

WELCOME TO THE GBS3 TRIAL



GBS3_ECM_CLINICAL STAFF TRAINING VIDEO_VERSION 2.0_20-JAN-22

National Institute NIHR for Health Research







University of Nottingham LIK I CHINA I MALAYSI



What is the GBS3 Trial?

A Randomised Controlled Trial

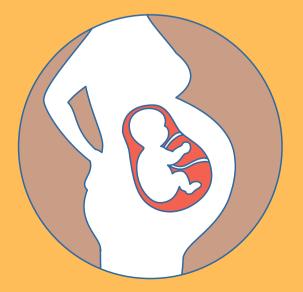
Involving 80 NHS sites across England, Scotland and Wales







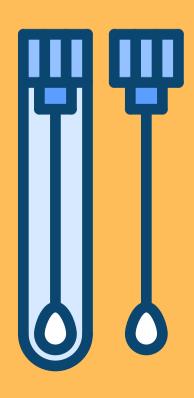




What question is GBS3 asking?

Does routine testing for GBS reduce early onset neonatal sepsis?



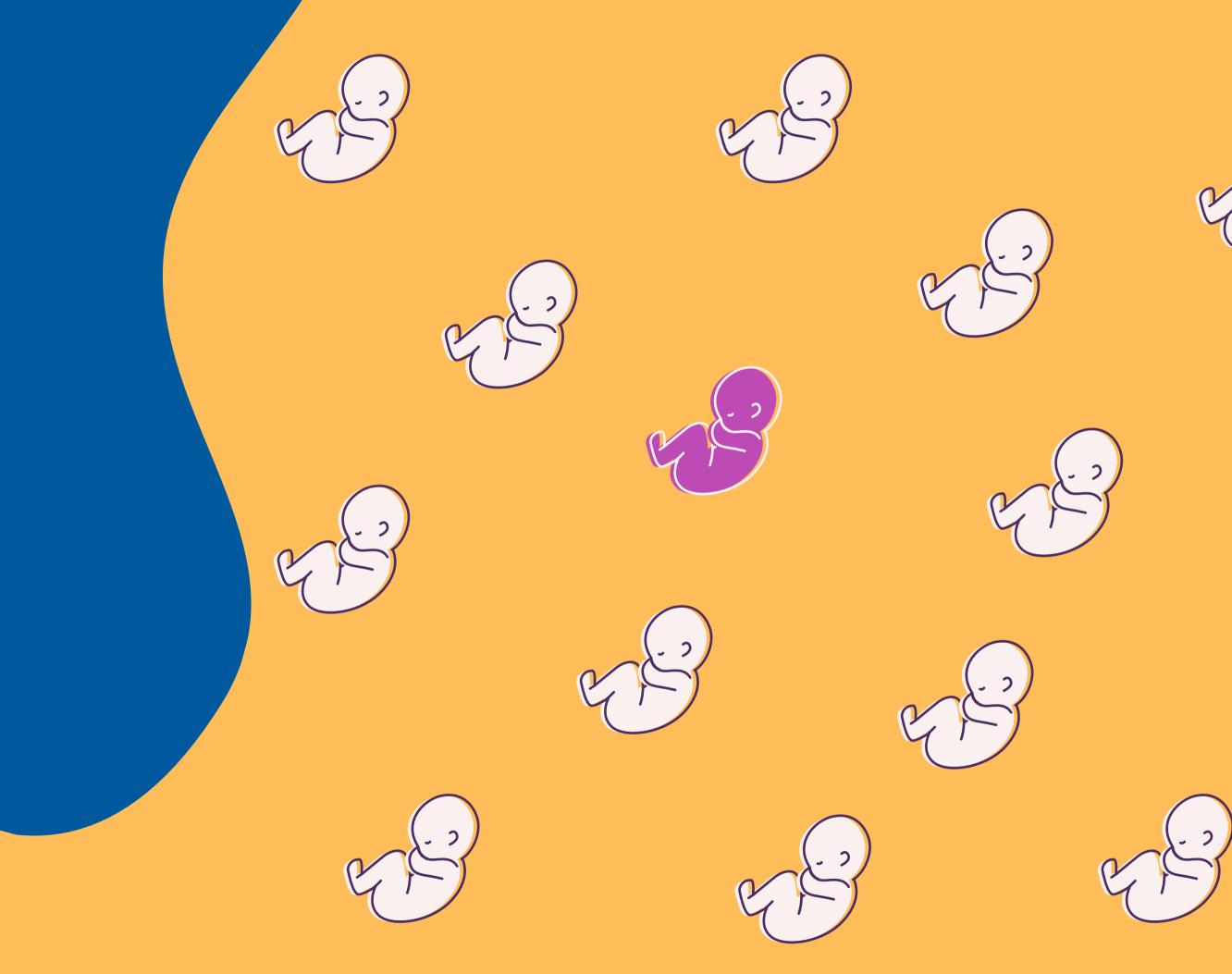


Why is GBS3 asking the question ?





One in four pregnant women carry GBS in their gut and/or genital tract



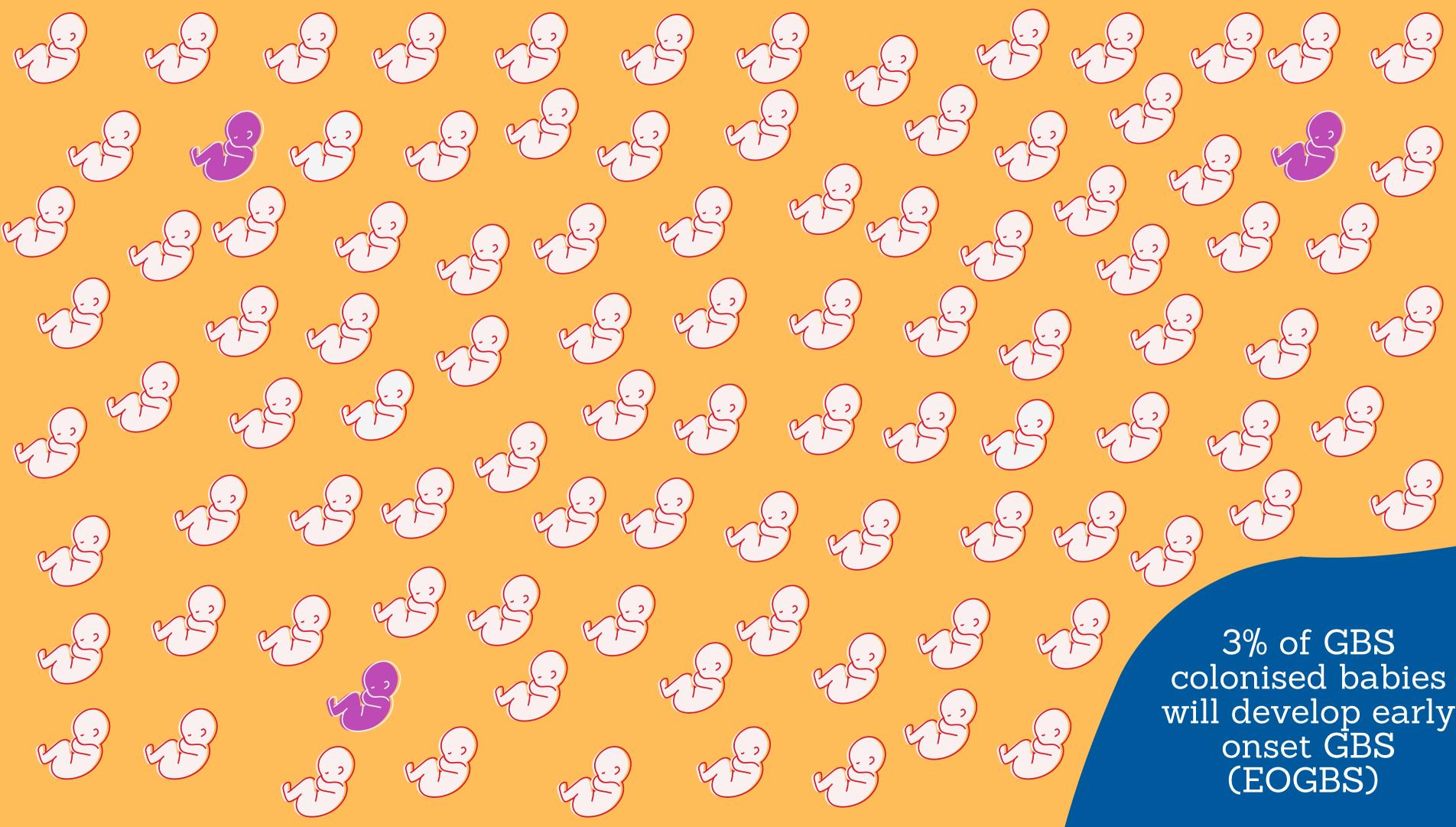








50% of babies of GBS colonised mothers will also be colonised with GBS



3% of GBS colonised babies will develop early onset GBS (EOGBS)

It is estimated that EOGBS causes more than 40 neonatal deaths and around 25 cases of long term disability each year in the UK















....and whilst routine testing has been attributed to a reduction in EOGBS in those countries...

...there remains a lack of randomised research data on the clinical and cost effectiveness of routine GBS testing



This lack of research evidence means that we do not currently routinely test for GBS in the UK





Instead women are tested/offered intrapartum antibiotics (IAP) based on maternal risk factors



Green Top Guideline



It is important to provide evidence on both clinical and cost effectiveness before introducing any new clinical testing strategy across the NHS



The UK National Screening Committee recommended a randomised controlled trial to gather the required evidence



And thus the GBS3 Trial was born ...





So how will GBS3 work?







80 sites will be randomised to three different trial strategies





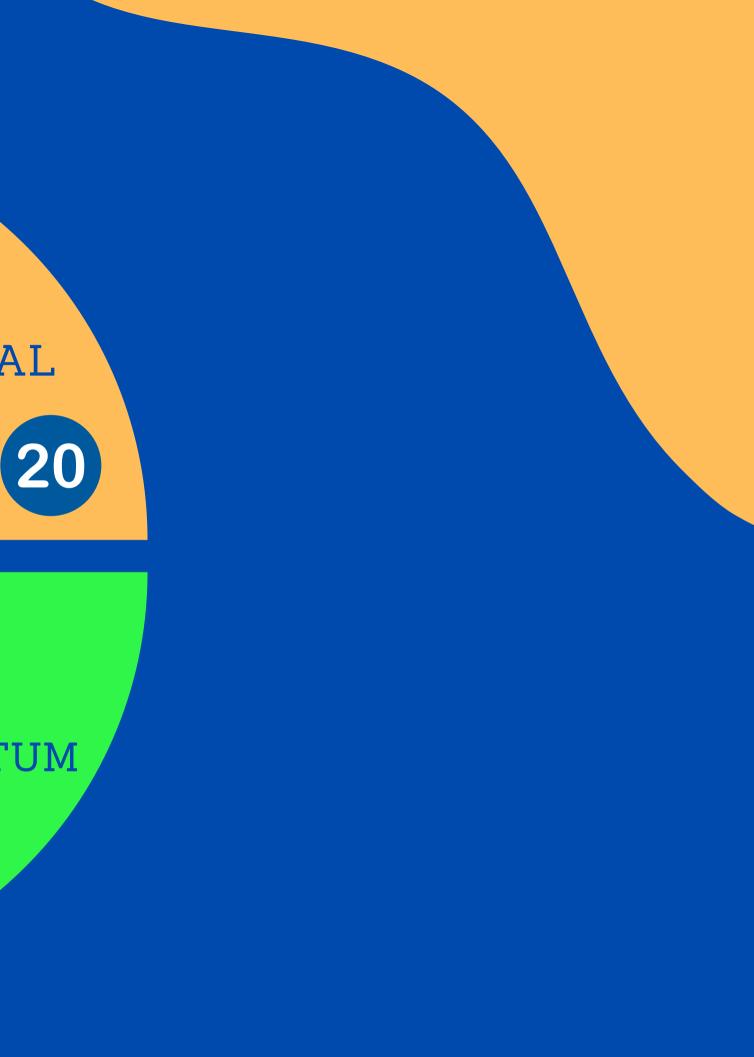
RISK FACTOR (USUAL CARE)



ANTENATAL ECM 2

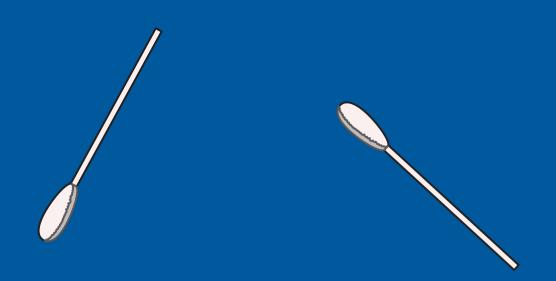
RAPID INTRAPARTUM

20



Sites randomised to a testing strategy will adopt this as their routine practice for approximately 12 months





Your site has been randomised to Antenatal ECM (Enriched Culture Medium) testing

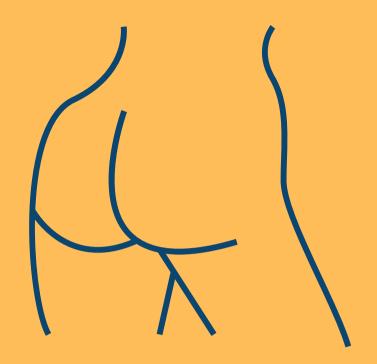


ECM is the international 'Gold Standard' for detecting GBS

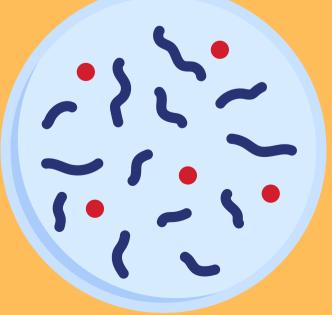


For the GBS3 Trial a single swab will be used to obtain a vaginal-rectal sample...



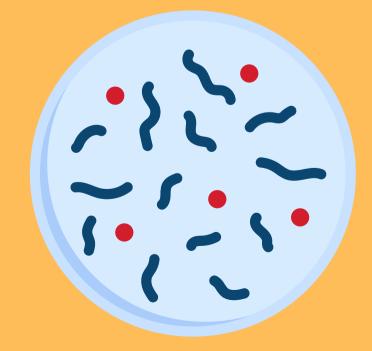


.... the swab is sent to your pathology lab where the sample is placed in a broth and cultured overnight....





The result is available within 48-72 hours









So ...what will maternity teams have to do?













Let's take it step by step ...



Before 28 weeks tell women that your site is taking part in GBS3 and you will offer a GBS swab 3-5 weeks before their expected due date/induction date/elective section date

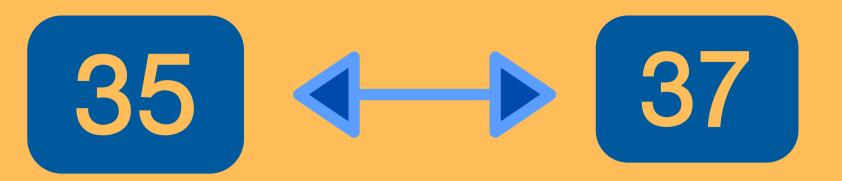
A Patient Information Sheet will be available for women if requested and you will be provided with GBS3 'participant cards' to give to women



And remember to give women the RCOG/GBSS leaflet by 28/40 - as per RCOG guidance and the GBS3 protocol

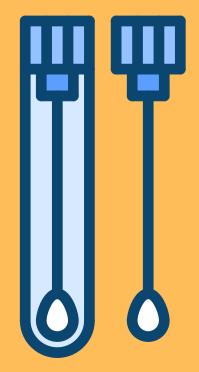


The leaflet has been adapted with info about the GBS3 Trial



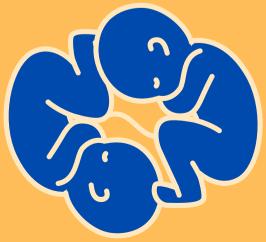
At 35-37 weeks offer women the GBS vaginalrectal swab

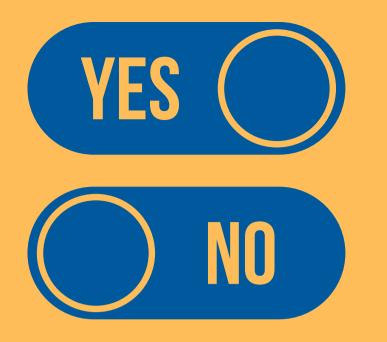






For Mums with twins+ offer the swab at around 32 - 34 weeks as we know many twins will arrive by 37 weeks





You don't need to take 'research consent' - just verbal consent as you would for any clinical procedure

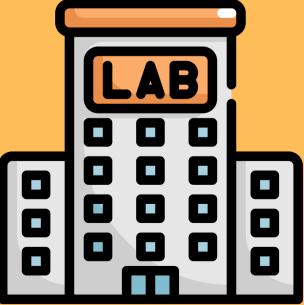


Women can take the swab themselves if they wish - a self swab leaflet will be available

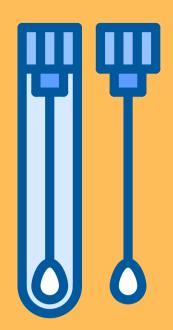
(Please record in your clinical notes if the woman has selfswabbed)



Label and process the swabs as per your usual system - adding 'for ECM GBS' (or the wording that has been agreed locally by your team) to your request

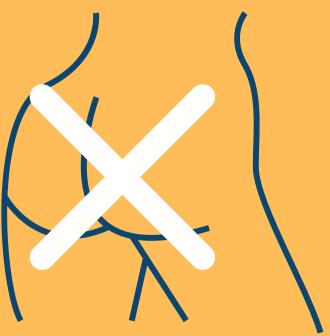


....and for all trial swabs remember to add an orange GBS3 sticker to the transport tube and the pathology form (these stickers will be provided)

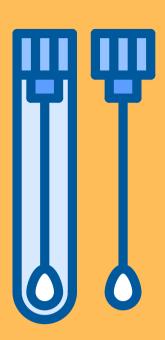




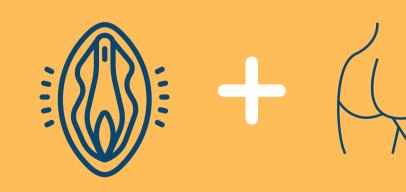
If women decline the rectal part of the swab - a few things to remember ...





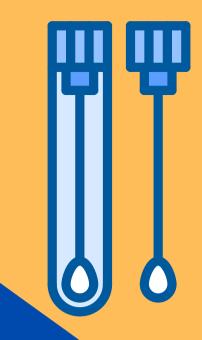


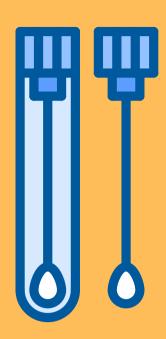
Please speak with them about the importance of taking both vaginal and rectal samples



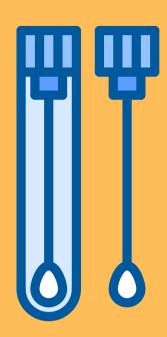
More accurate test

Because GBS may be in the GI tract/rectum but not in the vagina and rectal GBS can still be transmitted to the baby





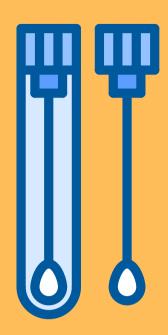
So a vaginal swab only may mean an opportunity to detect GBS in the GI tract is missed



But of course - the woman's choice is paramount

MY BODY MY CHOICE





So.. if a vaginal swab only is obtained then please make sure you make a note of this in your clinical records and on the swab transport tube and lab request

(similarly, if a woman requests the rectal swab only, please record this)



A week after taking the swab check your patient record/pathology systems for the result





Inform women and clinical teams of results as per your normal practice





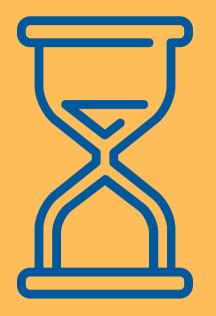
... and when a woman is GBS positive, if possible, place an alert on her notes

If the swab has not been taken between 35-37 weeks...

!?

...take one as soon as possible

There is no 'cut-off gestation' for testing



If you can turn around a result before labour commences or I.O.L then get a swab done





Delivery Suite Teams....





Check a woman's GBS status when she is admitted in labour or for induction....





If GBS positive offer and commence IAP (Intrapartum Antibiotic Prophylaxis) as per your Trust guidelines....





If no GBS result is available revert to your Trust guidelines regarding GBS risk factors and IAP administration





If a woman experiences anaphylaxis secondary to IAP ...



Please complete an incident form/datix reporting the anaphylaxis as we will be collecting this information





The GBS3 Team will collect most of the data they require from routine data sources











Are all women offered a GBS swab?











No, not quite...





Do not offer a GBS swab to ..





Women with a baby with a congenital abnormality incompatible with life at birth

Women with a known prelabour intrauterine death in the current pregnancy

Women in preterm labour (as they will be offered IAP routinely)





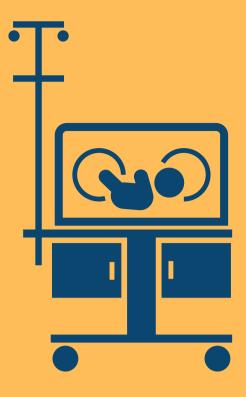




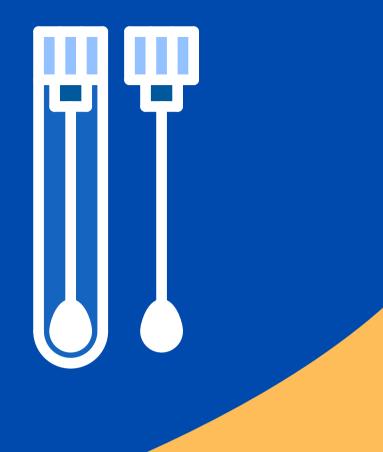


And note that ..

If a woman has previously had a baby with early or late onset GBS







You can offer her an antenatal ECM test ...







But reassure her that she can have IAP in labour regardless of the ECM result







I am not confident about my research knowledge - how much do I have to tell women about the GBS3 Trial ?





Don't worry - we don't expect you to know all of the ins and outs of the GBS3 Trial





Your Research Midwife will make sure GBS3 Trial posters are in all relevant clinical/patient areas



And a GBS3 Patient Information Sheet will be available for women upon request



.and you can direct women to the GBS3 website :

gbs3trial.ac.uk





I am so busy already .. do I have to make lots of additional notes about women being part of the GBS3 Trial ?





No...the beauty of the GBS3 Trial is that it is very simple for clinical staff



Routine GBS testing will become your 'norm' for about a year so just complete your clinical notes as usual



Except just one really important request please





Make a note that you have offered the GBS swab

Record if the woman accepts or declines

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And if she declines please try and record a reason





What if women say they don't want their information used for research?





... direct them to the national data optout system at :

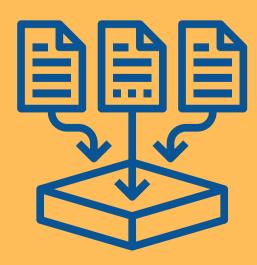
https:www.nhs.uk/your-nhs-datamatters/





And explain this will not affect their care but it will remove their data for all research and planning - not just for GBS3







Is a special swab required for the ECM test?







No ...your usual Trust swabs that you use for vaginal swabbing are fine







Can we have more detail on the vaginal-rectal swab process?



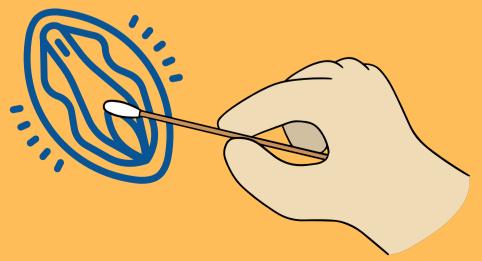




Swab the vagina first - a LVS no more than 2-4cm into the vagina

Rotating the swab around the lower vaginal wall for 10 - 15 seconds







Then insert the tip of the same swab into the rectum, just 1-2cm beyond the opening of the anus

And gently rotate the swab tip around the rectum wall as you slowly remove the swab



If lubrication is required you can use sterile water or normal saline to moisten the swab





What about women booked for elective sections? Do we still offer them an antenatal ECM swab?







Yes ..because a number of women booked for elective sections will go into labour and opt to progress to a vaginal delivery











What about women planning to have their baby at home or in a birth unit where it is not possible to have IAP?













Still offer them an antenatal ECM swab - if they are GBS positive they can then make an informed choice about their place of birth





More questions?

Take a look at the GBS3 website ... gbs3trial.ac.uk

Where you will find more FAQs







There is a lot of help available to support sites taking part in this really important research



Your local Research Midwife is there to help you...

And the GBS3 Trial Team...



GBS3 Research Midwives...













Senior Trial Manager

Trial Manager



Ellie





Zixiao



And the GBS3 Chief Investigators...







Trial Administrator







We are all here to help ...

Email us:

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