



# Motherisk Update

## Taking probiotics during pregnancy *Are they useful therapy for mothers and newborns?*

Gregor Reid, PHD, MBA    Pirkka Kirjaivanen, PHD

### ABSTRACT

**QUESTION** Recently, several of my pregnant patients have asked me about using probiotics during pregnancy. Is there any evidence that these innocuous bacteria work effectively?

**ANSWER** An increasing body of evidence suggests that probiotics are effective for treating bacterial vaginosis and allergic reactions. Most probiotics available in Canada, however, are of dubious quality, and, for many claimed indications, there is no proof of effectiveness yet.

### RÉSUMÉ

**QUESTION** J'ai reçu récemment de nombreuses questions de patientes enceintes concernant l'utilisation de probiotiques durant la grossesse. Existe-t-il des données scientifiques démontrant l'efficacité de ces bactéries inoffensives?

**RÉPONSE** Un nombre grandissant de données scientifiques font valoir que les probiotiques sont efficaces dans le traitement des vaginoses bactériennes et des réactions allergiques. Par ailleurs, la majorité des probiotiques sur le marché au Canada sont de qualité douteuse et, pour de nombreuses autres indications, aucune donnée ne prouve encore leur efficacité.

Probiotics have been described as live microorganisms that, when administered in adequate amounts, confer a health benefit on the host. In Canada, most so-called probiotic products have never been clinically tested; only two proven probiotic products are available: the eight-strain VSL#3 for inflammatory bowel disease and Activia yogurt containing *Bifidobacterium lactis* DN 001 for regularity.

A number of products seem to be associated with favourable effects, such as *Lactobacillus rhamnosus* GG (ConAgra), *B lactis* BB12 with *Lactobacillus acidophilus* La5 (Chr Hansen), and *Lactobacillus reuteri* SD2112 (Biogaia), all of which are used to

treat diarrhea.<sup>1-3</sup> These and other strains, such as *L rhamnosus* GR-1, *L reuteri* RC-14 (Chr Hansen), and *Saccharomyces boulardii* LYO (Biocudex) for urogenital health,<sup>4</sup> *Lactobacillus plantarum* 299V (Lallemand) for reducing hospital-acquired infections,<sup>5</sup> and *Lactobacillus casei* Shirota (Yakult) for perhaps reducing recurrence of bladder cancer,<sup>6</sup> are in various stages of entering the market.

### Role of probiotics

Studies suggest that good nutrition during pregnancy improves the chances of having a healthy baby who will be at lower risk of diseases, such as diabetes and heart disease, later in life.<sup>7</sup> The case for

## Motherisk Update

folic acid supplements emerged from our increased knowledge of fetal development. The case for consuming live bacteria, although it might not be well received by many women, also has some scientific merit.

Bacterial vaginosis, a condition in which lactobacilli are displaced from the vagina by inflammation-causing pathogens,<sup>7</sup> has been suggested as a factor that increases risk of preterm labour,<sup>8</sup> although there is controversy about this. Daily use of oral gelatin capsules containing dried viable *L rhamnosus* GR-1 and *L reuteri* RC-14 has been shown to decrease risk of bacterial vaginosis and maintain normal lactobacilli vaginal flora.<sup>9,10</sup> In animal studies, these strains were found to be safe during pregnancy and to enhance the health of mothers and newborns.<sup>11</sup> Studies are under way in Toronto, Ont, to test the effects of these strains on bacterial vaginosis in pregnant women at risk of preterm labour.


These lactobacilli might also have a role in preventing vaginal colonization by group B streptococci, organisms that can cause serious illness and even death in newborns. Certain lactobacilli can inhibit growth and adhesion of streptococci in vitro,<sup>12,13</sup> but whether they can do this in vivo is untested.

The second promising area of research is use of probiotics to prevent allergic reactions. Studies using *L rhamnosus* GG and *B lactis* BB12 have shown that atopic dermatitis, a condition that causes severe skin rashes in up to 15% of babies, can be prevented in 50% of cases if mothers ingest probiotics during pregnancy and newborns ingest them during the first 6 months of life.<sup>14,15</sup> This is believed to be due to a reprogramming of the newborn's immune system or altered proportions of plasma-neutral lipids and alpha-linolenic acid.<sup>15</sup> *Lactobacillus rhamnosus* GG is not available in Canada, however, and probiotics are not permitted for use in newborns. Also, a few cases of asthma arose in the Finnish study,<sup>16</sup> suggesting more studies are needed.

Probiotics during pregnancy have an excellent safety record.<sup>17</sup> Some researchers argue that the

substantial changes in diet that have come about in modern times are denying humans natural replenishment of the beneficial bacteria, that we have been ingesting for ages.<sup>18</sup>

### What to recommend

Currently, few of the world's proven probiotics are available in Canada. Canadians buy products of dubious quality.<sup>19</sup> For consumers to get access to high-quality, clinically proven probiotics, they have to import them from the United States and Europe. For mothers whose previous babies suffered from atopic dermatitis, daily use of *L rhamnosus* GG might be worth considering. It is important for family physicians to be up-to-date on advances in probiotics. As with other therapeutics, scientifically proven, active strains of probiotics should be the only products approved by Health Canada and should be used only for conditions in which efficacy is achieved. 

### Acknowledgment

*The Canadian Research and Development Centre for Probiotics was established with a grant from the Ontario Research and Development Challenge Fund. This research is supported in part by the Canadian Institutes for Health Research and the Natural Sciences and Engineering Research Council.*

### References

1. Guandalini S, Pensabene L, Zikri MA, Dias JA, Casali LG, Hoekstra H, et al. *Lactobacillus* GG administered in oral rehydration solution to children with acute diarrhea: a multicenter European trial. *J Pediatr Gastroenterol Nutr* 2000;30:54-60.
2. Saavedra JM, Bauman NA, Oung I, Perman JA, Yolken RH. Feeding of *Bifidobacterium bifidum* and *Streptococcus thermophilus* to infants in hospital for prevention of diarrhoea and shedding of rotavirus. *Lancet* 1994;344(8929):1046-9.
3. Shornikova AV, Casas IA, Isolauri E, Mykkanen H, Vesikari T. *Lactobacillus reuteri* as a therapeutic agent in acute diarrhea in young children. *J Pediatr Gastroenterol Nutr* 1997;24:399-404.
4. Reid G, Burton J, Hammond JA, Bruce AW. Nucleic acid based diagnosis of bacterial vaginosis and improved management using probiotic lactobacilli. *J Med Food* 2004;7(2):223-8.
5. Rayes N, John M. Kinney International Award for Nutrition and Metabolism. Lactobacilli and fibers—a strong couple against bacterial infections in patients with major abdominal surgery. *Nutrition* 2004;20(6):579-80.
6. Aso Y, Akaza H, Kotake T, Tsukamoto T, Imai K, Naito S. Preventive effect of a *Lactobacillus casei* preparation on the recurrence of superficial bladder cancer in a double-blind trial. The BLP Study Group. *Eur Urol* 1995;27:104-9.
7. Cauci S, Guaschino S, De Aloysio D, Driussi S, De Santo D, Penacchioni P, et al. Interrelationships of interleukin-8 with interleukin-1beta and neutrophils in vaginal fluid of healthy and bacterial vaginosis positive women. *Mol Hum Reprod* 2003;9(1):53-8.
8. Jacobsson B, Pernevi P, Chidekel L, Platz-Christensen J. Bacterial vaginosis in early pregnancy may predispose for preterm birth and postpartum endometritis. *Acta Obstet Gynecol Scand* 2002;81(11):1006-10.
9. Reid G, Beuerman D, Heinemann C, Bruce AW. Probiotic *Lactobacillus* dose required to restore and maintain a normal vaginal flora. *FEMS Immunol Med Microbiol* 2001;32:37-41.

10. Reid G, Hammond JA, Bruce AW. Effect of lactobacilli oral supplement on the vaginal microflora of antibiotic treated patients: randomized, placebo-controlled study. *Nutraceut Food* 2003;8:145-8.
11. Anukam KC, Osazuwa EO, Reid G. Improved appetite of pregnant rats and increased birth weight of newborns following feeding with probiotic *Lactobacillus rhamnosus* GR-1 and *L. fermentum* RC-14. *J Appl Res* 2005;5:46-52.
12. Velraeds MM, van der Belt-Gritter B, van der Mei HC, Reid G, Busscher HJ. Interference in initial adhesion of uropathogenic bacteria and yeasts to silicone rubber by a *Lactobacillus acidophilus* biosurfactant. *J Med Microbiol* 1998;47:1081-5.
13. Reid G, Charbonneau D, Gonzalez S, Gardiner G, Erb J, Bruce AW. Ability of *Lactobacillus* GR-1 and RC-14 to stimulate host defences and reduce gut translocation and infectivity of *Salmonella typhimurium*. *Nutraceut Food* 2002;7:168-73.
14. Kalliomaki M, Salminen S, Arvilommi H, Kero P, Koskinen P, Isolauri E. Probiotics in primary prevention of atopic disease: a randomised placebo-controlled trial. *Lancet* 2001;357:1076-9.
15. Kankaanpaa PE, Yang B, Kallio HP, Isolauri E, Salminen SJ. Influence of probiotic supplemented infant formula on composition of plasma lipids in atopic infants. *J Nutr Biochem* 2002;13(6):364-9.
16. Kalliomaki M, Salminen S, Poussa T, Arvilommi H, Isolauri E. Probiotics and prevention of atopic disease: 4-year follow-up of a randomised placebo-controlled trial. *Lancet* 2003;361(9372):1869-71.
17. Reid G. Safety of *Lactobacillus* strains as probiotic agents [letter]. *Clin Infect Dis* 2002;35:349-50.
18. Bengmark S. Prospects for new and rediscovered therapies: probiotics and phage. In: Andrew PW, Oyston P, Smith GL, Stewart-Tull DE, editors. *Fighting infection in the 21st century*. London, Engl: Blackwell Science Ltd; 2000. p. 97-132.
19. Huff BA. Caveat emptor. "Probiotics" might not be what they seem. *Can Fam Physician* 2004;50:583-7.

## MOTHE RISK

Motherisk questions are prepared by the Motherisk Team at the Hospital for Sick Children in Toronto, Ont. Dr Reid is a Researcher in the Canadian Research and Development Centre for Probiotics at the Lawson Health Research Institute and in the Departments of Microbiology and Immunology and Surgery at the University of Western Ontario in London. Dr Kirjaivanen is a Researcher in the Canadian Research and Development Centre for Probiotics at the Lawson Health Research Institute.

Do you have questions about the safety of drugs, chemicals, radiation, or infections in women who are pregnant or breastfeeding? We invite you to submit them to the Motherisk Program by fax at (416) 813-7562; they will be addressed in future Motherisk Updates.

Published Motherisk Updates are available on the College of Family Physicians of Canada website ([www.cfpc.ca](http://www.cfpc.ca)) and also on the Motherisk website ([www.motherisk.org](http://www.motherisk.org)).

