AIMS For a better birth...

Group B Strep explained: AIMS Talk by Sara Wickham

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A lively group of midwives, doulas and birth activists met to hear Sara Wickham introduce the new AIMS book *Group B Strep Explained* one cold winter evening in central Bristol. Sara started her talk by thanking the whole team at AIMS who had worked so cooperatively to bring this new and long awaited book to birth. Always insightful, Sara started her talk with a critique of the hold the medical model has on our understanding and conceptualisation around the issue of GBS and birth.

Challenging the widely accepted personification of the bacteria as though it were sentient and intentionally engaged in a war against women and babies, she discussed an article which pointed out the loaded and bellicose language we all use, often without considering the effect this must have on women and their supporters: language such as 'colonisation', seeing GBS as an 'enemy' with 'attack rates', seeking to 'colonise' women's bodies and 'kill' their babies.

Sara described how global rates of GBS carriage vary from less than 2% to around 23%, though why this should be is uncertain. In the UK, our carriage rate is 18.1%. Of the babies who are born to women who are carrying GBS, about 50% will carry detectable levels, but only one baby in 2,000 will develop a GBS infection. Of babies who develop an infection, as opposed to carrying detectable bacteria levels, with prompt treatment seven out of ten will recover completely, two out of ten will have long term issues arising from the infection and one in ten will sadly die as a result of it. This means that, overall, one in 20,000 babies will die from GBS infection. It is also important to note that, healthy term babies have a ten times lower risk of becoming ill than pre-term babies.

As Sara mentioned, global approaches to the GBS issue vary too. Some areas such as the USA and Australia favour a screening programme which tests all women to see if they are carrying GBS, while the UK has adopted a programme which seeks to identify women with risk factors.

Sara explained that as our understanding of our relationship with our microbiomes deepens, concerns are being raised both about the problems of widespread over-treatment of GBS in mothers and babies, which some would argue results in the unwarranted use of intravenous antibiotics, (sometimes outside clinical guidelines for spurious reasons unconnected with maternal and fetal wellbeing). As a society, we must also address the issue of developing antibiotic resistance in the bacteria. Few antibiotics are available to treat infections due to their overuse and no new antibiotics have been developed recently

leaving a future treatment crisis on the horizon.

Women's experiences of poor communication from health care providers about these complex and poorly researched issues, reported harassment, bullying and simple incorrect 'shroud waving' strategies are a shocking indictment of contemporary obstetric practice. Giving women good quality, unbiased information about GBS including the risks and benefits of screening and treatment options, and the risks and benefits of declining prophylaxis, and then supporting the choices they make should be central to providing effective and appropriate care. Sara quoted Ina May Gaskin saying 'It's easy to scare women. It's even profitable to scare women. But it's not nice, so let's STOP it!'.

This book is available in paperback and Kindle editions For information on future AIMS talks, please email talks@aims.org.uk.