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Book Reviews

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- Group B Strep Explained by Sara Wickham; reviewed by

Group B Strep Explained

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Reviewed by
Ceri Durham

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When AIMS asked its members whether it should consider commissioning a new book on the subject of Group B Strep, I almost couldn't respond quickly enough to encourage AIMS to say 'yes'. Obviously enough people agreed with me, and the result is Sara Wickham's new book Group B Strep Explained.

In case you do not already know, Streptococcus agalactiae (the scientific name for GBS) is a bacterium which lives in a human host and is usually described as being 'commensal', that is, it usually does no particular harm or good. It is estimated that about 18% of UK women are 'colonised' with GBS, the majority of whom are probably blissfully unaware of this 'status', made even more uncertain because GBS can come and go over time and a positive test at one point does not equal a positive test on another occasion. What is certain, however, is that sometimes GBS can pass during birth from a GBS positive mother to her baby and that occasionally a baby will become extremely sick, disabled or die as a result.

There is a range of strategies for screening and attempting to prevent GBS disease used by different countries around the world, but the evidence on this is complex and debatable. In this book Sara takes nothing for granted. She questions and explains all the studies on the subject and sets out the benefits and disadvantages of having or declining antibiotics as well as how that might impact on planned place of birth or care during pregnancy. She is also careful to explain the current rationale for the UK's approach of not testing most women for GBS compared with the USA or Australia where testing for GBS during pregnancy is done routinely. Sara recognises with sensitivity all sides of the various debates and the book

is appropriately peppered with reminders that GBS disease is potentially fatal whilst recognising the incredible rareness of this overall, especially for women having an otherwise 'normal' pregnancy.

The book is designed for everyone; from those with no prior knowledge on the subject to those who have read about GBS extensively. It is crammed full of medical evidence, carefully explained statistics and citations for further information making it, as far as I know, unique in bringing together a review of the latest scientific literature, as well as answering the real questions women have about their options. Overly-scientific and statistical language is avoided as much as possible but when it is used it is carefully explained and cross-referenced. My keenness on this book being written – and gratitude at the finished product – stems from my own experience of testing positive for GBS when pregnant with my first child in 2006. I suddenly found myself in a mysterious world of contradictory guidance and research papers, trying to use my GCSE-level statistics knowledge to understand relative risk factors, all too conscious the effect my decision might have on my baby and birth. I had meetings with midwives and obstetricians who did not know how to answer my questions. Fast-forward to 2015 and Sara Wickham's book. If I was pregnant now with a positive GBS result, it would be incredibly helpful. Whilst I would still have a difficult decision to make, the book would be a God-send to help understand the various statistics and recommendations generally thrown at all GBS women.

Sara states in her conclusion: 'I am almost certain that [the book] will be criticised in some circles because I haven't urged women to take every test possible and agree to intravenous antibiotics during labour. However, I hope I haven't made my reader think that GBS is something to dismiss, or that having antibiotics is always inadvisable.'

In my view, Sara does not leave her reader thinking that GBS is something to dismiss. Far from it. However, what Sara does give her reader is a well-balanced book which can be dipped into or read through as needed. The very specific and technical nature of the book means that this book is not only for pregnant woman with a particular interest in GBS, but one that I would strongly recommend to doulas, midwives, obstetricians and paediatricians and to anyone else who supports pregnant women in any capacity and who wishes to be armed with quality and up-to-date information on this very important topic and the subject of decision-making in childbirth as a whole.