

PE1505/N

Petitioner Email of 8 March 2015

Dear Chris,

Thank you for the opportunity to comment on the letter from the Scottish Government.

I remain concerned that the letter raises more questions than ever.

The letter states that in Scotland:

“the testing method for group B Strep carriage is the same as in the rest of the UK and follows the Health Protection Agency (now Public Health England or PHE) UK Standards for Microbiology Investigations B58 Processing swabs for group B Strep carriage(<https://www.gov.uk/government/publications/smi-b-58-processing-swabs-for-group-b-streptococcal-carriage>), which describes the Enriched Culture Medium (ECM) test.”

Yet the ECM test is not widely available in the UK. PHE has repeatedly refused to make it routinely available from its regional laboratories. The recent audit from the Royal College of Obstetricians & Gynaecologists (RCOG) (<https://www.rcog.org.uk/globalassets/documents/guidelines/research--audit/gbs-audit-first-report.pdf>) reported that, from the UK’s obstetric units offering testing for group B Strep carriage, 61.5% of one or both respondents said they use **non-enriched** culture media tests (and 32.5% reported the testing method was unknown).

“Practice follows the RCOG’s Greentop Guideline for group B Strep prevention(<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg36/>) and tests for group B Strep carriage are offered if women fall into the high risk categories advised in that guideline.”

Yet the RCOG’s guideline recommends no situations in which to test for group B Strep carriage. Plus, their recent audit reports only nine units in Scotland as testing some or all pregnant women for group B Strep carriage.

I would welcome clarification about:

- a) Which NHS maternity units in Scotland regularly use the ECM test to detect group B Strep carriage in pregnant women?
- b) Which laboratories used by NHS trusts in Scotland offer the ECM test?

c) How many ECM tests have been undertaken by each of a) and b) above for each of the last 5 years?

d) In what situations are women offered testing for group B Strep carriage? Please describe the specific scenarios.

e) Exactly what harms to the Mum and her baby are meant in the statement '*screening for group B Streptococcus in both the NHS and in private practice is unnecessary and potentially harmful in terms of intervention?*' And what quantitative and qualitative assessments have been made between such 'harms' and the harms caused by preventable group B Strep infections in newborn babies?

The recent RCOG's audit shows that clinicians are ahead of both their and the UK National Screening Committee (NSC)'s guidelines – obstetricians and midwives recognise the usefulness of testing pregnant women for group B Strep carriage. But at present they're overwhelmingly using an inaccurate test –one that is not recommended by PHE for the purpose.

The letter from Scottish Government does not answer the question about undertaking an independent review of its policy on screening pregnant women for group B Strep in Scotland, taking into account the rate of early-onset group B Strep infection in Scotland. I understand the NSC advises them but I believe it would be illuminating for a Scotland-specific review to be undertaken to review the policy based on the specific needs of the Scottish population and incidence of group B Strep infection in newborn babies?

The RCOG audit demonstrates that the current guidance is out of tune with clinical practice. Clinicians are offering antibiotics to women in labour not only in line with current recommendations, but also for a wide range of other scenarios to try to stem the rising numbers of group B Strep infections in newborn babies. A significant number of units are also testing some or all pregnant women for group B Strep carriage – yet they often don't have access to the accurate test recommended for the purpose (the ECM test).

There are a small number of UK hospitals that offer universal antenatal screening for group B Strep carriage and have seen their rates fall significantly. Screening is popular with both expectant mothers and staff. It is also efficient and effective in practice. I believe that a Scottish feasibility study or pilot study would be desirable

Yours faithfully

Jackie Watt