

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



17 April 2015

Dear Ms Robinson

CONSIDERATION OF PETITION PE1505

Further to your letter of 17 March 2015 in regards to the above petition, I offer below the Scottish Government's response.

In line with the Scottish Government's Refreshed Framework for Maternity Care in Scotland, all women are entitled to have early and timely access to appropriate, safe and effective antenatal care. We would expect clinicians to discuss testing for Group B Streptococcus with the patient, if the patient had concerns or had asked to be tested, and explain the current professional guidance by the Royal College of Obstetricians and Gynaecologists and the UK National Screening Committee.

NHS Health Scotland is leading the Ready Steady Baby! refresh with funding from the Scottish Government. I understand that Gerry McLaughlin, Chief Executive, wrote to the Committee on 9 December 2015, to confirm that the text for Group B Streptococcus had been amended and that his communication included the amended text. I believe that a much wider review of the whole publication began on 1 April 2015 and is expected to take 18 months to complete.

In response to the first three questions posed by the petitioner, and set out below, while we endeavour to be as helpful as possible, the Scottish Government does not hold the information requested as there is no business requirement for the Scottish Government to collect it.

1. Which NHS maternity units in Scotland regularly use the ECM test to detect group B Strep carriage in pregnant women?
2. Which laboratories used by NHS trusts in Scotland offer the ECM test?
3. How many ECM tests have been undertaken by each of 1) and 2) above for each of the last 5 years?

In response to the next two questions, we have used information provided by the UK National Screening Committee (NSC) in the Group B Streptococcus, Questions and Answers section of its website - <http://www.screening.nhs.uk/groupbstreptococcus> The UK National Screening Committee provides independent advice to Ministers and the NHS in the four UK countries about all aspects of screening. The NSC reviewed the policy for Group B Streptococcus in November 2012, the evidence base examined was the largest ever the NSC has been required to look at and contained over 100 pages of comments from public consultation.

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

The Scottish Government would expect clinicians to test for Group B Streptococcus and other infections in situations where women are at higher risk as discussed within professional guidance for example where there are clinical symptoms of urinary or vaginal infection, women with prelabour rupture of the membranes or premature birth (less than 37 weeks).

5. 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?

There are a number of concerns highlighted by the UK National Screening Committee on screening and the use of antibiotics. Again, I have used text from the NSC to clarify:

- Effectiveness – there is limited evidence on the effectiveness of antibiotics in preventing the most severe outcomes of early onset GBS. Therefore, it is not clear that antibiotic treatment in labour is effective in preventing death or disability
- Reduced delivery options – women receiving antibiotic treatment in labour would not be able to have their baby at home or in some midwifery led units. It would make birth more medical
- Antibiotic resistance – resistance to some antibiotics used to prevent GBS is an increasing problem, specifically in women who cannot be given penicillin. Treating so many people to try to reduce the risk of a very rare condition could have a long-term impact on the effectiveness of antibiotics on much more common life-threatening conditions
- Risks of antibiotic allergic reaction – antibiotics can cause allergic reactions in labour and this can be life-threatening. A UK wide study of these reactions in pregnancy and labour is underway and may help improve understanding of how big a risk allergic reaction is
- Long term effects to the newborn – antibiotics used in pregnancy and labour are the subject of increasing concern, for example, some studies link this to an increase in obesity and asthma. In premature babies an increased risk of cerebral palsy has been associated with use of some antibiotics in labour. These outcomes are debated and research is ongoing.

- Limited effectiveness in important groups – antibiotic treatment in labour does not reduce GBS infection affecting the baby more than seven days following the birth (late onset GBS disease) and has not been shown to reduce GBS in premature babies in whom there are often many causes of poor health.

The NSC information goes on to explain that it is estimated that 17,000 – 25,000 women would need to be treated to prevent one death from early onset GBS. For these reasons it is not clear that the benefit of screening would outweigh the harms and it is not clear that screening would significantly reduce the worst effects of GBS.

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

Yours sincerely

John Froggatt
Deputy Director
Scottish Government: Child and Maternal Health Division
Children and Families Directorate