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

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

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

Visit gbs-info.org for patient information including the signs of infection in babies

GBS STILLBIRTH HAPPENS!
CHALLENGE to health authorities to include stillbirth prevention in their messaging!

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?

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!