**Lactobacilli‐containing vaginal probiotics to cure or prevent bacterial or fungal vaginal dysbiosis**

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In their excellent systematic review, Van de Wijgert and [Verwijs](https://obgyn.onlinelibrary.wiley.com/action/doSearch?ContribAuthorStored=Verwijs%2C+Marijn+C) suggest that lactobacilli-containing vaginal probiotics hold promise for cure and prevention of bacterial vaginosis (BV), but not for vulvovaginal candidiasis 1. They call for more rigorous trials.

In preparation for a trial of screening for vaginal infections to prevent preterm birth, we recently conducted a questionnaire survey of 93 consecutive pregnant women attending hospital booking clinics, antenatal clinics and an early pregnancy unit in London, UK. Our aim was to explore the acceptability of providing self-taken vaginal swabs for research purposes only.

The response rate was 99% (93/94). Participants’ mean age was 32 years (range 18-43), and their mean gestation was 19 weeks. They described their ethnicity (n=92) as white 64%, Asian 26%, or black 10%. Seventy women (75%) said they would be willing to provide a self-taken vaginal swab and six women didn’t know. Twenty six women said they would be more likely to do this if given a £5 incentive.

The main reason given for refusal to provide a swab was that it might harm the baby (although we said on the information sheet that providing a sample is safe.) In addition, the survey was conducted by an academic foundation year doctor (SA) and three medical students (UA, OA, FS), three of whom are male. This might have influenced some women’s responses in this ethnically diverse population.

Vaginal microbiome studies show that both BV and candida can cause cervico-mucosal barrier disruption which may permit ascending infection leading to preterm birth 2;3. A single trial from Austria has shown that antenatal lower genital tract infection screening and treatment may prevent preterm birth 4;5. We agree with Van de Wijgert and [Verwijs](https://obgyn.onlinelibrary.wiley.com/action/doSearch?ContribAuthorStored=Verwijs%2C+Marijn+C) that more treatment trials are needed.

**Ethical approval.** The study was reviewed by St George’s Research Ethics Committee:

reference 2018.024

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Reference List

(1) van de Wijgert JHHM, Verwijs MC. Lactobacilli-containing vaginal probiotics to cure or prevent bacterial or fungal vaginal dysbiosis: a systematic review and recommendations for future trial designs. *BJOG* 2019.

(2) van de Wijgert JHHM. The vaginal microbiome and sexually transmitted infections are interlinked: Consequences for treatment and prevention. *PLoS Med* 2017; 14(12):e1002478.

(3) DiGiulio DB, Callahan BJ, McMurdie PJ, Costello EK, Lyell DJ, Robaczewska A et al. Temporal and spatial variation of the human microbiota during pregnancy. *Proc Natl Acad Sci U S A* 2015; 112(35):11060-11065.

(4) Kiss H, Petricevic L, Husslein P. Prospective randomised controlled trial of an infection screening programme to reduce the rate of preterm delivery. *BMJ* 2004; 329(7462):371.

(5) Sangkomkamhang US, Lumbiganon P, Prasertcharoensuk W, Laopaiboon M. Antenatal lower genital tract infection screening and treatment programs for preventing preterm delivery. *Cochrane Database Syst Rev* 2015;(2):CD006178.