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**Antenatal Probiotics: The Little-Known Cure for GBS**

Group B Streptococcus (GBS) naturally exists in the vagina of approximately 20% of pregnant women and can be transmitted to neonates during vaginal birth, resulting in a variety of neonatal infections. Current policy recommends that women who screen positive for GBS receive intrapartum antibiotics prophylactically. Due to the transient nature of the bacteria, approximately 13% of these women receive unnecessary antibiotic prophylaxis. Recent Australian and international randomised control trials have found that if taken from 28-weeks’ gestation, Lactobacillus salivarius at a strength of 9 million CFU can reduce a woman’s likelihood of testing positive for GBS by 68%. By developing this newfound research into an ACT-wide recommendation, women’s birthing and postpartum experiences will likely be improved by reducing GBS colonisation rates, the likelihood of receiving prophylactic antibiotics, and neonatal GBS infection rates.

It is proposed that a new policy be introduced across CHS that recommends all women from 28-weeks begin taking oral probiotics with this specific dosage until they birth their baby (excluding those who are immunocompromised or planning caesarean birth). To support the recommendation, women will be provided with the opportunity to discuss the benefits with a midwife or obstetrician and receive a pamphlet guiding them with background information, the recommended dosage, probiotic options available at local pharmacies, and have the information presented at hospital antenatal classes.

Success of this new policy will be evaluated by collecting quantitative data on GBS colonisation and neonatal infection rates and has the potential to promote greater health outcomes for women and babies.

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