



WELCOME TO THE GBS3 TRIAL







What is the GBS3 Trial?

A Randomised Controlled Trial











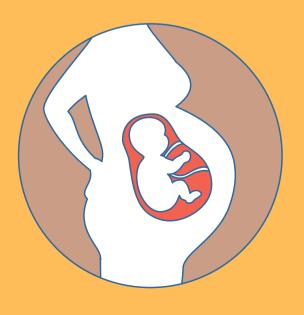


320,000 pregnant women!





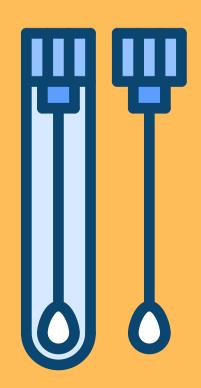




What question is GBS3 asking?



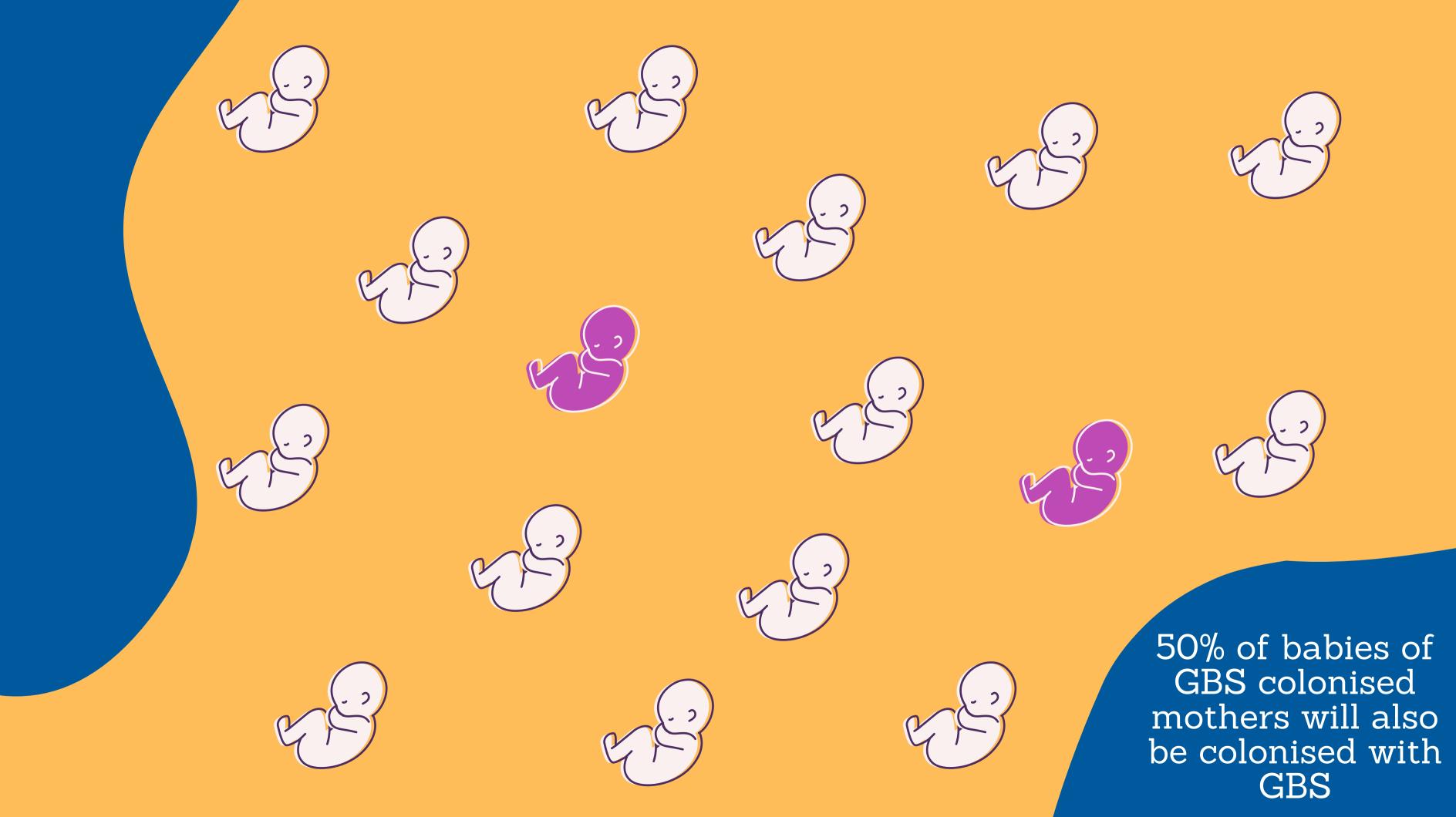
Does routine testing for GBS reduce early onset neonatal sepsis?

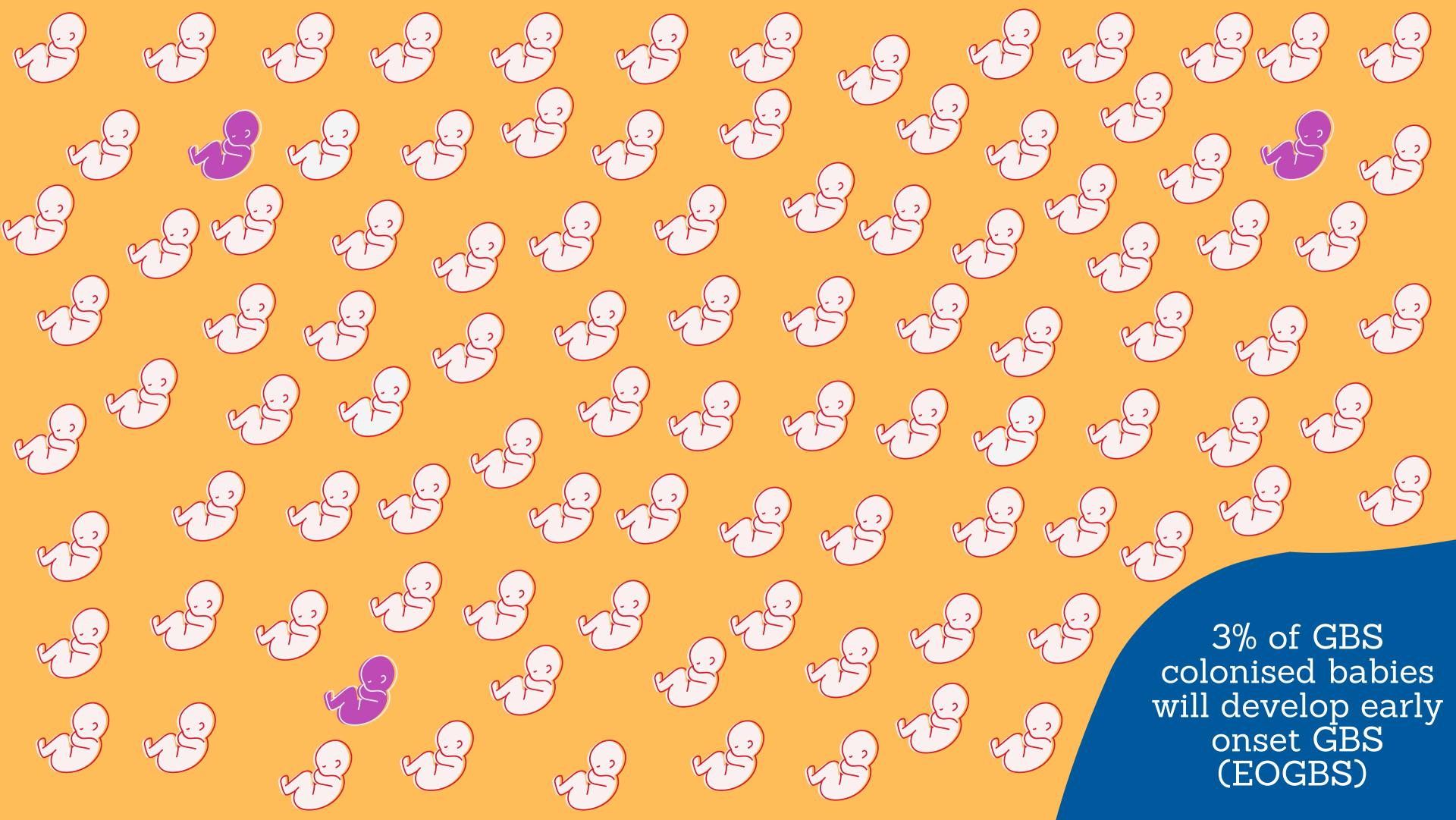


Why is GBS3 asking the question?











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

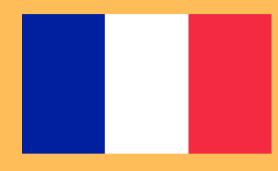












....and whilst routine testing has been attributed to a reduction in EOGBS in those countries....

....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)

40

ANTENATAL ECM 20

RAPID INTRAPARTUM

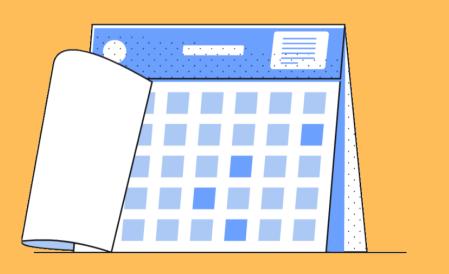
20

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

Your site has been randomised to Risk Factor (Usual Care)



Sites randomised to risk factor (usual care) will be open as part of the GBS3 trial for 10 months



This means your Trust will continue with its' current practice regarding GBS detection and offering of IAP



Which should be in line with the RCOG Green Top Guideline 36 (2017)



Which involves testing women and/or offering Intrapartum Antibiotic Prophylaxis (IAP)

...based on the identification of maternal risk factors for having a baby with EOGBS...

A quick reminder of these risk factors...

1

Having had a baby previously with GBS infection (these women are automatically offered IAP)

2

Detection of GBS carriage in this pregnancy (via swab or in a urine sample) - these women are offered IAP and UTI's are treated at the time

Preterm labour (offered IAP regardless of any known GBS status)

4

Pre-labour rupture of membranes (IOL and IAP if known GBS carrier in this pregnancy)

Carriage of GBS in previous pregnancy but baby not affected (discuss IAP options, offer GBS swab in late pregnancy and offer IAP if positive) Women who are pyrexial in labour should be offered broad-spectrum antibiotic cover which should include GBS cover









So ...what will maternity teams have to do for GBS3?











Before 28 weeks gestation community midwives/antenatal teams inform women that your site is taking part in the GBS3 trial

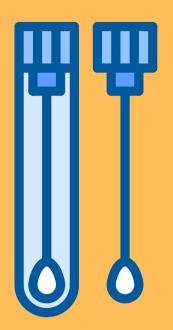
But that your Trust will not be changing its practice because you have been randomised to 'Usual Care' Which means continuing with the current UK guidelines regarding detection and treatment of maternal GBS



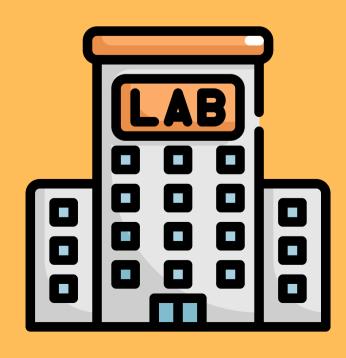
And... in line with RCOG guidelines - provide all women with the RCOG/GBSS leaflet...



This leaflet is also available in 14 languages - in electronic format: gbss.org.uk



Label and process any swabs that you take as you would in your normal practice...





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



Delivery Suite Teams....





Follow your usual GBS practice....

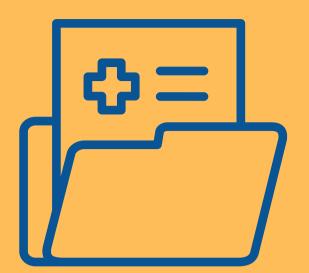




Check a woman's GBS status when she is admitted in labour or for induction....



If GBS positive or symptomatic of infection offer and commence IAP (Intrapartum Antibiotic Prophylaxis) as per your Trust quidelines....



Complete clinical records as per your usual practice....



And....

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







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 upon request...along with a 'participant card' that gives women the GBS3 Trial contact details





...and you can simply 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...let women know about the GBS3 trial but continue with your current GBS practice





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

No thank you





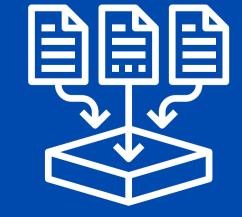
... direct them to the national data optout system at :

https://www.nhs.uk/your-nhs-data-matters/





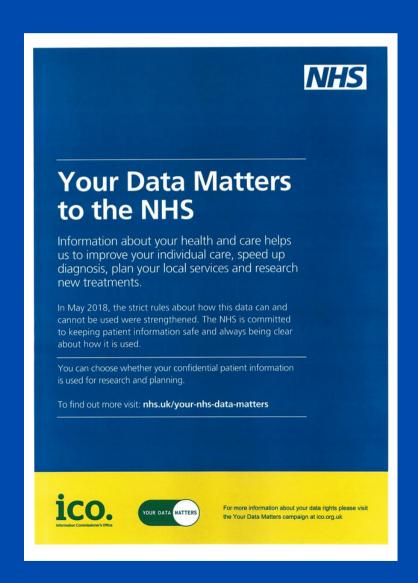
They will have to follow the instructions to opt-out





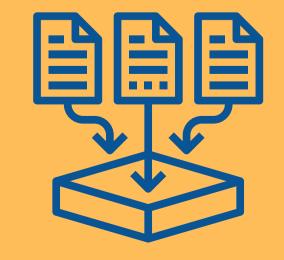


Your Research Midwife will ensure the NHS 'Your Data Matters' poster is displayed in appropriate patient and clinical areas





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







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...



Kerry

GBS3 Research Midwives...

Jodi



Sophie



Heidi



Senior Trial Manager



Beki

Trial Manager



Ellie



Trial Co-ordinators



Ja

Trial Administrator



Lixing

And the GBS3 Chief Investigators...





Kate



We are all here to help ...

Email us:

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Follow us on Twitter...

@GBS3Trial



