Group B Strep and Alternative Treatment

The CDC has a clear protocol for preventing early-onset GBS disease which infects babies during the first week of life. TEST EVERY PREGNANT WOMAN FOR THE PRESENCE OF THE BACTERIUM at 35-37 (preferably 35-36) weeks gestation (unless GBS found earlier during that pregnancy in a urine culture or a previous baby has had GBS disease.) If positive (or unknown with one or more risk factors), administer an antibiotic IV (penicillin 5 million units or ampicillin 2gm or other recommended alternative antibiotics) as soon as the woman's water breaks or labor begins.

This is the only treatment that the CDC has found to be effective against GBS during labor. There are two reasons why:

1. Group B Strep Comes Back

> GBS is a common bacteria in our environment. It is impossible to eradicate it from the body permanently. Antibiotics kill off the majority of GBS bacteria present, but not all allowing for persistence. GBS colonization can return to a healthy woman within *hours* of using antibiotics.

2. Group B Strep Is Weak

> GBS is not a particularly virulent bacterium. Although many people are *colonized*, usually only those with susceptible immune systems (e.g. newborns) actually get invasively *infected*.

This is why THE ONLY EFFECTIVE TECHNIQUE AGAINST EARLY-ONSET INFECTION IN NEWBORNS, IS AN INTRAPARTUM ANTIBIOTIC IV. IT CAN TREAT GBS DURING THE PERIOD OF LABOR AND DELIVERY.

Alternative Treatments are INEFFECTIVE, UNPROVEN, and are NOT TO BE USED.

Unfortunately, all known alternative treatments 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 an injection of powerful antibiotics). Even when successful they are ineffective.

Please note that GBS can infect babies during pregnancy as GBS can cross even intact membranes, cause preterm labor, and premature rupture of membranes. While it is important to help protect your baby during pregnancy, please be aware that some alternative treatments may not even be safe. Please view Group B Strep International's brochure as to how to help protect your baby before birth through early infancy.

The following alternative treatments are **ineffective against 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, keflex, etc...)
• **Intramuscular antibiotics** ("None has proven to be effective at preventing early-onset GBS disease.")
• **Chlorhexidine bath or wipes such as Hibiclens** ("Randomized clinical trials have found no protection against GBS.")
• **Garlic capsules/suppositories, Boric Acid suppositories** (Target **MRSA** and yeast infections, respectively. Not GBS.)
• **Douching** with hydrogen peroxide/diluted bleach water/lavender oil/yogurt (Douching at all is dangerous.)
• **Propolis** (Targets salmonella. Not GBS.)
• **Tea Tree Oil** (Targets staph infections and lice. Not GBS. Very toxic if swallowed.)
• **Apple Cider Vinegar** (No known antibiotic properties.)
• **Colloidal Silver** ("Lack of proven effectiveness and risk of adverse side-effects.")

The following alternative treatments are **ineffective against GBS** because they simply seek to strengthen *immune systems* (an ineffective strategy):

• Getting lots of sleep, keeping a good diet, and exercising.
• **Vitamin C** and **Herbal Tea**
• **Breastfeeding** (Colostrum helps a newborn's immune system, but is not enough to protect against GBS.)
• **Skin-to-skin contact** (Soothes newborns and promotes breastfeeding, but does not protect against GBS.)
• **Probiotics** such as acidophilus/lactobacillus (Also targets digestion and bacterial vaginosis. Not GBS.)
• **Congaplex** ("These products are not intended to diagnose, treat, cure or prevent any disease.")
• **Echinacea** ("Has no clinically significant effects on rates of infection.")
• **Grapefruit Seed Extract** ("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** (Pregnant women should not take any of these at all.)

Another alternative some practitioners still recommend is to not test for GBS, but rather to only administer an antibiotic IV if a "high-risk" factor (PROM, preterm labor, fever) is present during labor. 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 and treat prophylactically if positive with 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 an available, easy, cheap, and highly effective (95%) prevention method available.

This information is for informational purposes only and does not constitute medical advice. Authored by Josh Jones, GBS dad.

(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.)