



Oliver Plumb

Campaigns and Fundraising
Officer

Group B Strep Support
oplumb@gbss.org.uk



WORKING
TO STOP
GBS INFECTION
IN BABIES.

Failed diagnosis of GBS in newborns costs the NHS millions in negligence claims

Newborn babies are needlessly dying or being left with potentially life-changing disabilities because the NHS is failing to prevent or treat infection caused by group B Streptococcus (GBS) at birth, which kills one baby in the UK each week. This failure is costing the NHS millions in negligence claims.

A new report, *The Cost of Group B Strep Infection*, by the charity Group B Strep Support looked at 32 legal cases of potential or admitted clinical negligence against the NHS, where a GBS infection was suspected or confirmed.¹ We found that in nearly two-thirds of cases (62.5%) a breach of duty of care by the NHS was responsible for the injury. The most common reasons for a breach were a negligent failure to give preventative antibiotics in line with clinical guidelines or a negligent failure to spot the significance of emerging signs of infection. Signs missed in the babies included:

- inability to feed or poor feeding
- more than 10% loss of weight following birth
- grunting and respiratory problems.

These cases alone cost the NHS nearly £40 million in compensation with additional ongoing cases from the six law firms surveyed estimated to cost a further £10 million if successful.

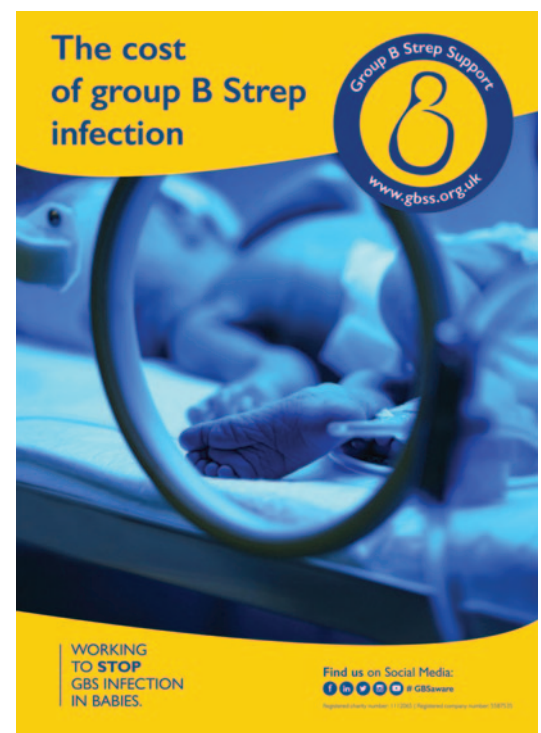
According to maternity charity Baby Lifeline in its latest report, *Mind the Gap*, the NHS currently faces claims of £2.1 billion on maternity-related clinical negligence cases (data from 2017-18), compared with the £1.9 billion per year that is spent on delivering babies.²

Most GBS infections can be prevented

GBS is the most common cause of life-threatening infection in newborn babies in the UK. It is carried by approximately 25% of pregnant women without symptoms or side effects and is passed unknowingly from the mother to her baby at birth. Many times, the first time parents hear of it is when their baby is sick in hospital with meningitis, sepsis or pneumonia. Despite its potential severity, new and expectant mothers are often not informed about GBS as part of routine care, which our charity is working to change. On average in the UK, two babies a day develop GBS infection. Most make a full recovery, but every

week one baby will die, and another will survive with life-changing disabilities.

Most GBS infections in newborn babies could be prevented by testing during pregnancy (at a cost to the NHS of roughly £11), and providing intravenous antibiotics during labour to women whose test results are positive. The UK does not routinely offer antenatal testing for GBS unlike most high-income countries, including the USA, Canada, Germany, France and Spain. Currently in the UK health professionals consider a range of risk factors to determine whether a woman should be offered antibiotics in labour, rather than testing for carriage of GBS. The rate of early-onset GBS infection in newborn babies in the UK is currently two and half times that of the USA – the rate in the USA dropped by over 80% following the introduction of routine testing. If the rate was reduced in the UK in the same way, we could prevent GBS infection in approximately 350 babies every year, saving 15 babies' lives and protecting another 15 from life-changing disability.



A new report from Group B Strep Support reveals the huge costs associated with failure to prevent or treat infections caused by GBS.

The cost of group B Strep infection

In the 32 cases studied, the three top reasons given for taking legal action were:

1. Dissatisfaction with the hospital's investigation or handling of the complaint
2. Clinical failings around the time of birth or issues emerging later (for example, the child not meeting developmental milestones)
3. A need for financial support for the continuing care of a child. Tragically, two mothers wanted answers to their questions

Case study

Helen Richardson and Adam Rudd's daughter Martha suffered severe brain damage during her birth, after doctors at Royal Surrey County Hospital failed to diagnose GBS meningitis at birth. As a result Martha, now nine, has cerebral palsy, severe brain damage, and requires around the clock care. She is a life-limited child.

Just one day after Martha was born in December 2008, Helen and Adam were told their little girl had contracted GBS meningitis during birth. Martha was so desperately ill that she was placed in an induced coma and spent the following two months in an incubator in hospital. In November 2016 the High Court approved a structured seven figure multimillion pound settlement that will provide Martha with the care she needs for the rest of her life. This followed the Royal Surrey County Hospital NHS Foundation Trust admitting liability for Martha's injuries.

"Martha's illness turned our world upside-down," says Helen. "She can be a very happy and content child who enjoys her life as much as she can, but this has destroyed her life and ours as a family."



"Adam has had to give up his work to care for Martha and I work one day a week when Martha's health allows. Some people wrongly think compensation is a windfall, but it is not. It ensures Martha is able to access the support and care needed for her, for as long as she lives. We will continue to worry about her every day that she lives and we cry for the person she will never be."

because they felt responsible for the GBS infection that had a life-changing effect on their child.

Jane Plumb MBE, Chief Executive of Group B Strep Support, says: "These cases are a terrible insight into how families' lives are devastated by GBS infection, with the tragedy being that most GBS infections can be easily prevented. We will continue to press the Government and the UK National Screening Committee to introduce routine screening for GBS.

"In the meantime, these negligence cases represent a significant financial burden for the NHS, plus there is the ongoing care needed for the babies who survive with disability. The NHS must learn from these events and ensure they're prevented in the future. Too often parents are left with unanswered questions about what happened and why care has not met expected standards. Patient safety must be prioritised."

In our report, two-thirds of the babies survived and all have a long-term health issue or disability, including failure to meet development milestones, seizures, hearing and vision impairment, brain damage and/or cerebral palsy. Often it was the emergence of these issues that was the prompt for making a claim.

The survey highlights the need for the NHS to improve the prevention, recognition and treatment of GBS infection in babies and, as a result, reduce related clinical negligence claims. Group B Strep Support's recommendations from the report are:

1. All NHS trusts should follow national guidelines on GBS from the Royal College of Obstetricians and Gynaecologists³ and offer better training to staff involved in maternity and newborn care on preventing, spotting and treating GBS infection.
2. The NHS should review and improve its complaints and internal investigations processes by involving parents earlier and throughout the investigation.

We have produced an information leaflet, *After Your Baby's Group B Strep Infection*, which provides guidance for those affected by GBS infection.⁴

References

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