

PE1505/L

Petitioner Email of 7 January 2015

Dear Chris,

This is my one page as requested.

Petitioner's One Page Summary:

Screening for maternal group B Strep carriage is routine in many developed countries to identify babies at increased risk of group B Strep infection. They cannot identify which babies will develop infection; they are screening tests, NOT diagnostic tests. Evidence shows that offering antibiotics in labour to women where group B Strep has been detected is highly effective at reducing the rate of group B Strep infection in their new borns. This should be offered in Scotland.

The Royal College of Obstetricians & Gynaecologists' risk based approach cannot identify all babies who will develop group B Strep infection. Using risk factors identifies a similar proportion of women whose babies are at raised risk of group B Strep infection as antenatal screening, but most of the mothers with risk factors will not be carrying group B Strep. Using the RCOG approach, antibiotics are given to women whose new born babies are not at risk of group B Strep infection, while most women carrying group B Strep have no apparent risk factors and are offered no protection for their babies.

The **key** risk factor for offering antibiotics in labour is the Mum carrying group B Strep during the current pregnancy. There are no symptoms of carrying group B Strep so, without testing, how will women know they're carrying it? The RCOG's guidelines are self-defeating, without testing for the key risk factor, how can they reliably identify women who should be offered antibiotics, and those who should not? Screening programmes have reduced the rate of group B Strep infections in new born babies in other countries by over 71%. For example, in the US, the rate of early onset group B Strep infection reported in 2013 was 0.24 per 1,000 live births (0.34 for late onset group B Strep infection).

Data suggest that the rate of early onset group B Strep infection in babies in England, Wales and Northern Ireland has not fallen since the introduction of the RCOG's risk-based prevention strategy in 2003, and the rate has increased dramatically in Scotland. Other countries have seen the benefit of introducing screening programmes.

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?

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?

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?

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.

Please would the Public Petitions Committee do all they can to ensure families and their babies are spared the dreadful trauma avoidable group B Strep infections can bring.

Jackie Watt