

**PE1592/A**

**Cabinet Secretary for Health, Wellbeing and Sport**

Shona Robison MSP



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Mr Michael McMahon MSP  
Convener  
Public Petitions Committee

By Email.

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Dear Michael

Thank you for your letter of 13 January 2016 asking for clarification on a number of matters relating to the petition PE1592 lodged by Shaheen McQuade. The petition calls on the Scottish Parliament to urge the Scottish Government to ensure all pregnant women receive information about Group B Streptococcus and are given the option to be tested; and to set aside funding to find more reliable methods of testing.

We recognise that this can be a devastating condition and we are committed to reducing the incidence of infection in babies as a result of Group B Streptococcus (GBS). However, we should not ignore the advice of the expert bodies which is consistent and clear that screening should not be recommended at this time.

### **Screening for GBS**

As you are aware, the UK National Screening Committee (UKNSC) who advise Ministers and the NHS about all aspects of screening policy recommended in November 2012 that antenatal screening for GBS carriage should not be offered. This is because there is currently insufficient evidence to demonstrate that the benefits to be gained from screening and treating those carrying GBS with antibiotics during labour would outweigh the harms.

This review used all of the available medical evidence of the risks and benefits of screening all pregnant women. The evidence base examined was the largest ever the NSC has been required.

If screening was introduced, all pregnant women would be offered a test between the 35<sup>th</sup> and 37<sup>th</sup> week of their pregnancies and offered antibiotics if GBS was detected. About a quarter of pregnant women carry GBS at any time and this normally causes no harm, the test can only tell if a woman is carrying GBS – not if their baby will become unwell. Testing also cannot completely predict which mothers will or will not carry GBS by the time they go into labour. Around 25% of women with a positive test will actually be clear by the time they

give birth. Around 5% of women with a clear test would be carrying GBS by the time they go into labour.

Screening is not a risk free option. One of the potential harms of screening all women is that large numbers of women would be given antibiotics during labour. There have been a number of maternal deaths associated with an anaphylactic reaction to antibiotics and treating a large number of women to try and reduce the risk of a very rare condition could have a long term impact on the effectiveness of antibiotics.

The UK NSC will be reviewing the evidence for antenatal screening again in 2016 as part of its regular evidence review process. We will carefully consider the recommendations it may make.

We continue to work with our partners to reduce the prevalence of this disease. A range of work is being carried out including:

- an enhanced surveillance of infant disease in partnership with the British Paediatric Surveillance Unit and national public health bodies across the UK and Ireland to assess disease incidence, associated mortality and frequency of established risk factors.
- a UK NSC GBS modelling group is currently looking at the preventative benefit of screening compared to the current risk based approach and is due to report its findings later this year which will be incorporated into the NSC's evidence review.
- monitoring developments on GBS vaccines and a grant-funded study to assess the potential impact of a maternal immunisation programme.
- the National Institute for Health Research has approved funding for a study on accuracy of a rapid bedside test for GBS for women in labour. This is expected to start early in 2016.
- research funding is being sought to identify any genetic differences in GBS carriage strains compared to those causing infant disease as a means to develop a more specific screening test.

### **Update on Ready Steady Baby! Publication and Redesigning Health Information for Parents (ReHIP)**

The Scottish Government funds NHS Health Scotland to develop and publish Ready, Steady, Baby! (RSB), a guide to pregnancy which is given to all pregnant women at their first booking appointment with a midwife. The current edition of RSB contains information on GBS. Following closure of Petition PE1505 on GBS in May 2015 the Scottish Government committed to consult the petitioner, Jackie Watt, on the rewrite of RSB.

NHS Health Scotland have embarked on their major overhaul of this publication with their Redesigning Health Information for Parents (ReHIP) project. The project began in April 2015 and is a strategic redesign of print and digital information resources to improve the accessibility of parenting and health information for parents and carers, covering pregnancy – 5 years. This information contained in Ready Steady Baby! is included in the scope of this project.

#### Availability

In Scotland, printed copies of *Ready Steady Baby!* are made available to all 14 territorial NHS Health Boards. A copy is given out to a pregnant woman at their booking appointment

by the midwife, normally in a pack with other resources. NHS Health Scotland do not hold a central record of the numbers the NHS Boards then distribute at the booking appointments.

A letter was issued out to all the NHS Boards this month by NHS Health Scotland alerting them of the updates made to the publication. The letter clearly states what format the publication is available in, as follows:

- printed guide (order via your local NHS Health Board Resource & Information Centre)
- electronic guide - available in English, Chinese, Urdu, Polish, Arabic, Russian (download at [www.healthscotland.com/documents/25847.aspx](http://www.healthscotland.com/documents/25847.aspx))
- website (visit [www.readysteadybaby.org.uk](http://www.readysteadybaby.org.uk))
- free smartphone app (download at [www.readysteadybaby.org.uk/index.aspx](http://www.readysteadybaby.org.uk/index.aspx)).

### Distribution and uptake

Annex A attached shows ordering figures for NHS Boards from December 2014 to December 2015. The figures NHS Health Scotland print annually are based on the birth rate for each area.

Uptake figures are not available as NHS Health Scotland do not ask the NHS Boards how many women have received a copy and how they have used the information. It is the Boards' responsibility to ensure all women receive a copy at their booking appointment and there is an understanding that midwives and health visitors signpost to it during future appointments.

NHS Greater Glasgow and Clyde have recently conducted some field work with parents on this subject and we plan to support more Boards to do this as part of the redesign engagement process.

We remain committed to reducing the incidence of infection in babies as a result of GBS in Scotland and working with NHS Health Scotland on the information available for parents

I hope this reply proves helpful in outlining the national approach to GBS.

**SHONA ROBISON**

## Annex A

### Ready Steady Baby! (RSB) ordering figures by NHS Board December 2014 to December 2015

NHS Board	Quantity
NHS Grampian	7,260
NHS Tayside	4,040
NHS Dumfries & Galloway	1,550
NHS Lothian	8,804
NHS Forth Valley	1,470
NHS Greater Glasgow & Clyde	18,150
NHS Western Isles	215
NHS Highland	2,920
NHS Ayrshire & Arran	3,870
NHS Orkney	300
NHS Fife	4,650
NHS Lanarkshire	7,500
NHS Borders	1,365
NHS Shetland	335
<b>Total numbers</b>	<b>62,429</b>