

Clinical Audit: Review of Compliance with Group B Streptococcus guidelines

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Abstract:

Methodology

- Audit questions were decided based on MSE/RCOG guidance.
- A smart sheet was formulated to maintain online records.
- 50 random patients who delivered in 2024 and who had GBS colonisation were selected.
- A retrospective case notes review was conducted using scanned patient hand-held notes, Acute Care Portal and Medway computer systems.
- The data was analysed and reviewed by the clinical audit team.

Aim & Objectives

To measure if standards of practice are met to prevent EOGBS disease and subsequently to assure that a high-quality care is provided to all women who are colonised with GBS.

Audit Questions

1. If woman had GBS UTI, was she Rxed with appropriate antibiotics at diagnosis? 83%
2. Was GBS leaflet given to woman who have GBS identified? 24%
3. Were records marked with GBS sticker on front or an alert made on the Medway system? 90%
4. In h/o GBS in previous pregnancy, was IAP offered or GBS test and IAP, if +ve? 25%
5. Was appropriate IAP given to women who were colonised with GBS? 81%
6. If woman had pyrexia in labour, was she given appropriate antibiotic including Rx to prevent EOGBS? 67%
7. If woman had PPROM between 34 and 37 weeks and GBS +ve, was she offered immediate birth by IOL or CS? 0%
8. If woman had PROM at or after 37 weeks and GBS +ve, was she offered immediate birth by IOL or CS? 75%

Recommendations

- Any women with h/o GBS in previous pregnancy should be offered either IAP or test & Rx if +ve, at the BOOKING VISIT, and should be documented in their files.
- Early delivery should be offered to all GBS colonized women with PPROM/PROM.