



## Prevention of Early-onset Neonatal Group B Streptococcal Disease

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<b>Approved By:</b>	Women and Children's Policy Group	
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<b>Document Type:</b>	Guideline	Maternity
<b>Scope:</b>	PTHB Maternity wide	

The latest approved version of this document is online.  
If the review date has passed please contact the Author for advice.

### Version Control

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	April 2018
2	Reviewed against RCOG Greentop 36 and short cover form added along with caveats related to Powys	June 2021

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### ENGAGEMENT & CONSULTATION

#### Key Individuals/Groups Involved in Developing this Document

Role / Designation
Consultant Midwife

#### Circulated to the following for Consultation

Date	Role / Designation
14-6-2021	Powys Maternity Leadership and Management Team
14-6-2021	Powys Midwives
14-6-2021	Senior Nurse Safeguarding
14-6-2021	Director of Nursing
14-6-2021	Women and Children's Guidelines group members
30-9-2021	Recirculated to all of the above

Groups approved at	
1 <sup>st</sup> Nov 2021	Maternity Policies and Procedures Group
15 <sup>th</sup> Nov 2021	Women and Children's Policies and Procedures Group

### Evidence Base

**Please list any National Guidelines, Legislation or Health and Care Standards relating to this subject area?**

Royal College of Obstetricians and Gynaecologists (2017) Green-Top Guideline No. 36

Health and Care Standards:

Theme 1 – Staying Healthy  
Theme 3 – Effective care  
Theme 4 – Dignified care  
Theme 5 – Timely care

### **Detail:**

This guideline is the Royal College of Obstetricians and Gynaecologists Green Top 36 guideline on the Prevention of Early-onset Neonatal Group B Streptococcal Disease (2017) and is being adopted in Powys Teaching Health Board **with exception of the caveats below.**

The guideline can be found by following this link:

[Group B Streptococcal Disease, Early-onset \(Green-top Guideline No. 36\) \(rcog.org.uk\)](https://www.rcog.org.uk/guidance/impl/recommendations/2017-03-01-green-top-36-prevention-of-early-onset-neonatal-group-b-streptococcal-disease/)

The link to the published document can be found here:

<https://obgyn.onlinelibrary.wiley.com/doi/full/10.1111/1471-0528.14821>

A version of the RCOG guidance saved on the M drive can be found here:

[RCOG Green top 36 - GBS - June 2021 - MAT062.pdf](#)

All pregnant women should be provided with the patient information leaflet on GBS in their booking packs:

[GBS in pregnancy and newborn babies - Patient information leaflet \(rcog.org.uk\)](#)

A version is also saved on the M drive and can be found here:



RCOG - Patient  
leaflet - GBS.pdf

### **Powys Caveats:**

For women who have had a GBS in a previous pregnancy the guideline recommends:

- Explain that the likelihood of maternal GBS carriage in this pregnancy is 50%. Discuss the options of intrapartum antibiotic prophylaxis (IAP), or bacteriological testing in late pregnancy and then offer IAP if still positive.
- If performed, bacteriological testing should ideally be carried out at 35-37 weeks gestation or 3-5 weeks prior to anticipated delivery date, e.g. 32-34 weeks of gestation for women with twins.

However, the charcoal low vaginal swabs that are offered by the NHS are only 50% effective at detecting a positive GBS result. The recommended swabs are 'enriched culture medium' swabs, which are not available on the NHS. These are considered to have a greater detection rate, although the precise detection rate varies dependent on brand of swab.

Women should be advised of this to inform their decision making. Should they wish to obtain a private swab they should be directed to the Group B Strep Support charity;

<https://gbss.org.uk/>

Additionally, women who require IAP will be advised to birth in an obstetric unit where these can be administered.

Women choosing to birth in Powys when IAP have been recommended will do so against medical advice and will not be offered IAP. The named midwife should have a full discussion with the pregnant woman about the recommendations for care and explore the reasons for declining this care. A balanced discussion with consideration of the benefits and risks of each intrapartum setting should be had. The midwife should ensure that the woman understand the information she is provided with. A record of the discussion should be documented in the handheld pregnancy record.

Pregnant women should be provided with the patient information leaflet on GBS in pregnancy and newborn to support this discussion.

[GBS in pregnancy and newborn babies - Patient information leaflet \(rcog.org.uk\)](#)

A clinical Information Sharing Proforma will be compiled and circulated.

### **Powys Births:**

When a woman chooses to birth in Powys against medical advice in relation to GBS. The following plan should be advised:

- Babies should be evaluated at birth for clinical indicators of neonatal infection and have their vital signs (temperature, heart rate and respiration rate) checked at 0, 1- and 2-hours of age, and then 2 hourly until 12 hours.
- For babies born at home it would be expected to have the 0, 1- and 2-hour checks done.
- For babies born in a birth centre, once the first 2 hours of observations are completed they can be done 2 hourly until discharge if this is less than 12 hours. They do not have to have a postnatal stay of 12 hours.
- Findings should be documented in the baby postnatal records to enable them to be reviewed during the postnatal period.

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In addition, parents should be informed to seek urgent medical advice if they are concerned that the baby is showing any of the following symptoms:

- Is showing abnormal behaviour
- Is unusually floppy
- Develops feeding difficulties or difficulties with tolerating feeds
- Has an abnormal temperature unexplained by environmental factors (lower than 36c and higher than 38c)
- Has rapid breathing
- Has a change in skin colour

This should be documented in the postnatal record also.

During the postnatal period, midwives should ensure parents are fully aware of the signs and symptoms of an unwell/compromised baby and, if they are concerned that appropriate advice/actions are not being taken by parents in these circumstances and the baby is at risk, contact PTHB safeguarding team 07387064356 or [PowysTHB.Safeguarding@wales.nhs.uk](mailto:PowysTHB.Safeguarding@wales.nhs.uk) for advice and support.