**ISA ISPID  
  
Abstract Submission  
  
Nº: 228**

|  |
| --- |
| Topics: **Stillbirth** |
| Type: **Oral** |
| **Use of Crowd-sourced Requests to Inform a Logic Model Analysis of Group B Streptococcus (GBS) as a Preventable Cause of Fetal/Perinatal (Prenatal-onset and Early-onset) Morbidity and Mortality** |
| **McGregor, JA**1; **French, JI**2; **Hansen-Ernstrom, J**1; **Perhach, M**3; **Jones, J**3 *1 - University of Colorado Denver. 2 - LA Best Babies Network. 3 - Group B Strep International.* |
| **Background:** Despite progress, GBS, also known as *streptococcus agalactiae*, continues as an important potentially preventable cause of fetal/perinatal (prenatal-onset and early-onset) morbidity and mortality. **Objective:** Our objective was to utilize requests for information from parents via [www.groupbstrepinternational.org](https://correo.sup.org.uy/OWA/redir.aspx?SURL=NI4GKyWVT4DHU63w2rxDVMZSPju_6HcD70l_wcMwu1EtsvMKWlrTCGgAdAB0AHAAOgAvAC8AdwB3AHcALgBnAHIAbwB1AHAAYgBzAHQAcgBlAHAAaQBuAHQAZQByAG4AYQB0AGkAbwBuAGEAbAAuAG8AcgBnAA..&URL=http%3a%2f%2fwww.groupbstrepinternational.org) to inform creation of a logic model to identify and prioritize unresolved questions related to pregnancy-associated GBS pathogenesis, epidemiology, and operational and prevention strategies.  **Material and Methods** Materials and Methods: We collected and analyzed parent-initiated questions over a 17-year period (1998-2015). We constructed a logic model matrix to identify and formulate research questions and possible community-based solutions. Pertinent topics included:   A. Operational questions:  1) What are the sources of failure of GBS prevention protocols (IAP only 60% to 80% effective)?  2) Why do many countries not implement effective strategies?   B. Epidemiology:  How to recognize and record infrequent presentations including a) intrapartum intrauterine hypoxemia, “fetal distress and stillbirth,” b) both apparent and occult GBS mastitis transmitting “late-onset” GBS disease.   C. Advance Prevention:  1) Active/passive vaccination when available  2) Use of probiotics and prebiotics to reduce colonization and pathogenicity.  **Results** We used requests regarding GBS to inform a logic model analysis focusing on unresolved/unrecognized opportunities for community and research-based approaches to reduce burdens of GBS fetal/perinatal disease.  **Conclusions** There are many gaps in GBS disease prevention even in countries with a universal screening-based approach to help prevent early-onset GBS disease. Clearly there is a need to reduce those gaps and prioritize research. |
|  |

|  |  |
| --- | --- |
| **CONTACT** | |
| Name: | **Marti** |
| Lastname: | **Perhach** |
| E-mail: | **marti.perhach@gbs-intl.org** |
| Country: | **USA - United States of America** |
| Institution | **Group B Strep International** |
| Cellphone: | **909-993-2122** |
| City: | **Pomona, CA** |