

Group B Strep and Alternative Remedies

By Josh Jones, GBS father

The CDC has a clear protocol for treating GBS in pregnancy; test every pregnant woman for the presence of the bacterium at 35-37 weeks and if found administer an antibiotic IV as soon as their water breaks or labor begins.

This is the only treatment that the CDC has found to be effective against GBS, but it works very well. There are two reasons why.

1. Group B Strep Comes Back

GBS is everywhere in our environment. Until (or possibly even when) a GBS vaccine is developed, it is impossible to eradicate GBS permanently. GBS colonization will often return to a healthy woman within *hours* of using antibiotics.

2. Group B Strep Is Weak

GBS is not a particularly “strong” bacterium. Although many people are *colonized*, only those with very weak immune systems (e.g. newborns) actually get *infected*.

This is why the only effective technique against early-onset GBS infection in newborns is an intrapartum antibiotic IV. It eradicates GBS exactly when the baby is susceptible.

Alternative Remedies for Early-onset GBS Target the Wrong Things

Unfortunately, all known alternative remedies fall into one of two equally ineffective strategies: they seek to eradicate GBS *before* labor (even if effective, GBS will likely return quickly), or they seek to strengthen the *immune system* of the mother (already plenty strong) or child (far too weak without the help of powerful antibiotics). Even when successful, they are ineffective.

The following alternative remedies are **ineffective against early-onset GBS** because they seek to eradicate GBS *before* labor and delivery (or because when used *during* labor and delivery, they have not been shown to work):

- [Oral antibiotics](#) (penicillin, ampicillin, clindamycin, etc...)
- [Intramuscular antibiotics](#) (Note: “None has proven to be effective at preventing early-onset GBS disease.”)
- [Chlorhexidine bath or wipes such as Hibiclens](#) (Note: “Randomized clinical trials have found no protection against GBS.”)
- [Garlic capsules/suppositories, Boric Acid suppositories](#) (Note: Target [MRSA](#) and yeast infections, respectively. Not GBS.)
- [Douching](#) with hydrogen peroxide/diluted bleach water/lavender oil/yogurt (Note: douching at all is dangerous.)
- [Propolis](#) (Note: Targets salmonella. Not GBS.)
- [Tea Tree Oil](#) (Note: Targets staph infections and lice. Not GBS. Very toxic if

swallowed.)

- [Apple Cider Vinegar](#) (Note: Slightly dangerous, unregulated; no known antibiotic properties.)
- [Colloidal Silver](#) (Note: “Lack of proven effectiveness and risk of adverse side-effects, such as argyria.”)

The following alternative remedies are **ineffective against early-onset GBS** because they seek to strengthen *immune systems*:

- Getting lots of sleep, keeping a good diet, and exercising.
- [Vitamin C](#) and [Herbal Tea](#)
- [Breastfeeding](#) (Note: Colostrum helps a newborn’s immune system, but is not enough to protect against GBS.)
- [Skin-to-skin contact](#) (Note: Soothes newborns and promotes breastfeeding, but does not protect against GBS.)
- [Probiotics](#) such as acidophilus/lactobacillus (Update: Preliminary studies have shown promising results regarding probiotics reducing GBS colonization.)
- [Congaplex](#) (Note: “These products are not intended to diagnose, treat, cure or prevent any disease.”)
- [Echinacea](#) (Note: “Has no clinically significant effects on rates of infection or duration or intensity of symptoms.”)
- [Grapefruit Seed Extract](#) (Note: “Independent studies have shown the efficacy of GSE as an antimicrobial is not demonstrated.”)
- [Goldenseal Root](#), [Oregon Grape Root](#), [Astragalus Root](#), [Burdock Root](#), and [NF formula EHB](#) (Note: Pregnant women should not take any of these at all.)

Another alternative some still recommend is to not test for GBS, but rather to only administer an antibiotic IV if a “high-risk” factor is present during labor. In fact, this was the CDC protocol before 2002. However, numerous studies since have shown that a much more effective protection method is to simply check for GBS directly each pregnancy. Therefore, the CDC changed their recommendation in 2002 and reiterated that recommendation in 2010.

GBS is a horrible disease that kills thousands of otherwise healthy newborns a year, and permanently disables even more. The tragedy is worsened by the fact that there is a universally available easy, cheap, and highly effective prevention method.

This information is for informational purposes only and does not constitute medical advice.

Personal note: We followed an alternative GBS regimen of acidophilus, echinacea, garlic capsules, vitamin C, grapefruit seed extract, and garlic suppositories when pregnant with our son Wren. He was 7 pounds, 20.5 inches and perfect after a normal labor and delivery at home. He breastfed then died 11 hours later from a Group B Strep infection in his lungs.