetrics & Gynaecology Middle Grade (HE)
	Consultant Obstetrician & Gynaecologist (MPM)
Other contributors:	Midwife (SM-M)

	Senior Midwife (CB)
Document lead:	Consultant Obstetrician & Gynaecologist **Contact details:** margaret.matthews@nhs.net
Directorate:	Women's & Sexual Health Directorate
Specialty:	Obstetrics
Supersedes:	Management of Haemolytic Group B Streptococcus during Pregnancy & Labour Guideline (2014); Vs 2.1
Approved by:	Guideline Group **Date:** 12 June 2017
Ratified by:	Clinical Risk Management Group **Date:** 12 July 2017
Review date:	July 2020

Document history

Requirement for document:	To comply with national recommendations for best practice to include: • Royal College of Obstetricians & Gynaecologists (RCOG)
Cross References (external):	1. Royal College of Obstetricians & Gynaecologists (RCOG) Green Top Guidelines No 36. (2012; updated 2014, updated 2017) *The Prevention of Early-onset Neonatal Group B Streptococcal Disease*. Available at: www.rcog.org.uk 2. Royal College of Obstetricians & Gynaecologists (RCOG). (2013) Group B streptococcus (GBS) infection in newborn babies. Patient information leaflet. Available at: www.rcog.org.uk 3. Centres for Disease Control and Prevention. (2002) Prevention of Perinatal Group B Streptococcal Disease. *MMWR*; 51:1-18 4. Health Protection Agency GBS working group. (2004) *Interim "Good practice" recommendations for the prevention*

	of early onset neonatal group B streptococcal infection in UK. Central Public Health Laboratory HPA Colindale, UK. 5. Kenyon S.L. et al. (2001) Broad spectrum antibiotics for preterm, prelabour rupture of fetal membranes: the ORACLE 1 randomised trial. *Lancet* 357, 989-994 6. Royal College of Obstetricians & Gynaecologists (RCOG). (2015) Audit of current practice in prevention early-onset neonatal group B streptococcal disease in the UK. Commissioned by UK National Screening Committee. (NSC). Available at: www.rcog.org.uk 7. Royal College of Obstetricians & Gynaecologists (RCOG). (2012) Green Top Guidelines No 64a: *Sepsis in Pregnancy, Bacterial* Available at: www.rcog.org.uk 8. National Institute for Health and Clinical Excellence. (2016) No. 51 *Sepsis: recognition, diagnosis and early management*. Available at: www.nice.org.uk 9. National Institute for Health and Clinical Excellence. (2012) NICE Clinical Guideline No. 149 *Neonatal infection (early onset): antibiotics for prevention and treatment*. Available at: www.nice.org.uk 10. National Institute for Health and Clinical Excellence. Caesarean section. (2011) NICE Clinical Guideline No. 132 www.nice.org.uk 11. National Institute for Health and Clinical Excellence. Neonatal infection (early onset): antibiotics, prevention and treatment (2012) NICE Clinical Guideline No. 149. Available at: www.nice.org.uk
Associated Documents (internal):	• NEONATAL – Group B Streptococcus Guideline (2014) • MATERNITY – Management of suspected maternal sepsis • MATERNITY - Induction (with Propess and Prostin Gel), Stimulation and Augmentation of Labour

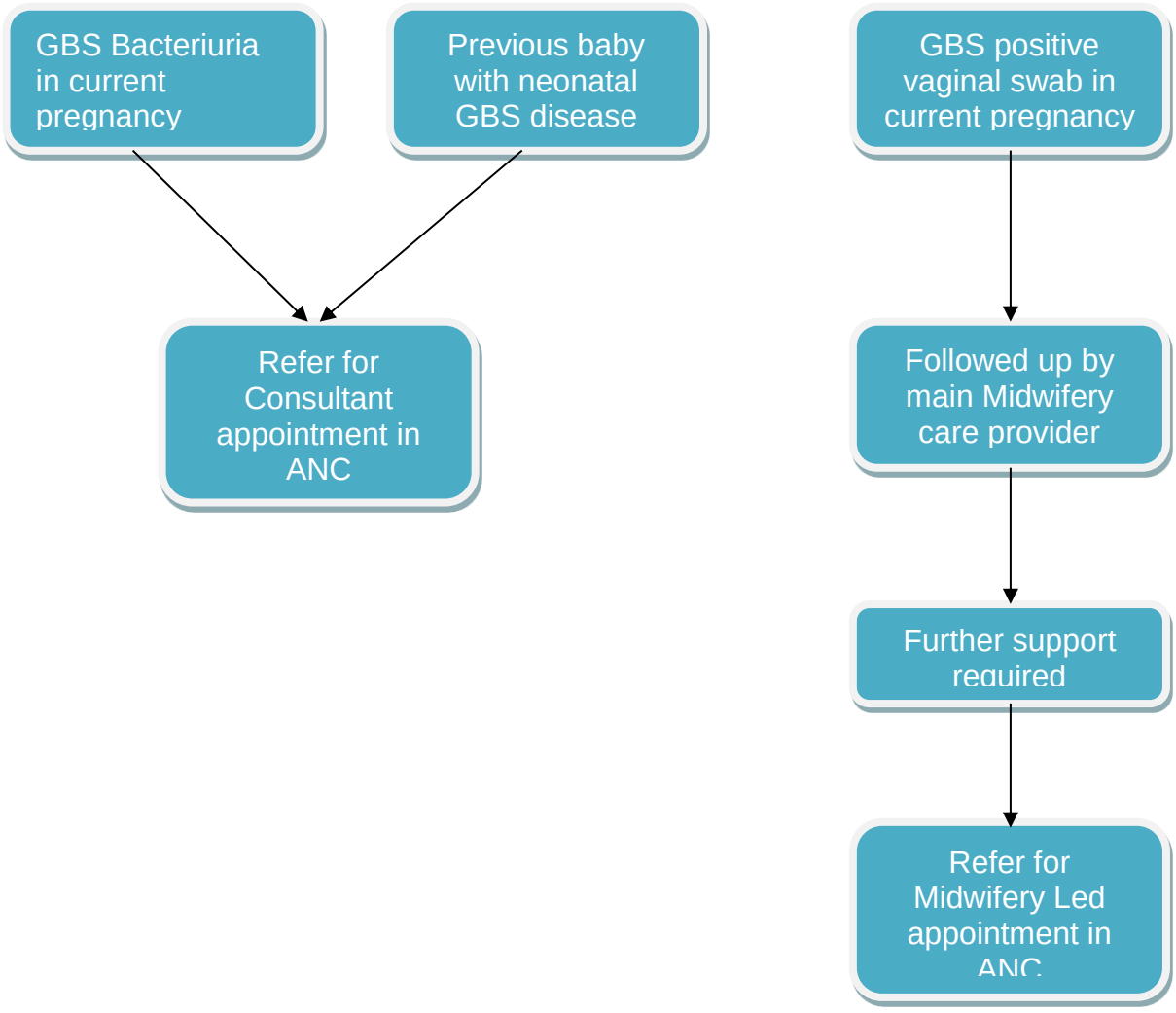
Version Control:		
Issue:	**Description of changes:**	**Date:**
1.0	First iteration	April 2005
2.0	Reviewed	June 2008
2.1	Minor amendment	February 2014
3.0	Review and update of guideline. Trust formatted	November 2016 – July 2017

Management of Haemolytic Group B Streptococcus during Pregnancy & Labour Guideline

Contents

FLOW CHART:

Antenatal Care pathway for women with GBS risk factor



1.0 Introduction and Scope of Procedural Document

Maidstone and Tunbridge Wells NHS Trust recognises that Haemolytic Group B Streptococcus is the most common cause of infection in babies during the first three months of life.

Group B Streptococcus is a naturally occurring bacterium that normally colonises the bowel of 20-30% of adults. In 1/5 of women it is also found in the vagina.

Early onset Group B Streptococcal infection typically occurs within the first 24hours of life (90% of cases) and accounts for 30% to 50% of neonatal infections. The incidence is quoted at 1:2000 births with a mortality rate of 5%-10% for these infants at term; however this doubles (18%) for preterm infants. Many babies can go on to develop long term complications as a result of early onset Group B Streptococcus; however very little is known about the long term effects of Early Onset Group B Streptococcus.

The rationale for treatment during labour is to reduce the chance of colonisation of the neonate with Group B Streptococcus and thus of Group B Streptococcal sepsis.

2.0 Definitions

GBS	Group B Streptococcus
EOGBS	Early Onset Neonatal Group B Streptococcal disease
IAP	Intrapartum Antibiotic Prophylaxis
Induction of Labour	The process of starting labour artificially
Labour	The process of giving birth; parturition
Caesarean Section	Delivery of an unborn baby by an abdominal operation

3.0 Duties

It is the registered professional's responsibility to deliver care that is based on current evidence, always acting in the patient's best interests.

All registered Midwifery and Obstetric staff should keep up to date with the local guidelines related to Management of Haemolytic Group B Streptococcus.

4.0 Training / competency requirements

Registered Midwives and Medical Staff caring for women with Haemolytic Group B Streptococcus have a professional responsibility to maintain their competence.

There are no specific training requirements for this guideline.

5.0 Procedures for Management of Haemolytic Group B Streptococcus (GBS) during Pregnancy & Labour

5.1 Antenatal screening

1. Routine bacteriological screening of all pregnant women for antenatal GBS carriage is not recommended.

2. Vaginal swabs should not be taken during pregnancy unless there is a clinical indication to do so.

3. Antenatal treatment with oral benzylpenicillin for vaginal/rectal colonisation is does not reduce the likelihood of GBS colonisation at the time of delivery and is not recommended.

4. Current evidence does not support screening for GBS or the administration of Intrapartum Antibiotic prophylaxis (IAP) to women in whom GBS carriage was detected in a previous pregnancy.

5. Women with a previous baby with neonatal GBS disease should be referred for a Consultant appointment in the Antenatal Clinic in order for the woman to discuss recommendations for care.

5.2 Management of GBS during pregnancy

1. Women with GBS bacteriuria identified during the current pregnancy should be offered IAP in addition to appropriate treatment, at the time of diagnosis. **Referral for a Consultant appointment in the Antenatal Clinic should be made in order for the woman to discuss recommendations for care.**

2. Women with GBS detected on a vaginal swab in the current pregnancy should be offered IAP as it is likely that the risk of early onset neonatal disease is increased. **The result should be followed up by her main Midwifery care provider i.e. Named Community Midwife or Hospital-based Antenatal Clinic Midwife**

3. Antibiotic prophylaxis specific for GBS is not required for women undergoing planned caesarean section in the absence of labour, and, with intact membranes; regardless of GBS colonisation status. All women having caesarean section should receive antibiotic prophylaxis according to NICE guideline.

4. If women known to carry GBS rupture their membranes pre-labour at 37+0 or more weeks, they should be offered immediate induction of labour and IAP.

5. If chorioamnionitis is suspected, broad-spectrum antibiotic therapy including an agent active against GBS should replace GBS-specific IAP and induction of labour should be considered.

6. If Known GBS recommend delivery in obstetric unit to ensure that IV antibiotics are available and neonatal observations occur.

In order to aid discussion of recommendations for care, a **patient information leaflet** is available at: www.rcog.org.uk

5.3 Management of labour to reduce the risk of neonatal GBS disease in women WITHOUT known GBS colonisation

1. Women presenting in established preterm labour with intact membranes with no other risk factors for GBS should not routinely be offered IAP unless they are known to be colonised with GBS.

2. Women who are pyrexial in labour (>38°C) should be offered broad-spectrum antibiotics including an antibiotic for prevention of neonatal EOGBS disease.

3. IAP is not recommended for women with term prelabour rupture of membranes with no other risk factors. Women with prelabour rupture of membranes at term should be offered induction of labour in line with the Trust guideline.

4. Antibiotic prophylaxis specifically for GBS is unnecessary for women with preterm rupture of membranes and should not be given 'just in case'. These women should be managed according to the RCOG Green-top Guideline Preterm Prelabour Rupture of Membranes)

5. IAP should be offered to women with a previous baby with neonatal GBS disease.

5.4 Intrapartum Treatment

- Intravenous penicillin V (3g) should be given as soon as possible following onset of labour.
- Repeat 1.5g four hourly until delivery.
- If allergic to Penicillin give Clindamycin 900mg intravenously eight hourly until delivery.

CAUTION: if a woman has a history of C Difficile infection and is allergic to Penicillin, please discuss with Microbiologist before prescribing Clindamycin.

5.5 Tabulated Antenatal and Intrapartum treatment:

Table 1 Historical GBS

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Problem	Treatment Requirements
GBS detected in previous pregnancy	• Antenatal and Intrapartum treatment not recommended
Previous infant with GBS disease	• Refer for Consultant appointment in ANC • GBS-specific IAP to be offered

Table 2 Known GBS colonisation in current pregnancy

Problem	Treatment Requirements
Incidental antenatal detection of GBS on rectal or vaginal swab.	• Antenatal treatment not recommended. • Main Midwifery care provider to follow up result and discuss recommendations for care. • GBS-specific IAP to be offered
GBS bacteriuria in current pregnancy	• A urine infection caused by GBS should be treated as soon as detected • Refer for Consultant appointment in ANC • GBS-specific IAP to be offered
Known GBS in current pregnancy and mode of delivery planned caesarean section (with intact membranes and absence of labour)	• GBS-specific antibiotic prophylaxis not required • Prophylactic antibiotics according to NICE guideline no. 132 to be given
Known GBS in current pregnancy and prelabour rupture of membranes at 37+0 weeks of gestation or more	• Immediate induction of labour • GBS-specific IAP to be offered
Known GBS in current pregnancy and suspected chorioamnionitis	• Broad spectrum antibiotic therapy including agent active against GBS • Consider induction of labour

Table 3 Absence of GBS colonisation in current pregnancy

Problem	Treatment Requirements
Established Preterm labour with intact membranes, with no other risk factors for GBS	• Do not routinely offer GBS-specific IAP
Established Preterm labour with rupture of membranes, with no other risk factors for GBS	• Currently no evidence to show that this sub group have greater benefit from IAP
Pyrexia in labour (>38°C)	• Broad spectrum antibiotic therapy including agent active against GBS
Prelabour rupture of membranes at term	• Do not offer IAP • Offer induction of labour as per Trust guideline
Preterm prelabour rupture of membranes	• GBS-specific antibiotic prophylaxis is unnecessary

5.5 Management of potentially infected babies

Please refer to the Neonatal Group B Streptococcal guideline. Link is: http://twhqpulse01:85/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-WC-OPG-PAED-CG30

- Risk factors
  - GBS in this pregnancy
  - Previous baby with GBS disease
  - Prematurity (<37 weeks)
  - PROM >18 hrs.
  - Maternal pyrexia >38^0C
  - Evidence of maternal sepsis (positive blood culture, raised WBC or CRP)

- If mother has a single risk factor:
  - Neonatal observations for 12 hrs (at 1 hour, 2hours and 2 hourly for 10 hours)
  - Symptomatic baby: Screen (blood culture, FBC and CRP) and treat. Lumbar puncture should be done if no contraindication

- If mother has at least 2 risk factors and had no treatment or had antibiotics within 2hrs of delivery: Screen and treat

- If mother has had IV Penicillin (or Clindamycin) >2 hrs before delivery, GBS has been adequately treated and GBS is removed as a risk factor

- If one twin has GBS disease, screen and treat the other twin

6.0 Monitoring and audit

Monitoring and Audit of this guideline will be identified with issues raised via Clinical Risk / Clinical Governance.

APPENDIX ONE

Process Requirements

1.0 Implementation and Awareness

1.1 Once approved this policy/procedural document will be published on the Trust intranet by the Maternity Compliance & Safety Co-ordinator or Maternity Secretary (as appropriate).

1.2 On publication of any Maternity document, the Maternity Compliance & Safety Co-ordinator will ensure that an email is sent to all Maternity staff and other stakeholders, as appropriate.

1.3 On receipt of notification, all managers should ensure that their staff members are aware of the new publications.

2.0 Review

2.1 It is essential that Trust Policy/procedural documents remain accurate and up to date; this policy/procedural document will be reviewed three years after approval, or sooner if there are changes in practice, new equipment, law, national and local standards that would require an urgent review of the policy/procedure. It is the responsibility of the Document Lead for this policy/procedure to ensure this review is undertaken in a timely manner.

2.2 The Document Lead should review the policy/procedure and, even when alterations have not been made, undertake the consultation process as detailed in **Section 5.5 Consultation** of MTW Policy and Procedure '*Production, Approval and Implementation of Policies and Procedures*'.

3.0 Archiving

3.1 The Trust intranet retains all superseded files in an archive directory in order to maintain document history

3.2 Old paper guideline copies pre-dating Datix Guidelines are stored at:

Chatham Archive & Storage Document Co.
Anchor Wharf
Chatham
ME4 4TZ
Telephone: 01634826665

APPENDIX TWO

CONSULTATION ON: Management of Haemolytic Group B Streptococcus during pregnancy and Labour Guideline

Consultation process – Use this form to ensure your consultation has been adequate for the purpose.

Please return comments to: Miss Maggie Matthews, Consultant Obstetrician and Gynaecologist and Sarah Mander-McGregor, Midwife (email: smander-mcgregor@nhs.net)

By date: Friday, 9 June 2017 *(all documents must undergo a minimum of two weeks consultation)*

Name	Date sent	Date reply received	Modification suggested? Y/N	Modification made? Y/N
Consultant Obstetricians	24/05/2017	22/05/2017	N	N?A
Consultant Anaesthetists (Obstetric Leads)	24/05/2017			
Consultant Paediatricians	24/05/2017			
Head and Deputy Head of Midwifery	24/05/2017			
Matrons for Inpatients & Outpatients	24/05/2017			
Maternity Risk Manager	24/05/2017			
Antenatal Ward Manager	24/05/2017			
Midwifery Staff	24/05/2017	24/05/2017	Y	N
Delivery Suite Manager	24/05/2017			
Team Leads	24/05/2017			
Consultant Haematologist	24/05/2017			
Neonatal Ward Managers	24/05/2017			
Birth Centre Managers	24/05/2017			
Chief Pharmacist	24/05/2017			
Principal Pharmacist	18/05/2017	19/05/2017	N	N/A
Consultant Microbiologist	24/05/2017			
Advanced Neonatal Nurse Practioner (ANNP)	24/05/2017	26/05/2017	Y	Y
The following staff have given consent for their name to appear in this guideline and its appendices: Sarah Mander-McGregor Miss Margaret Matthews				
The role of those staff being consulted upon as above is to ensure that they have shared the policy for				

comments with all staff within their sphere of responsibility who would be able to contribute to the development of the policy.

APPENDIX THREE

Equality impact assessment

This policy/guideline includes everyone protected by the Equality Act 2010. People who share protected characteristics will not receive less favourable treatment on the grounds of their age, disability, gender, gender identity, marital or civil partnership status, maternity or pregnancy status, race, religion or sexual orientation. The completion of the following table is therefore mandatory and should be undertaken as part of the policy/guideline development and approval process. **Please note that completion is mandatory for all policy and procedure development exercises.**

Title of policy or practice	Management of Haemolytic Group B Streptococcus during pregnancy and Labour Guideline
What are the aims of the policy or practice?	To ensure best practice care for pregnant women and their babies
Is there any evidence that some groups are affected differently and what is/are the evidence sources?	None applicable
Analyse and assess the likely impact on equality or potential discrimination with each of the following groups.	**Is there an adverse impact or potential discrimination (yes/no).** **If yes give details.**
Gender identity	No Context of women
People of different ages	No
People of different ethnic groups	No
People of different religions and beliefs	No
People who do not speak English as a first language (but excluding Trust staff)	An interpreter service is available
People who have a physical or mental disability or care for people with disabilities	No
People who are pregnant or on maternity leave	No
Sexual orientation (LGB)	No
Marriage and civil partnership	No
Gender reassignment	No Context of women
If you identified potential discrimination is it minimal and justifiable and therefore does not require a stage 2 assessment?	None identified
When will you monitor and review your EqIA?	Alongside this policy/procedure when it is reviewed.
Where do you plan to publish the results of your Equality Impact Assessment?	As Appendix 3 of this guideline/procedure on the Trust approved document management database on the intranet, under 'Trust policies, procedures and leaflets'.

2	Date:	12/07/2017
3	Date:	01/07/2020
4	Y(es) or N(n):	No
5	Y(es) or N(n):	No
a	Y(es) or N(n):	No
b	Y(es) or N(n):	No
c	Y(es) or N(n):	No
d	Y(es) or N(n):	No
e	Y(es) or N(n):	Yes
6		None
7	No of EOGBS infections 2018	Information not available
	No of LOGBS infections 2018	Information not available
	Total number of live births, 2018	6,073
	No of EOGBS infections 2017	Information not available
	No of LOGBS infections 2017	Information not available
	Total number of live births, 2017	6,056
8	Y(es) or N(n):	Information not available
9	Y(es) or N(n):	Information not available
10		
a	Y(es) or N(n):	Not applicable
b	Y(es) or N(n):	Not applicable
c	Y(es) or N(n):	Not applicable
d	Y(es) or N(n):	Not applicable
11		
a	Y(es) or N(n):	Not applicable (GBS is detected on routine clinical samples using non-selective media but we don't do specific GBS carriage testing)
b	Y(es) or N(n):	Not applicable
c	Y(es) or N(n):	Not applicable
d	Y(es) or N(n):	Not applicable
e	Y(es) or N(n):	Not applicable
12	Y(es) or N(n):	No (but the detection of GBS in routine clinical samples is within scope)
13	Y(es) or N(n):	No
14	Y(es) or N(n):	No