



Procedure for a positive GBS result

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Section Headings

1.0 Introduction

To outline the process for ensuring appropriate communication of a Group B Streptococcal (GBS) positive result from Spectrum Sexual Health Clinic to the Antenatal Clinic or when found within the maternity unit.

2.0 Objective

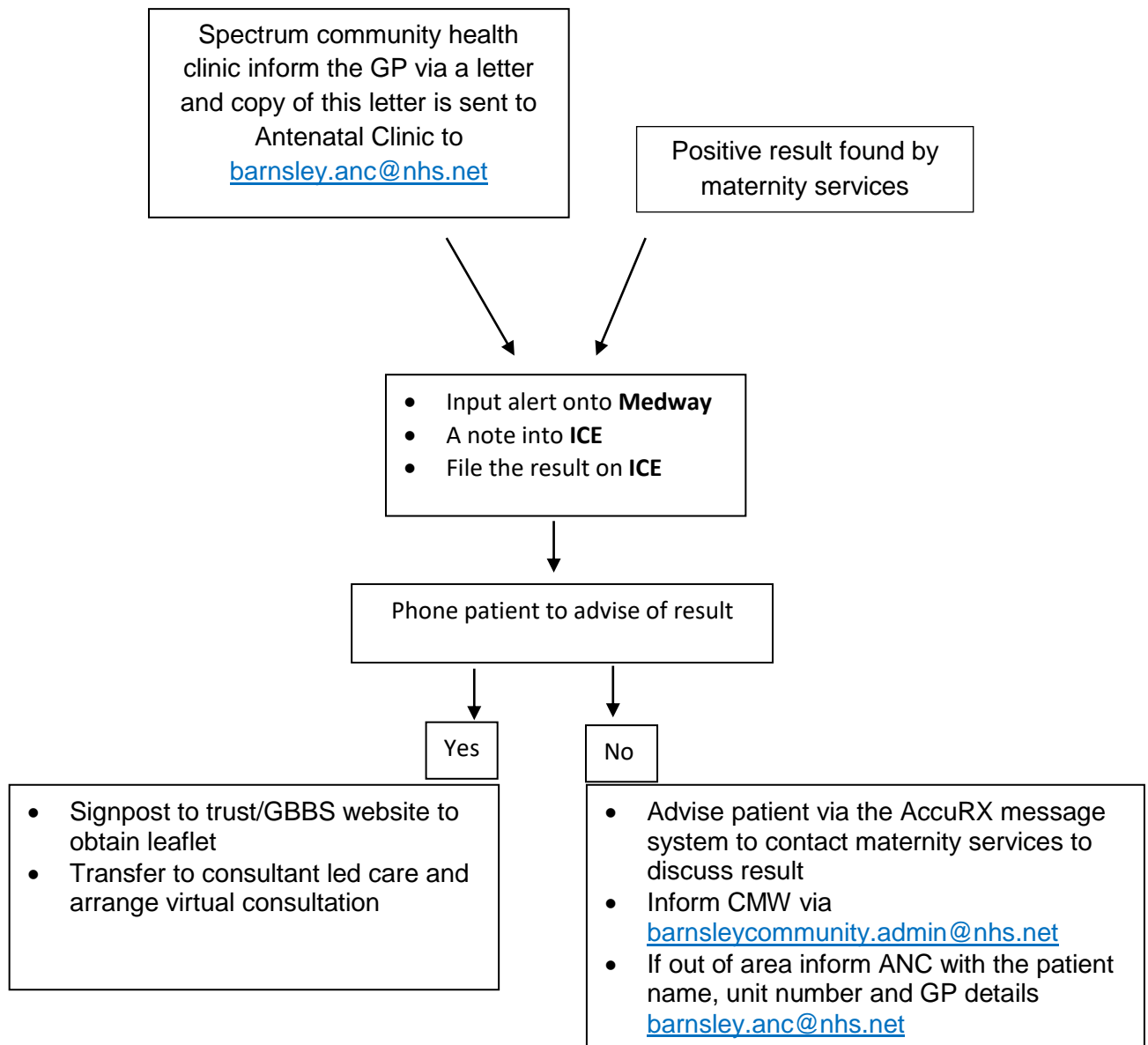
The standard operating procedure is to outline the process by which a positive GBS result is actioned within the maternity services.

3.0 Scope

This guideline applies to all medical and midwifery staff working on the maternity unit.



GBS positive result on a pregnant woman



Management of GBS positive patient

GBS positive in the urine

- **Treat with antibiotics at the time**
- Inform IAP (Intrapartum Antibiotic Prophylaxis) will be needed
- Ensure she is aware to inform staff when in labour of the positive GBS result

GBS positive on HVS/LVS/rectal swab

- Inform the patient of the need for (Intrapartum Antibiotic Prophylaxis) IAP
- Ensure she is aware to inform staff when in labour of the GBS positive result



5.0 Roles and responsibilities

5.1 Midwives

It is the responsibility of the midwife who identifies the positive GBS result to action it appropriately as per the flow chart.

It is the responsibility of the midwife who has been alerted to a positive result from the Spectrum Community Health Clinic to action it appropriately as per the flow chart.

5.2 Obstetricians

To discuss associated risks for the newborn and prescribe the necessary treatment for the women as above.

6.0 Associated documents and references

Guideline for the Prevention of Early-onset Neonatal Group B Streptococcal Disease

<http://bdghnet/EditorUploads/Microsoft%20Word%20-%20Guideline%20for%20EOGBS%20disease%20rafified%20at%20risk%20August%202018.pdf>

7.0 Training and resources

Training will be delivered as outlines in the Maternity Training Needs Analysis. This is updated on an annual basis.

8.0 Monitoring and audit

This section should describe how the author intends to monitor and/or audit the document to ensure it is fit for purpose and being implemented.

The Table below helps to focus the author on the monitoring requirements and must be used for all Trust Approved Documents. Assistance can be obtained from the Clinical Governance and Compliance Manager.



9.0 Equality and Diversity

This section is mandatory for all Trust Approved Documents and must include the statement below:

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This procedure should be implemented with due regard to this commitment.

To ensure that the implementation of this procedure does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This procedure can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this procedure. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

9.1 Recording and Monitoring of Equality & Diversity

This section is mandatory for all Trust Approved Documents and must include the statement below:

The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all procedures will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.



Appendix 1
Equality Impact Assessment –

Appendix 2
Glossary of terms
 GBS – Group B Streptococcal

Appendix 3 (must always be the last appendix)
 Maintain a record of the document history, reviews and key changes made (including versions and dates)

Version	Date	Comments	Author

Review Process Prior to Ratification:

Name of Group/Department/Committee	Date
Reviewed by Maternity Guideline Group	04/02/2021
Reviewed at Women’s Business and Governance meeting	19/02/2021
Approved by CBU 3 Overarching Governance Meeting	28/04/2021
Approved at Trust Clinical Guidelines Group	13/05/2021
Approved at Medicines Management Committee (if document relates to medicines)	N/A



Trust Approved Documents (policies, clinical guidelines and procedures)

Approval Form

Please complete the following information and attach to your document when submitting a policy, clinical guideline or procedure for approval.

Document type (policy, clinical guideline or procedure)	Guideline
Document title	Procedure for a positive GBS result
Document author (Job title and team)	Specialist governance and fetal monitoring lead midwife
New or reviewed document	New
List staff groups/departments consulted with during document development	Lead consultant obstetricians and senior midwives
Approval recommended by (meeting and dates):	Reviewed by Maternity Guideline Group 04/02/2021 Reviewed at Women's Business and Governance meeting 19/02/2021 Approved by CBU 3 Overarching Governance Meeting 28/04/2021
Date of next review (maximum 3 years)	28/04/2024
Key words for search criteria on intranet (max 10 words)	GBS, Group B streptococcal infection positive
Key messages for staff (consider changes from previous versions and any impact on patient safety)	
I confirm that this is the <u>FINAL</u> version of this document	Name: Charlotte Cole Designation: Practice Educator Midwife

FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

<p>Approved by (group/committee): CBU3 Overarching Governance Meeting</p> <p>Date approved: 24/03/2021</p> <p>Date Clinical Governance Administrator informed of approval: 13/05/2021</p> <p>Date uploaded to Trust Approved Documents page: 03/06/2021</p>
