Author's response to reviews

Title: Antenatal screening for Group B Streptococcus: A diagnostic cohort study

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I have made all the formatting revisions; removing page breaks, orienting tables in portrait, changing labelling of manuscript sections, cropping the figure and submitting it as a separate file.

I have also added two sentences to the discussion - the last sentence in each of the paragraphs below.

This study provides clear evidence about screening timing and strategy in order to identify women colonised with GBS in labour, with more equivocal evidence about methods. Screening for GBS infection at 35-37 weeks gestation has better test characteristics and predictive values for colonisation at birth than screening at 31-33 weeks. As the hospital in which this research was undertaken has a policy of routine administration of antibiotics to women at risk of preterm birth, a delay in the timing of screening would not exclude those women at higher risk for GBS infection. In an environment in which this was not policy however, screening at 35-37 weeks may miss a particularly high-risk group.

There is variability in screening practices in clinical practice nationally and worldwide. The companion paper from this study reporting the results of qualitative interviews with participants highlights that pregnant women are keen to do everything possible to ensure that they have a healthy liveborn infant, that swabbing is not seen as particularly intrusive. Although these women expressed little concern about the potential adverse effects of antibiotic use [11] such concern is an appropriate one for healthcare workers.

Thus I have responded to the issues raised by the reviewer.