

27 May 2015

Ms L J Hashmi
Area Coroner
Greater Manchester North
HM Coroner's Court
The Phoenix Centre
L/CPL Stephen Shaw MC Way
Rochdale
Heywood OL10 1LR

Our ref: 58085

01 JUN 2015

Dear Ms Hashmi

Thank you for sending me a copy of your Regulation 28 report into the death of baby Olsberg, dated 8 May 2015, for information and comment. I was very sorry to learn of the death of baby Olsberg.

I note your concerns that antenatal screening for Group B Streptococcus (GBS) is not routinely offered to all women during the final weeks of pregnancy and that prophylactic intrapartum antibiotics are not routinely offered to all women who test positive for GBS (or have previously done so).

Exposure to group B Streptococcus (GBS) is common in new-born babies and although most babies do not develop GBS infection, I am aware that GBS is the leading cause of early-onset bacteraemia in the UK. We know that it causes serious infection that usually presents in the first 72 hours of life.

I should point out that our role is to provide the evidence for decisions to be made by local clinicians and organisations on the best approach to care by providing guidance on treatments and other forms of practice. In developing the recommendations in our clinical guideline on antenatal care (CG62, 2008), we referred to the evidence-based recommendations of the UK National Screening Committee (NSC), which is part of Public Health England.

As you are aware, our guideline does not recommend routine screening for GBS. This is because there was insufficient evidence to support a positive recommendation. However, we have encouraged more research to be carried out in this area and we will keep our recommendations under review, pending new evidence emerging. Our consideration of the evidence informing this recommendation is available in the full guideline which is available on our website: www.nice.org.uk/cg62. Screening for GBS is discussed in section 10.9.

We most recently reviewed the evidence in 2014, and after consulting with stakeholders, we decided that there was not enough new evidence to justify updating the guideline.

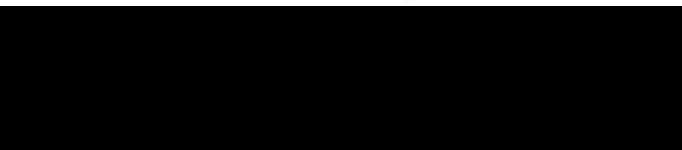
It is worth noting that the current position of the UK National Screening Committee is that screening for this condition is not currently supported by the evidence available which might support the benefits of doing so. I understand that this policy was reviewed in November 2012 but no changes were made. I believe it is due to be considered again during 2015/16. Further information is available via the UK Screening Portal at:
<http://www.screening.nhs.uk/groupbstreptococcus>

The Screening Committee has published an FAQ document to explain why there isn't a national screening programme which is available via the above link. However for ease of access I have enclosed a copy with this letter.

You may also be interested in our clinical guideline on Antibiotics for early-onset neonatal infection (CG149, 2012). The guideline provides a framework outlining risk factors and clinical indicators that may be used to direct antibiotic management decisions. Once again, we have encouraged further research into the clinical and cost effectiveness of intrapartum antibiotic prophylaxis targeting group B streptococcus and guided by routine antenatal screening. Further information is available on our website at: www.nice.org.uk/CG149.

Finally, you may wish to refer to national guidance for maternity staff on the prevention of early-onset neonatal group B streptococcal disease, published by the Royal College of Obstetricians and Gynaecologists (guideline no. 36) which is available here from the RCOG website:
www.rcog.org.uk/en/guidelines-research-services/

Yours sincerely,



Sir Andrew Dillon
Chief Executive