Department of Health

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Thank you for Dr Morris' letter to Secretary of State following the inquest into the death of Edward Paddon-Bramley. I am responding as the Minister with portfolio responsibility for maternity care at the Department of Health.

I was very sorry to read of Edward's death and wish to extend my condolences to his family.

Dr Morris' report detailed the circumstances of Edward's death and noted your concerns about a difference of opinion and practice in the treatment of mothers (and their babies) who suffer from prolonged ruptured membranes. You were specifically concerned about the following:

- Trust guidelines as to the treatment of prolonged ruptured membranes (PROM) differed from those provided by National Institute for Health and Care Excellence (NICE) and the use of antibiotics, after varying times of rupture, irrespective of the clinical picture.

- Consultants' views as to the best practice for treating PROM and whether women should be screened for GBS during pregnancy differed from those provided by NICE.

- Both clinicians and Trusts appearing to be at odds with NICE.

- The arguable opinion that GBS screening in pregnant women together with the use of intrapartum antibiotics ought to be reviewed.

NICE is the independent body that provides guidance on the prevention and treatment of ill health, and the promotion of good health and social care. NICE's guidance is based on a thorough assessment of the available evidence and is developed through wide consultation with stakeholders.

Its clinical guidelines represent best practice and cover a whole pathway of care spanning all stages of care from the diagnosis to treatment of a condition. In recognition of their complexity, they are not mandatory and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian. We do however expect NHS clinicians to take them fully into account when exercising their professional judgement, alongside the individual needs, preferences and values of their patients.

NICE periodically reviews its guidance to take account of new evidence, service developments and technologies. NICE is currently expecting to review the need to update its clinical guideline on *Inducing labour* (CG70) in September 2016. The clinical guideline is available at: www.nice.org.uk/guidance/cg70

The Royal College of Obstetricians and Gynaecologists (RCOG) has produced guidance for obstetricians, midwives and neonatologists on the prevention of early-onset neonatal group B streptococcal disease. This recommends that antibiotics should be offered to women during labour where there are recognised risk factors for transmission such as having had a previously affected baby, or where there has been incidental identification of GBS during the current pregnancy. In addition, NICE published a clinical guideline, *Antibiotics for early-onset neonatal infection: Antibiotics for the prevention and treatment of early-onset neonatal infection* (CG149) in August 2012 which addresses early onset GBS and other neonatal infections. The clinical guideline is available at: www.nice.org.uk/guidance/cg149

The Department encourages obstetric units to have written protocols in place which incorporate the RCOG's guideline on the prevention of early-onset neonatal group B streptococcal disease.

The UK National Screening Committee (UK NSC) advises Ministers and the NHS in all four countries about all aspects of screening policy and supports implementation. Using research evidence, pilot programmes and economic evaluation, it assesses the evidence for programmes against a set of internationally recognised criteria. In the case of screening for GBS carriage in pregnancy, the current evidence does not support universal screening.

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In November 2012, the UK NSC recommended that antenatal screening for GBS carriage at 35-37 weeks of pregnancy should not be offered because there is insufficient evidence to demonstrate that the benefits to be gained from screening would outweigh the harms. The UK NSC highlighted that a screening programme would lead to large numbers of predominantly low risk women being offered antibiotics that they did not need. This is because the test cannot distinguish between the small number of carriers whose babies would be affected by early onset GBS and the large number which would not.

The UK NSC is currently reviewing its recommendation on antenatal screening for GBS carriage as part of its three yearly review cycle and will be taking new published evidence into account. A public consultation is expected to be held in the autumn for a three month period. Following this the UK NSC will then review the recommendation for screening for GBS carriage in pregnancy.

The current advice from the UK NSC is consistent with guidance from NICE and the RCOG.

A range of work is being taken forward by the Department and Public Health England (PHE) with a range of partner organisations on preventing GBS infection. This includes:

- monitoring developments on GBS vaccines and undertaking a grant-funded study to assess the potential impact of a maternal immunisation programme.

- the British Paediatric Surveillance Unit in collaboration with PHE has just completed the collection of data for a national surveillance study on GBS. The analysis is ongoing and will provide an accurate, up to date, assessment of the number of cases of both early and late onset disease. This is due to be published in summer 2016 and the study will provide essential information for the UK NSC's review of screening for GBS.

- an audit in partnership with the London School of Hygiene and Tropical Medicine and supported by the Royal College of Midwives was recently carried out by the RCOG. It examined current practice in preventing early onset neonatal Group B Streptococcal disease, by investigating the implementation of the RCOG Green-top guideline on preventing the disease, and identified key areas for improvement. The first report was published on 5 March 2015 and found that the majority of obstetric units in the UK have written protocols to prevent early onset GBS disease in newborn babies, however, there is still variation in practice

across units. The second report was published on 29 January 2016 and has made recommendations for improvements in care in the prevention of early-onset GBS disease.

- the National Institute for Health Research has approved funding for a study on accuracy of a rapid intrapartum test for maternal group B streptococcal colonisation and its potential to reduce antibiotic usage in mothers with risk factors (GBS2). This is expected to start this year.

I hope that you find this reply helpful and I am grateful to you for bringing the circumstances of Edward's death to my attention.

BEN GUMMER