


PARALLEL PATHS TO MAXIMIZE  
GROUP B STREP (GBS)  
DISEASE PREVENTION  
FOR ALL BABIES:  
A GBS PARENT  
ORGANIZATION PERSPECTIVE

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**Background**

Great strides have been made in reducing the number of babies infected by early-onset GBS in many countries due to universal screening and indicated treatment. However, some babies

- 1) still become infected in the first week of life in spite of GBS chemoprophylaxis,
- 2) there are no recommended prevention strategies to prevent prenatal-onset and late-onset GBS disease, and
- 3) the burden of prenatal-onset GBS disease has not been assessed adequately.



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**Objective:**

**GBS Disease Prevention  
for ALL Babies  
and Their Families!**



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**Methods:**

We used our experiences from perinatal conferences and reviewed GBS parent stories to better understand the scope of prevention efforts required to minimize GBS disease in babies.




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**Results:**

We discovered several independent paths towards supplementing or maximizing GBS disease prevention for all babies.

Some paths are actual prevention protocols. Some paths are focused on the development of future strategies. Some are as simple as communicating about the different types of group B strep disease or its signs and symptoms. Some are regarding education and steps toward awareness leading to further research and prevention in the future.

Some paths may help protect babies at some stages but not others so we show actual or estimates of each path's impact on the various types of perinatal group B strep disease.

We will explore these paths further in the next slides.




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**Risk Factor Approach**

In half of GBS infections, the mother has no risk factors.

Rosenstein N, Schuchat A. Neonatal GBS Disease Study Group. "Opportunities for prevention of perinatal group B streptococcal disease: A multistate surveillance analysis." Obstet Gynecol 90:901-6. 1997.

	Prenatal-onset	Early-onset	Late-onset
Actual/Estimated Prevention Coverage:			




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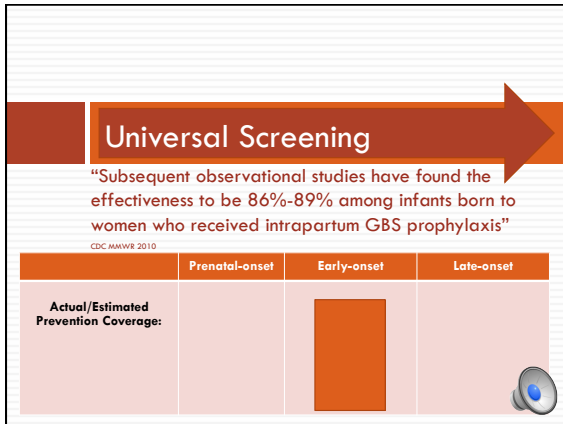
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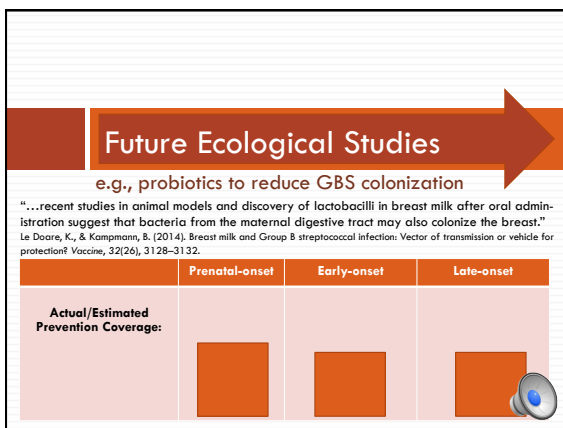
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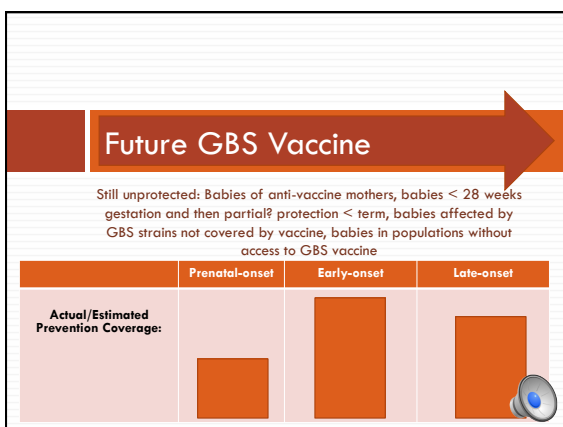
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Roadblock –  
The “paternalistic”  
“I don’t want to scare pregnant  
women unnecessarily”  
approach

### Information Highway

Parents should be informed and empowered about the signs of infection in babies at all stages so they know when to obtain prompt medical treatment to help reduce poor outcomes!

	Prenatal-onset	Early-onset	Late-onset
Actual/Estimated Prevention Coverage:	Low	Low	Low




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### GBS STILLBIRTH HAPPENS!

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

	Prenatal-onset	Early-onset	Late-onset
Actual/Estimated Prevention Coverage:	Low	Very Low	Low




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### 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

	Prenatal-onset	Early-onset	Late-onset
Actual/Estimated Prevention Coverage:	Low	Low	Low




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**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

	Prenatal-onset	Early-onset	Late-onset
Actual/Estimated Prevention Coverage:	Low	Low	Low




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

**“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

	Prenatal-onset	Early-onset	Late-onset
Actual/Estimated Prevention Coverage:	High	Low	Low




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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

	Prenatal-onset	Early-onset	Late-onset
Actual/Estimated Prevention Coverage:	High	High	Low




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**Conclusion:**

There is much work to be done,  
new paths to be discovered  
and a need for coordinated,  
synergistic efforts worldwide!



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**GBS Disease Prevention**

**for ALL Babies  
and Their Families!**



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