

GROUP B STREPTOCOCCUS SCREENING INFORMATION

The facts concerning GBS

GBS is the most common cause of bacterial infection in newborn babies in the UK. Around 1 in 1000 babies in the UK develop a GBS infection i.e. about 700 babies a year.

Babies are usually exposed to GBS shortly before or during birth. It is not understood why some babies are susceptible to the bacteria and develop infection, whilst others do not. What is clear, however, is that most GBS infections in newborn babies can be prevented by given women in higher risk circumstances intravenous antibiotics from the onset of labour until the baby is born.

What should be done next?

Testing for GBS needs to be included in the pregnancy and birth plan and discussed with the midwife, Obstetrician or GP with an understanding of what should happen if GBS is isolated. Effective management with intravenous antibiotics at the time of delivery will stop most GBS infections from developing in newborn babies.

Procedure for testing

Screening for GBS needs to be undertaken between 35-37 weeks. **Two swabs need to be taken and accompanied by a completed request form showing:**

- Patient's name, address and date of birth
- Name and full address, phone and/or fax number of Midwife and/or Obstetrician to whom results will be sent.
- Gestation (weeks)
- Complete payment details (credit/debit card/cheque) – made payable to **The Doctors Laboratory** for £32.00.

Taking the sample

Label swab tubes correctly by writing:

- Name, date of birth, location of each swab (lower vaginal without speculum, or rectal).

Lower vaginal swab:

- Remove swab from tube.
- Insert into lower vagina by not more than 2-4 cm. A speculum should not be used.
- Rub lower vagina gently with swab, round the front, sides and back of vagina.
- Withdraw swab and place in transport medium in the tube provided by **The Doctors Laboratory**.

Rectal Swab:

- Remove swab from tube.
- Insert gently into the anus so that not more than 1-2cm of the swab is in the rectum.
- Withdraw swab and place in transport medium in the tube provided by The Doctors Laboratory.

The swabs and request form need to be sent to The Doctors Laboratory in the post-paid padded reply envelope provided. The result of the test will be available within 3 working days of receipt of swabs. Results will be sent to the referring healthcare professional showing whether GBS has been isolated (positive) or not (not-isolated).

Cost of GBS Screen

£32.00 (this includes the request form, postal pathology pack containing 2 swabs in non-nutritive transport medium, post paid padded envelope and laboratory testing service).

How to request GBS Screening Pack(s)

Please contact **The Doctors Laboratory**
Tel: 020 7307 7373 Email: gbs@tdlpathology.com
www.tdlpathology.com

The Doctors Laboratory is fully CPA accredited and has a long-standing reputation for the provision of pathology services to the private sector, industry and the public sector.

For more information on GBS please contact:
Group B Strep Support
PO Box 203, Haywards Heath
West Sussex RH16 1GF
Tel: 01444 416176
E-mail: info@gbss.org.uk
www.gbss.org.uk

Registered charity No 1058159

Group B Strep Support is a national charity providing accurate and up to date information on GBS for families and health professionals. Group B Strep Support endorses the availability of reliable prenatal GBS screening but has no particular links with nor receives any money from any laboratory. GBSS wants to see reliable testing for GBS routinely available to all pregnant women on the NHS and, until it is, supports the Royal College of Obstetricians & Gynaecologists' national guidelines for a risk factor approach to preventing GBS infection in newborn babies. All the charity's current leaflets are available from their website or by post.

Key medical references

ACOG Committee Opinion No 279. Prevention of Early-Onset Group B Streptococcal Disease in Newborns. *Obstet Gynecol* Dec 2002; 100: 1405-1412.

Oddie S & Embleton ND. Risk factors for early onset neonatal group B streptococcal sepsis: case-control study. *British Medical Journal*. Vol.325. 10 Aug 2002

PHLS Communicable Disease Surveillance Unit Incidence of group B streptococcal disease in infants aged less than 90 days. *CDR weekly* Vol. 12(No 16):3. 18 April 2002

Revised Guidelines from Centers for Disease Control and Prevention. Prevention of Perinatal Group B Streptococcal Disease. *Morbidity and Mortality Weekly Report*. Aug 16, 2002/Vol.51/No. RR-11.



Group B Streptococcus (GBS) is the most common cause of life-threatening infections in newborn babies in the UK.

What is Group B Streptococcus (GBS)?

Group B Streptococcus is the commonest cause of life-threatening infections in newborn babies in the UK. Most GBS infections can be prevented by giving all women with GBS intravenous antibiotics at the onset of labour, as well as to those delivering prematurely or with a history of GBS. This recommended use of antibiotics reduces the likelihood of early-onset GBS infection developing in a baby born to a woman carrying GBS at the time of delivery from around 1 in 300 to less than 1 in 6000. Oral antibiotics given for GBS colonisation have not been shown to be effective at preventing GBS infection in babies, but intravenous antibiotics in labour are highly effective. There are always small but possibly serious risks associated with taking antibiotics, and management and treatment need to be fully discussed.

Detecting a GBS carrier

Testing for GBS infection is not generally available in the NHS but is routinely undertaken at The Doctors Laboratory (www.tdlpathology.com). The method for testing is an enriched culture medium (ECM) specifically designed for the isolation of GBS in swabs. Two swabs (lower vaginal and rectal) need to be cultured at 35-37 weeks' gestation to best predict colonisation with GBS around the time of delivery.

