



**Maidstone and
Tunbridge Wells**
NHS Trust

Ref: FOI/GS/ID 9526

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

20 February 2025

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 prevention guidelines.

You asked: All questions are shown as received by the Trust.

- 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, labour, and in newborn babies were last 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*
- 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)*
- 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 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*
- 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.*
- 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)*

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

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)

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

Rectal Swab alone

Both Vaginal and Rectal Swab(s)

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)

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)

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)

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

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

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)

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)

17. Has your Trust adopted the NHS Complaint Standards as set out by the Parliamentary and Health Service Ombudsman?

Trust response:

1. Please see attached guidelines:

- Maternity - Group B Streptococcal (GBS) Infection in Pregnancy and Labour Guideline.

- Neonatal - Group B Streptococcal (GBS) infection or early-onset infection Guideline.

2. Please see attached guidelines:

- Maternity - Group B Streptococcal (GBS) Infection in Pregnancy and Labour Guideline - updated December 2020.
- Neonatal - Group B Streptococcal (GBS) infection or early-onset infection Guideline - updated July 2020

3. Please see attached guidelines:

- Maternity - Group B Streptococcal (GBS) Infection in Pregnancy and Labour Guideline - expected update is January 2025.
- Neonatal - Group B Streptococcal (GBS) infection or early-onset infection Guideline - under review by Neonatal team.

4. Not unless they have had it previously, we have a leaflet we give them if they have had it previously.

5. We provide a leaflet, they also have an appointment in the antenatal clinic around 34 weeks to have a swab if they have had it previously.

6. Please use the link below:



2017-Joint-RCOG-G
BSS-PIL_final.pdf

7. Women who have had GBS previously will be offered a swab test from their antenatal clinic appointment.

8. This is only offered to women with previous GBS.

9. Just the women who have had it previously, not on request if no risk factors, see below for risk factors.

5.1 Risk factors to consider when deciding whether to investigate/treat for sepsis:

- GBS in this pregnancy (HVS, Urine or other positive culture).
- Previous baby with GBS disease (previous pregnancy with GBS carriage not included).
- Prematurity (less than 37 weeks).
- PROM greater than 18 hours if maternal GBS positive or preterm (less than 37 weeks) otherwise PROM greater than 24 hours.
- Maternal pyrexia greater than 38°C or confirmed/suspected chorioamnionitis.
- Evidence of maternal sepsis (positive blood culture, raised WBC or CRP).
- Suspected/confirmed infection in another baby of a multiple pregnancy.

5.1 Term babies

- If mother has a single risk factor:
 - o Observation for 12 hrs (at 1hr, 2hrs and 2hrly for 10 hrs).
 - o Symptomatic baby (see APPENDIX 3): Screen (blood culture, FBC and CRP) and treat. LP should be done following discussion with consultant OR CRP more than 20.
- If mother has at least two risk factors and had no treatment or had antibiotics within four hours of delivery: Screen and treat.
- If mother has had IV penicillin (or clindamycin) more than four hours before delivery, GBS has been adequately treated and GBS is removed as a risk factor. If this is the only risk factor baby does not need observations and parents to be given the GBS leaflet

- Symptomatic baby: Either one red flag clinical indicator or at least two non-red flag indicators (see APPENDIX 3) screen and treat.
 - If one twin has GBS disease, screen and treat the other twin.
10. We do not do GBS screening swabs in the microbiology laboratory.
 11. Not applicable.
 12. We do not offer any of the options listed as part of our routine test repertoire.
 13. There are guidelines:
Group B Streptococcal (GBS) Infection in Pregnancy and Labour Group B Streptococcal (GBS) Infection or Early-onset Infection – attached.
 14. No.
 15. We do not have a designated digital platform to evaluate for invasive group b infection however as a recruiting site for i gbs trials for the last four years our research department actively looks for cases and any invasive gbs case is identified and recruited into the study
 16. Not applicable.
 17. I have been unable to source a response to this question. I will continue to chase for the information.

Please note: A policy review date is not an expiry date and a policy and procedure does not become automatically unfit for purpose solely because its review date has passed. The policy remains effective and in force.