

Human cost of PM's forgotten promise

EXCLUSIVE

By **Marcello Mega**



IT IS the biggest killer of newborn babies in the UK and leaves many others permanently damaged, facts that moved David Cameron, in opposition, to support screening of all pregnant women for Group B Streptococcus.

But more than three years into his stewardship of the country, mothers whose lives have been ruined because they carried the infection during childbirth, and the national support group that campaigns for screening, are demanding to know why his Government has failed to act.

In 2005, David Cameron took members of the national charity Group B Strep Support (GBSS) – whose campaign for screening he had been supporting since 2003 – to the House of Commons to deliver a petition to MPs.

He said: "Illness and death caused by GBS are usually preventable. I call on the Government to introduce a national screening programme."

Asked to explain why the tests – which cost £11 each and have been widely adopted by many First World countries – have not been introduced by Mr Cameron's Government, an NHS spokesman said efforts are focused on developing a vaccine.

GBSS has condemned that policy,

'It's hard to deal with the fact that she is in pain a lot of the time'

and chief executive Jane Plumb MBE believes that a safe, reliable and effective vaccine is estimated to be at least a decade away.

She said: "Until that time, we need better protection for the babies who will otherwise develop GBS infection."

"Using government estimates, there would be 3,500 to 4,000 babies sick with GBS infection in the next 10 years, 350 to 400 of whom would die preventable deaths, while another 25 to 30 would suffer long-term problems as a result of infection."

The £11 tests to detect whether an expectant mother carries the infection compare favourably with the typically six-figure annual cost of caring for a child who suffers lifelong effects from the infection.

GBS can cause devastating illnesses such as septicaemia, meningitis and pneumonia, leading to permanent brain injury and lifelong disability, or death. In the UK between 350 and 400 babies a year develop the infection in their first six days of life.

Since screening was adopted in the US, its incidence of infection has reduced by 85 per cent, falling below UK levels in spite of a population five times greater.

In the UK, women found to be

carrying GBS disease at an advanced stage of pregnancy are treated with intravenous antibiotics, normally penicillin, but these must be administered four hours before birth.

In cases where labour is sudden, the baby should be treated with the antibiotics as soon as it is born. Many of the babies who are infected die. Others can be badly brain-damaged.

Carolynne Hunter, from Stirling, knew she was carrying GBS disease when she was pregnant with her fourth child, Freya, who will be four later this month.

But the need to treat her with penicillin had not been entered into her birth plan, and even when she informed staff on arrival at the Stirling Royal Infirmary in November 2009, they did not accept her request and treatment was given too late.

Despite that, Freya, who was lethargic, couldn't feed and had a hypothermic body temperature – all signs of likely GBS infection – was not treated and the life of the family changed overnight. Freya has cerebral palsy and an array of other difficulties, requiring round-the-clock care.

The hospital was so badly prepared for Freya's birth that a midwife actually pushed against her head to slow down her movement through the birth canal, leaving her exposed to infection for a greater time.

Ms Hunter, who is looking into suing



AVOIDABLE: Carolynne Hunter was carrying GBS disease when she was pregnant with Freya, who has cerebral palsy



A FORGOTTEN CAMPAIGN: David Cameron with Jane Plumb in 2005

the hospital, said: "It's devastating for any parent to have a child with such extreme difficulties. But it is even worse if you know that child ought to have been OK."

"I'm firmly behind screening because it would prevent almost every case of GBS infection."

"The fact that I carried the infection was first detected during a previous pregnancy, but because we have no screening programme and no firmly established process for how to deal with it in a birth plan, everything went wrong for me and Freya."

"If every pregnant woman was screened there would be a procedure that would always be followed, and Freya would have been alright."

"The NHS now pays almost £1,400 a week for Freya's care, with social work contributing almost £200 more, which comes to £80,000 annually."

"Also, every year of Freya's life has been punctuated by ill-health and hospital stays. Every night in intensive care costs £1,000."

"The cost to the public purse of maintaining Freya is at least £100,000 a year. There are many other children suffering in the same way and costing the taxpayer every bit as much, and in most cases an £11 test would have seen them develop normally."

Ms Hunter is a software engineer and if Freya had been healthy, she would now be working full-time and

commanding a salary in excess of £60,000. Instead, she is working part-time and almost every other waking hour revolves around Freya's care.

She said: "I love Freya to bits and don't grudge her any of the time I devote to her, but it's heartbreaking to know she can't look forward to all the things my other children can, and it's especially hard to deal with the fact that she is in pain a lot of the time."

"It completely changes the family dynamic. My other children know I love them every bit as much as I love Freya, but they have to accept Freya needs so much of my time."

A Department of Health spokesman said: "The independent UK National Screening Committee does not recommend screening for Strep B in pregnancy. We are looking to encourage a vaccination for all women to protect against infection."

He added that "it may be at least several years" before a licensed vaccine could become available.

Ms Plumb said: "We and many others were disappointed in the UK NSC's decision against offering pregnant women routine screening for group B Strep."

"While a vaccine, when available, will be better at preventing a wider range of GBS infections, it is likely to be at least a decade before a safe and effective vaccine will be available for widespread use in the UK."

Picture: ALAN PEEBLES