

## Assessing Information Dissemination Of Group B Streptococcus In Antenatal Clinics, and Obstetricians and Midwives' Opinions on the Importance of Doing so

**Authors :** Aakriti Chetan Shah, Elle Sein

**Abstract :** Background/purpose: Group B Streptococcus (GBS) is the leading cause of severe early onset infection in newborns, with the incidence of Early Onset Group B Streptococcus (EOGBS) in the UK and Ireland rising from 0.48 to 0.57 per 1000 births from 2000 to 2015. A WHO study conducted in 2017, has shown that 38.5% of cases can result in stillbirth and infant deaths. This is an important problem to consider as 20% of women worldwide have GBS colonisation and can suffer from these detrimental effects. Current Royal College of Obstetricians and Midwives (RCOG) guidelines do not recommend bacteriological screening for pregnant women due to its low sensitivity in antenatal screening correlating with the neonate having GBS but advise a patient information leaflet be given to pregnant women. However, a Healthcare Safety Investigation Branch (HSIB) 2019 learning report found that only 50% of trusts and health boards reported giving GBS information leaflets to all pregnant mothers. Therefore, this audit aimed to assess current practices of information dissemination about GBS at Chelsea & Westminster (C&W) Hospital. Methodology: A quantitative cross-sectional study was carried out using a questionnaire based on the RCOG GBS guidelines and the HSIB Learning report. The study was conducted in antenatal clinics at Chelsea & Westminster Hospital, from 29th January 2021 to 14th February 2021, with twenty-two practicing obstetricians and midwives participating in the survey. The main outcome measure was the proportion of obstetricians and midwives who disseminate information about GBS to pregnant women, and the reasons behind why they do or do not. Results: 22 obstetricians and midwives responded with 18 complete responses. Of which 12 were obstetricians and 6 were midwives. Only 17% of clinical staff routinely inform all pregnant women about GBS, and do so at varying timeframes of the pregnancy, with an equal split in the first, second and third trimester. The primary reason for not informing women about GBS was influenced by three key factors: Deemed relevant only for patients at high risk of GBS, lack of time in clinic appointments and no routine NHS screening available. Interestingly 58% of staff in the antenatal clinic believe it is necessary to inform all women about GBS and its importance. Conclusion: It is vital for obstetricians and midwives to inform all pregnant women about GBS due to the high prevalence of incidental carriers in the population, and the harmful effects it can cause for neonates. Even though most clinicians believe it is important to inform all pregnant women about GBS, most do not. To ensure that RCOG and HSIB recommendations are followed, we recommend that women should be given this information at 28 weeks gestation in the antenatal clinic. Proposed implementations include an information leaflet to be incorporated into the Mum and Baby app, an informative video and end-to-end digital clinic documentation to include this information sharing prompt.

**Keywords :** group B Streptococcus, early onset sepsis, Antenatal care, Neonatal morbidity, GBS

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