

# Parallel Paths Needed to Maximize Group B Strep (GBS) Disease Prevention for ALL Babies: a GBS Parent Organization Perspective

James A. McGregor, Marti Perhach  
Group B Strep International

Actual/Estimated Prevention Coverage:

Risk Factor Approach

Universal Screening

Future Ecological Studies

e.g., probiotics to inhibit GBS

Future GBS Vaccine

Still unprotected: Babies of anti-vaccine mothers, babies < 28 weeks gestation and then partial? protection < term, babies affected by GBS strains not covered by vaccine, babies in populations without access to GBS vaccine

Roadblock –  
The “paternalistic”  
“I don’t want to scare pregnant women unnecessarily” approach

Information Highway

“I never met a GBS parent who was glad to have been blind-sided.”  
~ Marti Perhach

Visit [gbs-info.org](http://gbs-info.org) for patient information including the signs of infection in babies

Roadblock --  
“Gaslighting” pregnant women to think GBS stillbirths are rare. Local data?

**GBS STILLBIRTH HAPPENS!**

CHALLENGE to health authorities to include stillbirth prevention in their messaging!

Visit [gbs-info.org](http://gbs-info.org) for knowledge-based prevention strategies

Universal Family Life Education in Schools

“What would I do in terms of testing if I lost a baby one day?” e.g., autopsy, consent, belief system, insurance? to facilitate parent’s testing decisions at time of loss to possibly find cause to show burden of disease to further research/funding

Consensus Criteria for GBS Stillbirth Diagnosis

Fetal death records need to be universally updated with final diagnosis to show burden of disease for research/funding

“Reality” Thinking

In 1850 only two races recognized on US Census form  
In 1965 only two sexual orientations widely recognized  
In 2018 only two types of GBS disease widely recognized

Roadblock --  
Prenatal-onset vs. medical politics and provider liability?

Roadblock --  
Perpetuated myths, e.g., “GBS is no big deal”

Perinatal Infection Medical Training

including perinatal death and testing management, appropriate evaluation for vaginitis symptoms, knowledge that GBS can cross intact membranes, consider breast milk in recurrent/late-onset cases

**Goal:**

GBS Disease Prevention for ALL Babies

and Their Families!

