

PE1505/M

Children and Families Directorate
Child and Maternal Health Division

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Ms Sigrid Robinson
Assistant Clerk
Public Petitions Committee
Room: T3.40
The Scottish Parliament
Edinburgh
EH99 1SP



9 February 2015

Dear Ms Robinson

CONSIDERATION OF PETITION PE1505

Further to your letter of 14 January 2015 in regards to the above petition, I offer below the Scottish Government's response.

1. Will the Scottish Government clarify what tests are used in Scotland to detect group B Strep carriage and in what circumstances they are used?

Current practice for testing for Group B Streptococcal (GBS) infection in Scotland is based on the current Royal College of Obstetricians and Gynaecologists (RCOG) "Green-top" guideline updated in July 2012 and current testing methods in Scotland, as for the rest of the UK, are based on the culture of the organism as described in the Health Protection Agency's document UK standards for Microbiology Investigations – Processing Swabs for Group B Streptococcal Carriage.

The approach recommended is on risk factor only, therefore pregnant women in Scotland are not currently routinely offered testing for GBS infection as part of their antenatal care.

Testing on individual pregnant women is currently at the clinician's discretion, and as such they may be tested if their clinician considers they are a high risk of Streptococcal Group B infection. Also, Streptococcal Group B infection may be isolated during pregnancy from any swabs, urine or other samples that are taken as part of routine antenatal care.

2. Will the Scottish Government ensure that information is routinely given to all expectant mothers in Scotland on group B Streptococcus and on how they can undertake testing privately if that is their choice?

Information given to prospective parents is at the discretion of each NHS Board in Scotland. Boards have information, developed locally and nationally, on a range of pregnancy issues. The Scottish Government will remind NHS Boards of the importance of raising awareness of

Group B Streptococcus. The Scottish Government remains committed to supporting the rewrite of Ready Steady Baby! and working with NHS Health Scotland on the information for parents on Group B Streptococcus.

The UK National Screening Committee (NSC) policy regarding screening for group B streptococcus is followed by clinicians in Scotland. Women will have testing for the presence of Group B streptococcus if they fall into the high risk categories as advised in the RCOG guidance - <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg36/>. The NSC has determined that taking swabs to screen for Group B Streptococcus does not confer benefit and therefore screening for Group B Streptococcus in both the NHS and in private practice is unnecessary and potentially harmful in terms of intervention.

3. Will the Scottish Government undertake an independent review of its policy on the screening of all expectant mothers for group B Streptococcus in the light of the fact that Scotland has a higher rate of early-onset group B Strep infection than the rest of the UK?

The Scottish Government is given independent advice by the UK National Screening Committee (NSC), the independent expert advisory group which advise Ministers and the NHS in the four UK countries about all aspects of screening.

The NSC reviewed the policy for GBS in November 2012. This review used all of the available medical evidence of the risks and benefits of screening all pregnant women – <http://www.screening.nhs.uk/groupbstreptococcus> – the conclusion being that a systematic population screening programme was not recommended. The National Screening Committee has confirmed that a review of the NSC recommendation on Group B Streptococcus is expected towards the end of 2015/early 2016.

4. What is the current policy in Scotland where an expectant mother requests testing or screening for group B Streptococcus from the NHS? If a test is offered, which test is used? Please note that the Royal College of Obstetricians & Gynaecologists' guideline referred to in the original response makes no recommendation for this situation.

The Scottish Government recognises the revised guidance called 'The Prevention of Early-onset Neonatal Group B Streptococcal Disease' issued by the Royal College of Obstetricians and Gynaecologists (RCOG) in June 2012. This recommends an approach to testing and the use of antibiotics administration for pregnant women.

Scottish Government would expect testing to be offered according to the guidance in the RCOG guideline. The woman and her clinician should explore the reasons for the request and discuss the reasons for adherence to national clinical guidelines. Testing for Group B strep should only be carried out if clinically indicated – in common with all tests and investigations. The clinician should discuss the adherence to the guidance produced by the RCOG with the pregnant woman and explain why testing would not be offered if clinical criteria were not met.

If you require any further information, please do not hesitate to contact me again.

Yours sincerely

John Froggatt
Scottish Government Children and Families Directorate