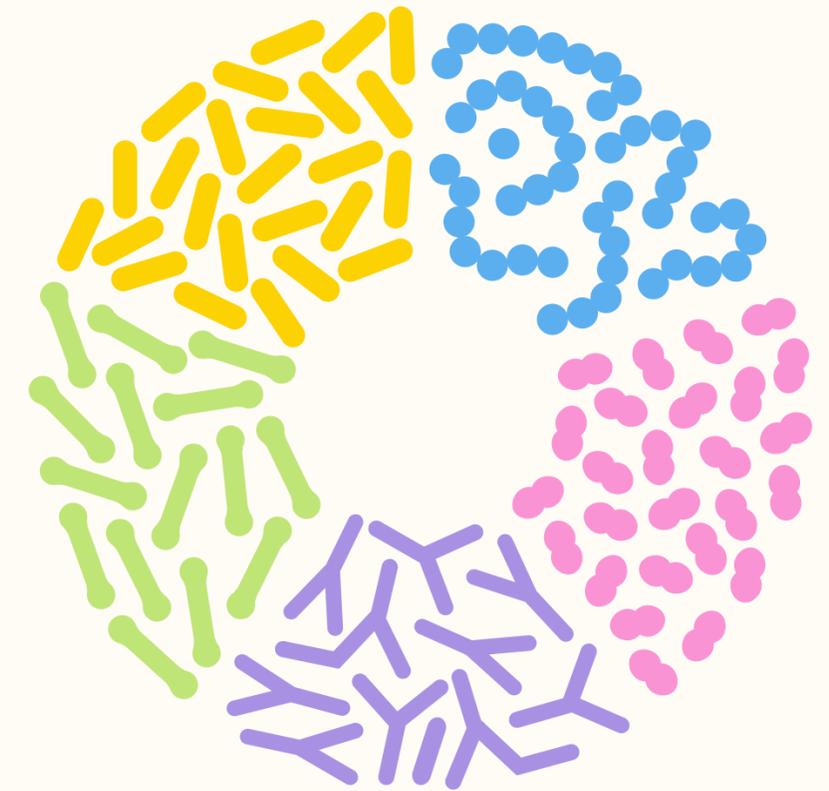


# REPRODUCTIVE MICROBIOME

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How It Affects Women's Reproductive Health, Fertility, Men's Wellness, and Future Generations



Dr. Loredana M Shapson PharmD FNTF

# ABOUT ME

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Pharmacist Turned Holistic  
Bloating, IBS and Gut Health  
Feminine Microbiome Health



Newtown, PA

# THE INFERTILITY CRISIS

---



**1 in 6 couples** worldwide face infertility (WHO)

**6.7 million couples**

**17.5% of the population**

Infertility diagnosis if there is the absence of full-term pregnancy and:

< Age 35 and more than 1 year of unprotected intercourse

>= Age 35, more than 6 months of unprotected intercourse

# INFERTILITY CAUSES

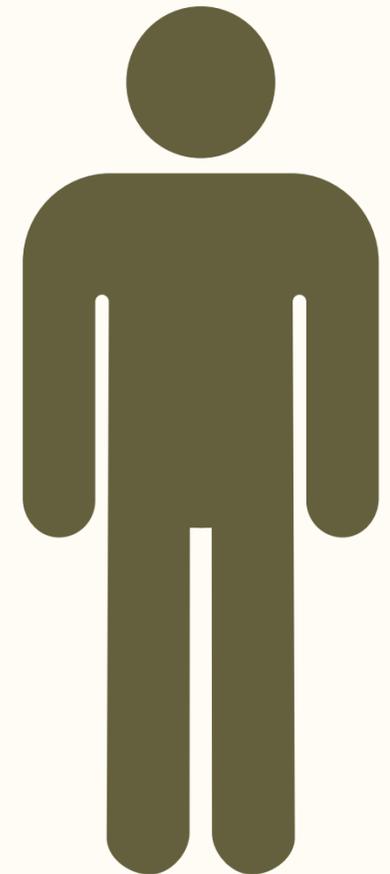


## Female

Hormonal Disorders  
Ovarian Dysfunction  
Fallopian Tube Problems  
Uterine Conditions  
Cancer  
STIs

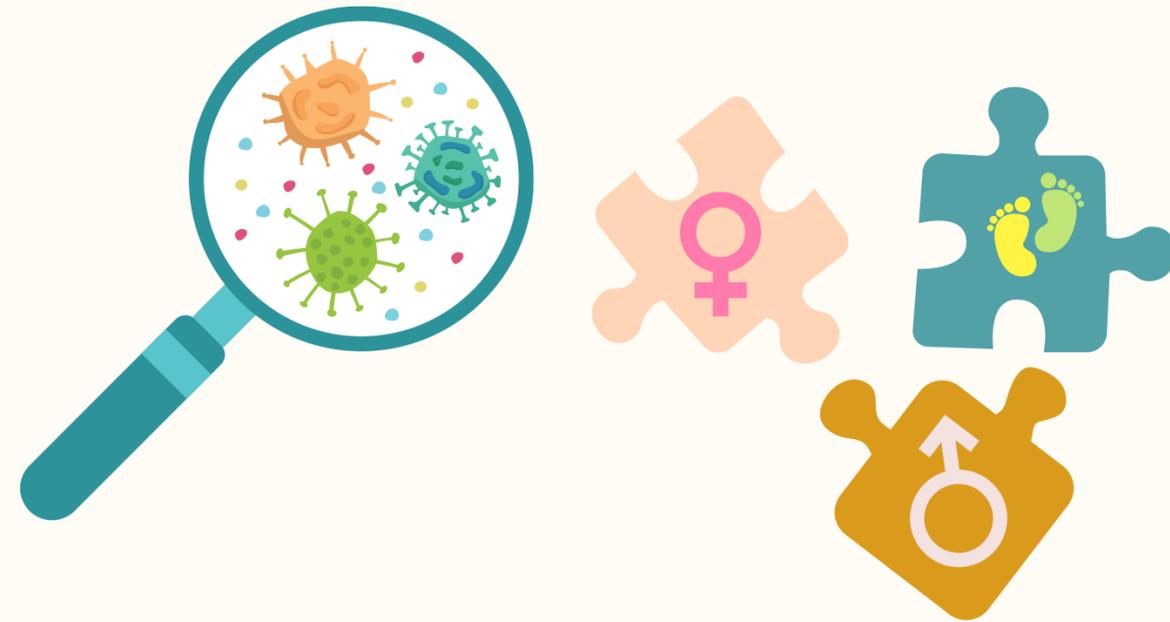
## Male

Hormonal Disorders  
Testicular Dysfunction  
Ejaculatory Dysfunction  
Genetic Disorders  
Cancer  
STIs



**Hardware problems**

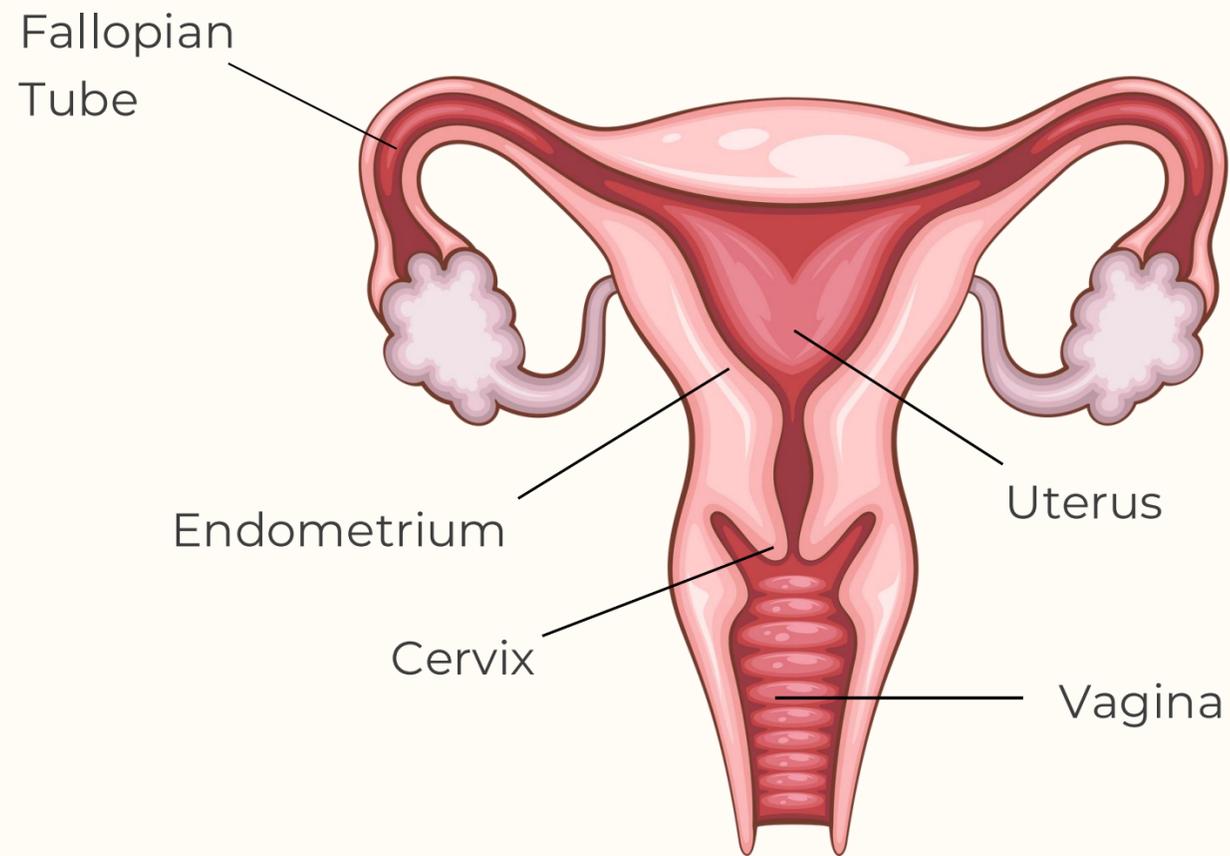
**30–45% of infertility cases** are “unexplained”



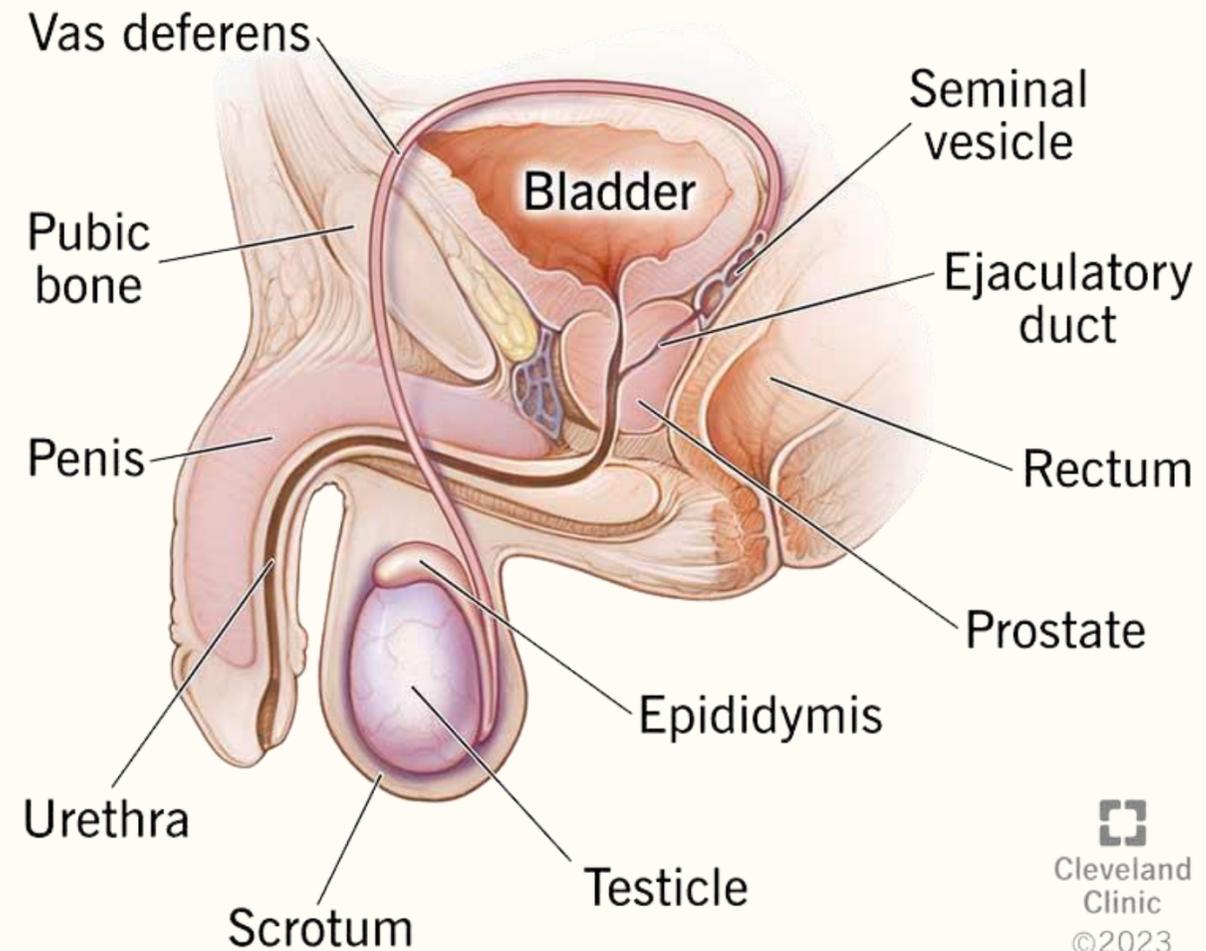
Is the reproductive microbiome a missing piece?

# THE REPRODUCTIVE MICROBIOME

## Female Reproductive System



## Male Reproductive System



# FEMALE MICROBIOME ♀

---

## Optimal Profile:

- ✓ Lactobacillus dominant (>90%)
  - Produce lactic acid
  - Low vaginal pH: < 4.5
  - Antimicrobials (bacteriocins)
  - Hydrogen peroxide
- ✓ Low diversity (<10%)

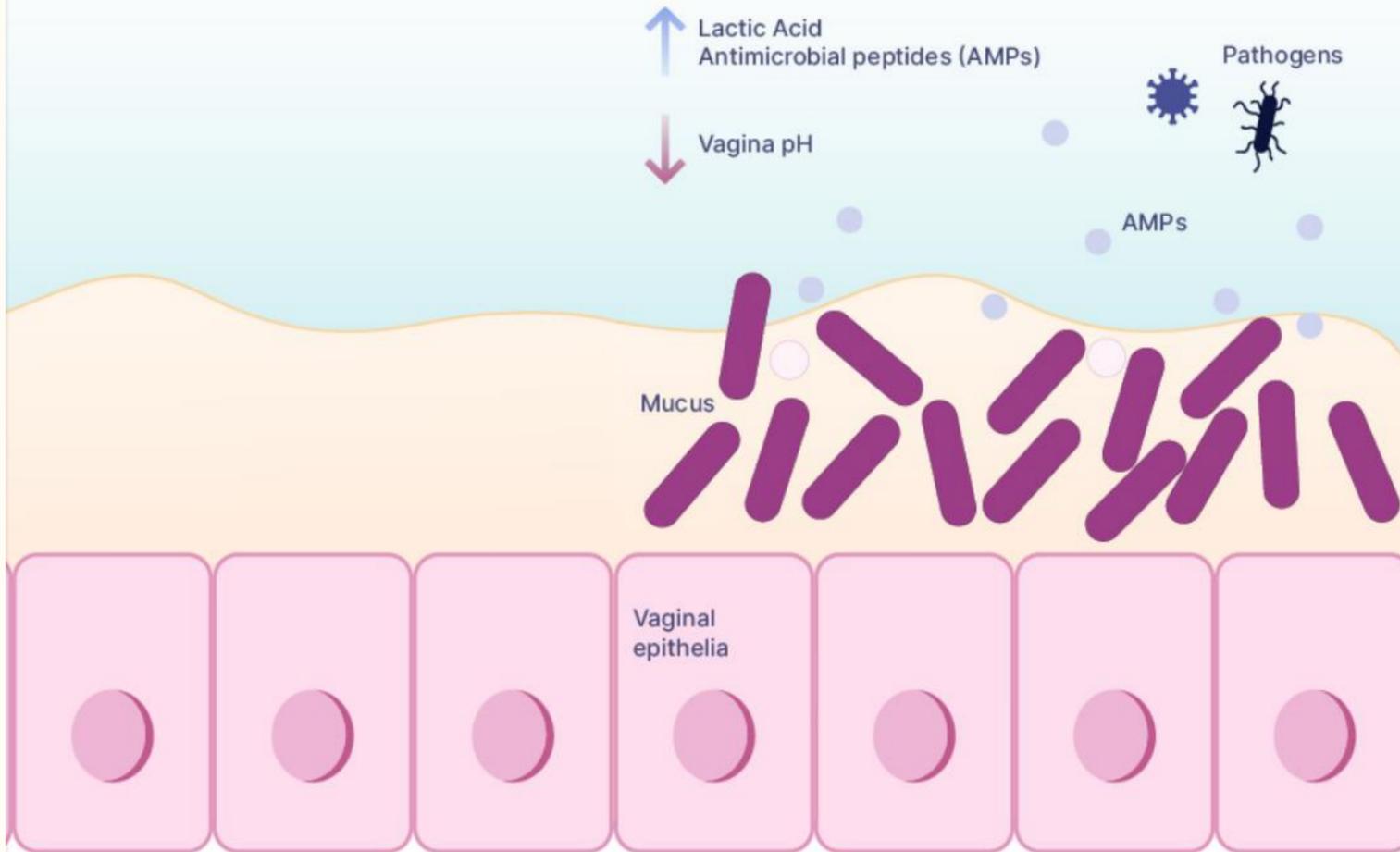


## Dominant Species:

- ✓ Lactobacillus
  - L. crispatus
  - L. gasseri
  - L. jensenii
  - L. iners (may be associated with dysbiosis)

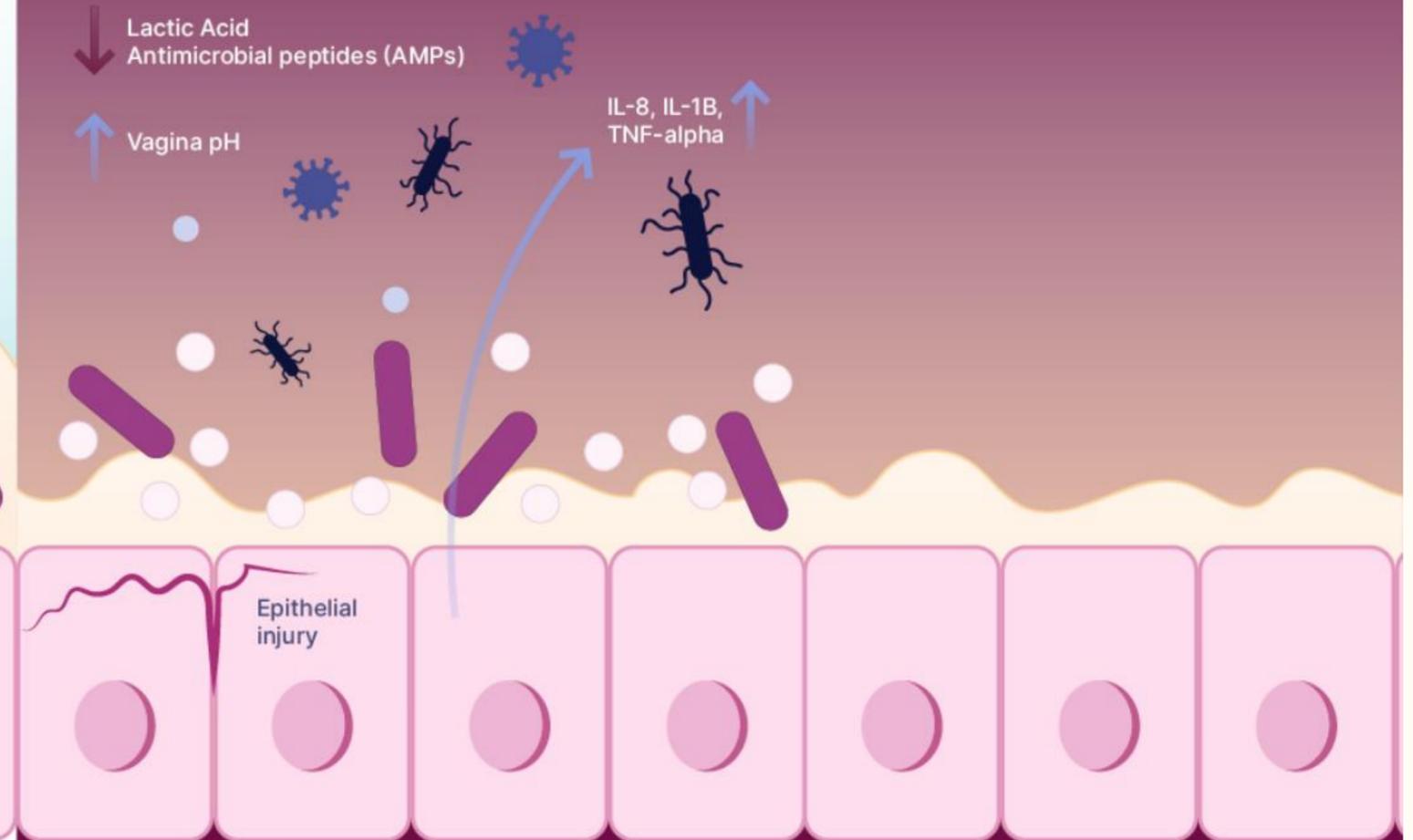
# WHY IT MATTERS

## Healthy



- + dominated by *Lactobacillus* species
- + optimal pH: 3.8-4.5
- + maintains natural defenses
- + supports balanced vaginal flora

## Dysbiosis



- disrupted *Lactobacillus* population
- pH imbalance (>4.5)
- increased risk in bacterial or yeast related discomfort
- inflammation or irritation

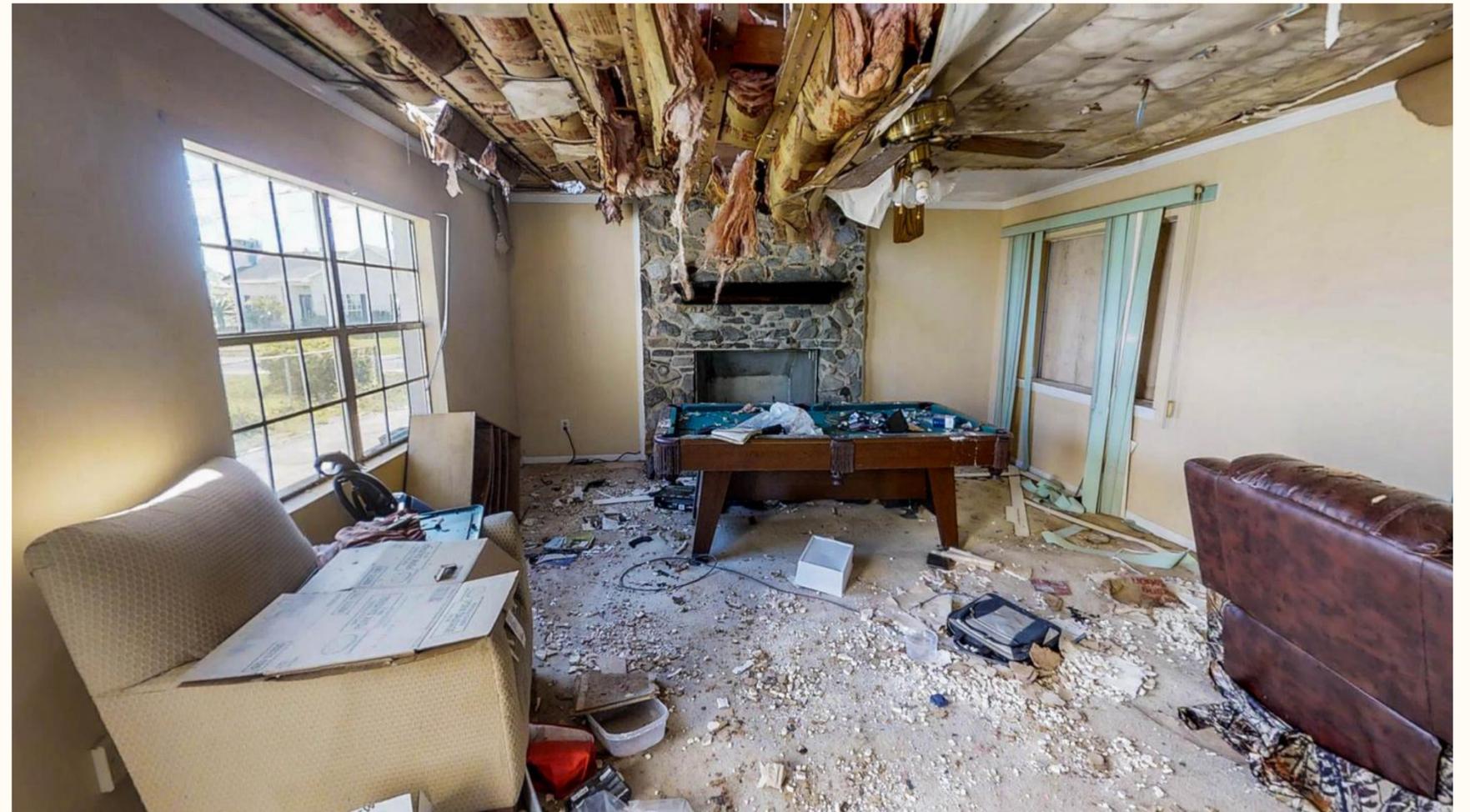
# WHERE DO YOU WANT LIVE?



*lactobacillus*



...OR HERE?



# Vaginal Dysbiosis and the 5 Community State Types<sup>4</sup>

The vaginal microbiome is clustered into five groups or community state types (CST)

## State type I *L. crispatus* dominate

- Healthiest
- Lowest pH (<pH 4)
- Most resistant to dysbiosis (D-lactic acid)
- Stable throughout menstrual cycle

## State type II *L. gasseri* dominate

- Not common
- pH of 4.4
- May transition to type I during pregnancy
- Rarely associated with disease

## State type III *L. iners* dominate

- pH >4.5
- Associated with good vaginal health and dysbiosis
- L-lactic acid is less effective at inhibiting dysbiosis
- Can transition to BV-associated bacteria
- Higher association with vulvovaginal candidiasis (VVC)

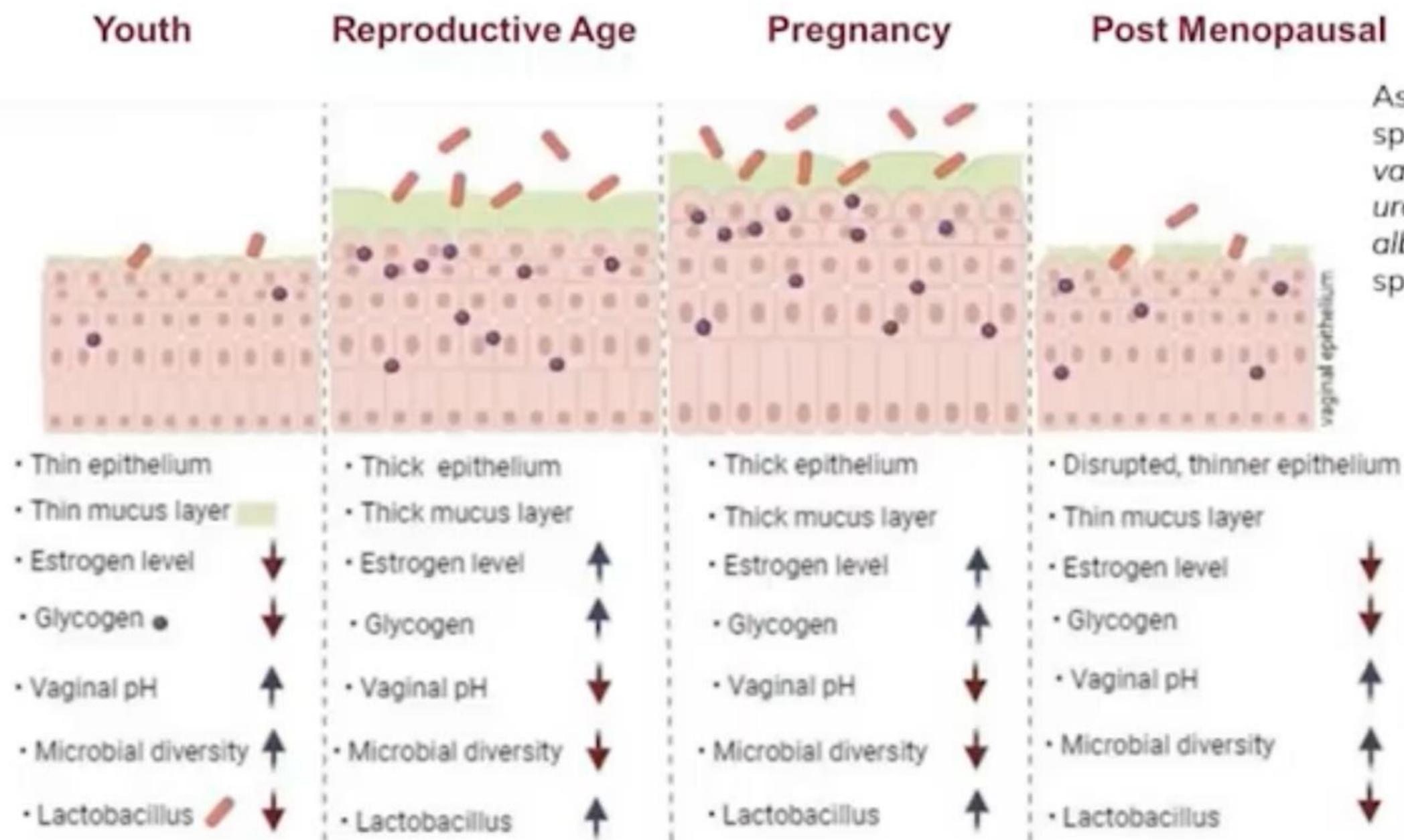
## State type IV Non-*Lactobacillus* dominate

- Low/no Lacto
- High risk of BV
- Least stable; fluctuates during menstrual cycle (MC)
- Highly associated with BV, sexually transmitted infections (STIs), endometritis, and pregnancy loss
- High pH and vaginal mucosal disruption

## State type V *L. jensenii* dominate

- Uncommon
- pH of 4.2
- Considered healthy though

# Vaginal Microbiome Throughout Lifespan



As *Lactobacillus* declines, species like *Gardnerella vaginalis*, *Ureaplasma urealyticum*, *Candida albicans* and *Prevotella* spp. increase.<sup>23</sup>

# HOW THE FEMALE MICROBIOME AFFECTS



**Conception**



Miscarriage



Preterm Birth



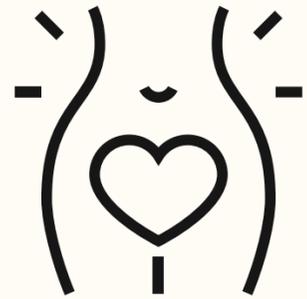
## Study Question

Is the pre-pregnancy vaginal microbiome associated with time-to-pregnancy (TTP) within 1 year?

# CONCEPTION

PMID: 35909180

### Study



n= 89

Fertile women

### Methods

Vaginal swabs taken before conception

Pregnancy confirmed by ultrasound

### Results

59.6%  
Pregnant  
<1 yr



Higher  
Lactobacillus

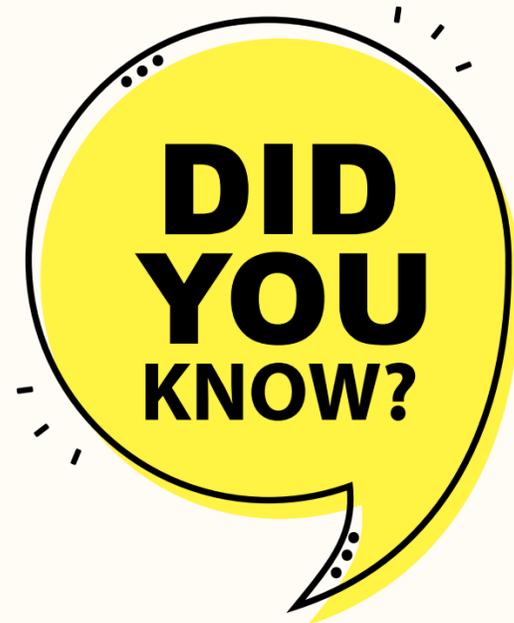
Non-  
Pregnant



Higher  
Gardnerella  
(BV)

# IN VITRO FERTILIZATION (IVF)

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One round of IVF costs **\$12,000 - \$15,000**

Medicines can add **another \$3,000-\$5,000**

From start to transfer, **one IVF cycle takes about 6-8 weeks.**

**30%-35% of women achieve live birth**  
after IVF-embryo transfer (IVF-ET)

## Study Question

Does endometrial microbiota affect IVF outcomes?

> [Am J Obstet Gynecol.](#) 2016 Dec;215(6):684-703.  
doi: 10.1016/j.ajog.2016.09.075. Epub 2016 Oct 4.

Evidence that the endometrial microbiota has an effect on implantation success or failure

## Outcomes

Lactobacillus Dominant (LD) >90% microbiota



### Implantation

60.7% vs 23.1%

LD vs NLD

(P = .02)



### Pregnancy

70.6% vs 33.3%

LD vs NLD

(P = .03)



### Ongoing Pregnancy

58.8% vs 13.3%

LD vs NLD

(P = .02)



### Live Birth

58.8% vs 6.7%

LD vs NLD

(P = .002)

## Study Question

Does vaginal dysbiosis (VD) affect IVF outcomes?

▶ Pathogens. 2021 Mar 4;10(3):295. doi: [10.3390/pathogens10030295](https://doi.org/10.3390/pathogens10030295) 

**The Association between Vaginal Dysbiosis and Reproductive Outcomes in Sub-Fertile Women Undergoing IVF-Treatment: A Systematic PRISMA Review and Meta-Analysis**

## Results: Patients with Imbalance



VD is present in IVF candidates



Lower Chance + Ultrasound Pregnancy



Increased Risk for Pregnancy Loss

## Study Question

Is the vaginal bacteria associated with pregnancy success after vitro fertilization (IVF)?



A prospective cohort study  
n = 303 women

Multicenter Study > Hum Reprod. 2019 Jun 4;34(6):1042-1054. doi: 10.1093/humrep/dez065.

The vaginal microbiome as a predictor for outcome of in vitro fertilization with or without intracytoplasmic sperm injection: a prospective study PMID: 31119299

R Koedooder <sup>1</sup>, M Singer <sup>2</sup>, S Schoenmakers <sup>3</sup>, P H M Savelkoul <sup>2 4</sup>, S A Morré <sup>2 5</sup>,

94%

**Accuracy**

Could predict  
successful IVF

# HOW THE FEMALE MICROBIOME AFFECTS



Conception



Miscarriage

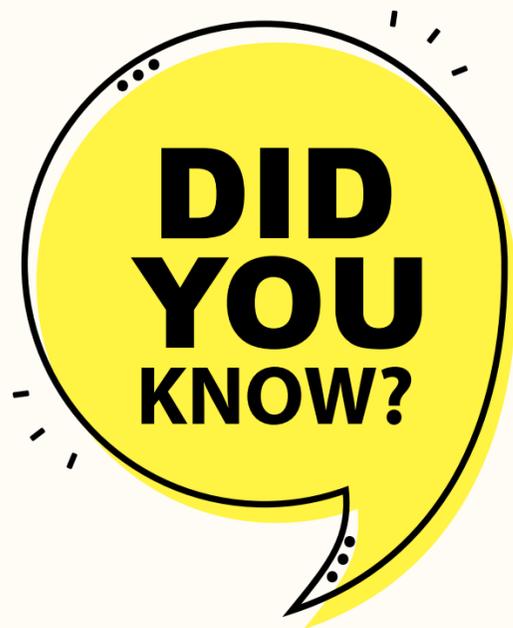


Preterm Birth



# MISCARRAIGES

---



Miscarriage = spontaneous loss of pregnancy **before 20 weeks**

**1 in 5 pregnancies (20%)** end in miscarriage

A majority happen in the **first trimester (<12 weeks)**

The CDC estimates that about **half of women will experience at least one miscarriage** in their lifetime

## Study Question

Is bacterial vaginosis (BV) associated with 1st vs. 2nd trimester miscarriages?

> J Cytol. 2016 Jul-Sep;33(3):135-140. doi: 10.4103/0970-9371.188050.

Bacterial vaginosis in association with spontaneous abortion and recurrent pregnancy losses



40%

Who had  
Miscarriage within 6  
months were +BV  
( $P < 0.05$ )



X 3

No

No relationship  
recurrent  
pregnancy losses  
( $P < 0.05$ )



2nd  
Tri

+ BV  
( $P < 0.05$ )



Those +BV had  
zero symptoms  
( $P > 0.05$ )

## Role of the vaginal microbiome in miscarriage: exploring the relationship

High-risk pregnancies are linked to the abundance of <i>Gardnella vaginalis</i> , <i>Atopobium vaginae</i> as well as <i>Chlamydia trachomatis</i> in the vaginal which may cause miscarriage.	(Bretelle et al., 2015)
In this study, the authors found that women who have had a second-trimester miscarriage have a much greater frequency of vaginal dysbiosis when compared to those who have had repeated miscarriages.	(McPherson, 2016)
In this study, the authors showed that reduced <i>Lactobacillus</i> spp. associated with the growth of <i>Streptococcus</i> , <i>Prevotella</i> and <i>Atopobium</i> , well as RM.	(Chang et al., 2020)
In this study, the authors reported that women had a recurrent pregnancy loss, she has a high level of <i>Gardnerella vaginalis</i> and other anaerobic bacteria in their vaginal microbiome.	(Peuranpaa et al., 2022)
In women with RM, <i>Lactobacillus</i> spp. is absent from the vagina.	(Kuon et al., 2017)
the authors of this study reported that women who experienced miscarriage had a higher abundance of pathogenic bacteria, such as <i>Ureaplasma</i> and <i>Mycoplasma</i> , in their amniotic fluid compared to women with successful pregnancies.	(Ahmadi et al., 2014)
In this study, the authors reported that women who experienced one miscarriage in the previous six months had been suffering from bacterial vaginosis.	(Isik et al., 2016)
In this study, the authors found that women had recurrent miscarriage, she had a lower level of <i>Lactobacillus</i> species and a higher abundance of pathogenic bacteria in their cervical mucus compared to women with successful pregnancies.	(Chen et al., 2017)

# HOW THE FEMALE MICROBIOME AFFECTS



Conception



Miscarriage

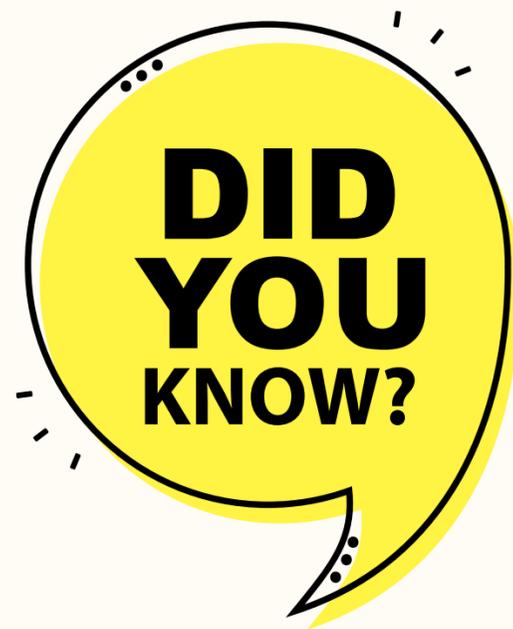


**Preterm Birth**



# PRETERM BIRTH

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**1 in 10 babies** are born preterm, before 37 weeks (WHO)

Leading cause of death in children under 5, with **nearly 1 million deaths worldwide in 2022**

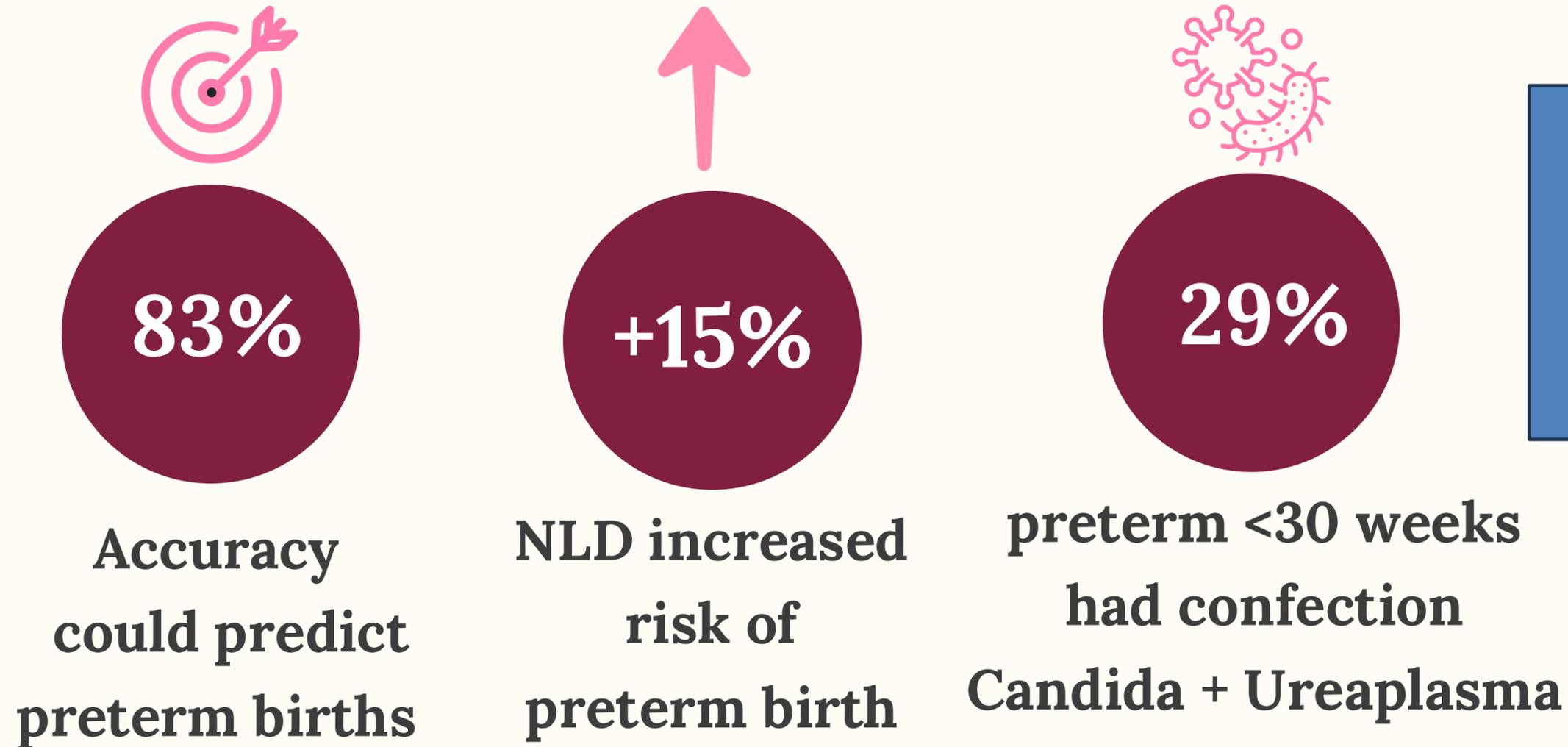
## Study Question

How does late-pregnancy vaginal microbiota affect preterm birth and prolonged membrane rupture?

Sci Rep. 2023 Jun 4;13:9061. doi: [10.1038/s41598-023-36126-z](https://doi.org/10.1038/s41598-023-36126-z)

Microbial diversity in the vaginal microbiota and its link to pregnancy outcomes

**Results:** L. crispatus-dominant (protective): lowest risk of preterm birth



### Pathogens Detected

Ureaplasma

Candida

Gardnerella (BV)

# MOST WOMAN SHOW NO SYMPTOMS

---

84%

**Women with Bacterial  
Vaginosis (BV)  
have no symptoms**

PMID: 17621244

**TESTING  
MATTERS**

43%

**Women with vaginal  
imbalance  
( $< 80\%$  lactobacillus)  
had no symptoms**

PMID: 37762424

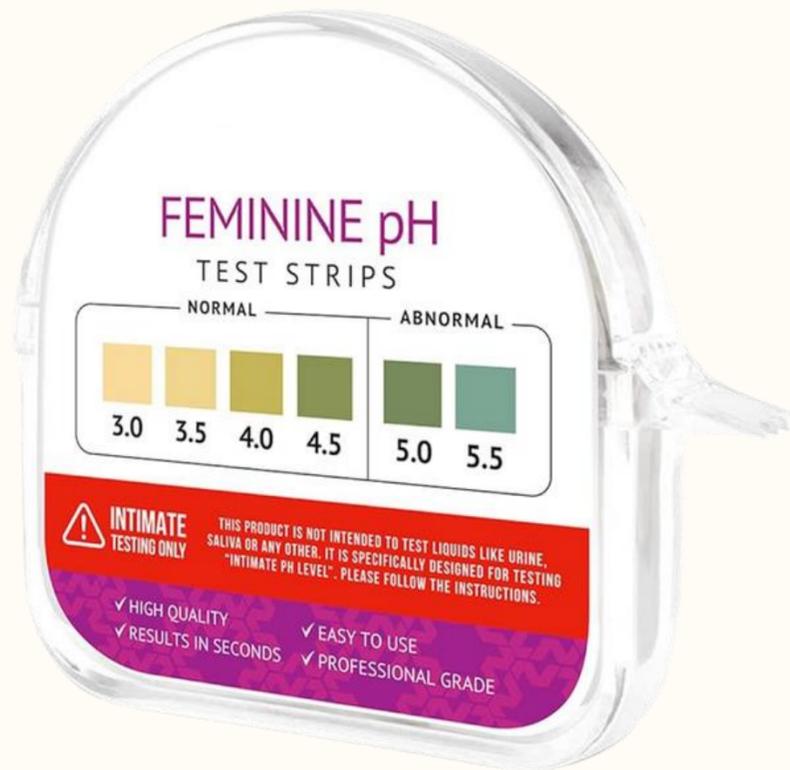
~~Problems~~

Solutions

# AT HOME TESTING OPTIONS



## pH Testing



Start here!

## Vaginal Microbiome Testing



# TESTING ORDERED BY DOCTOR

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## Endometrial Microbiome Biopsy

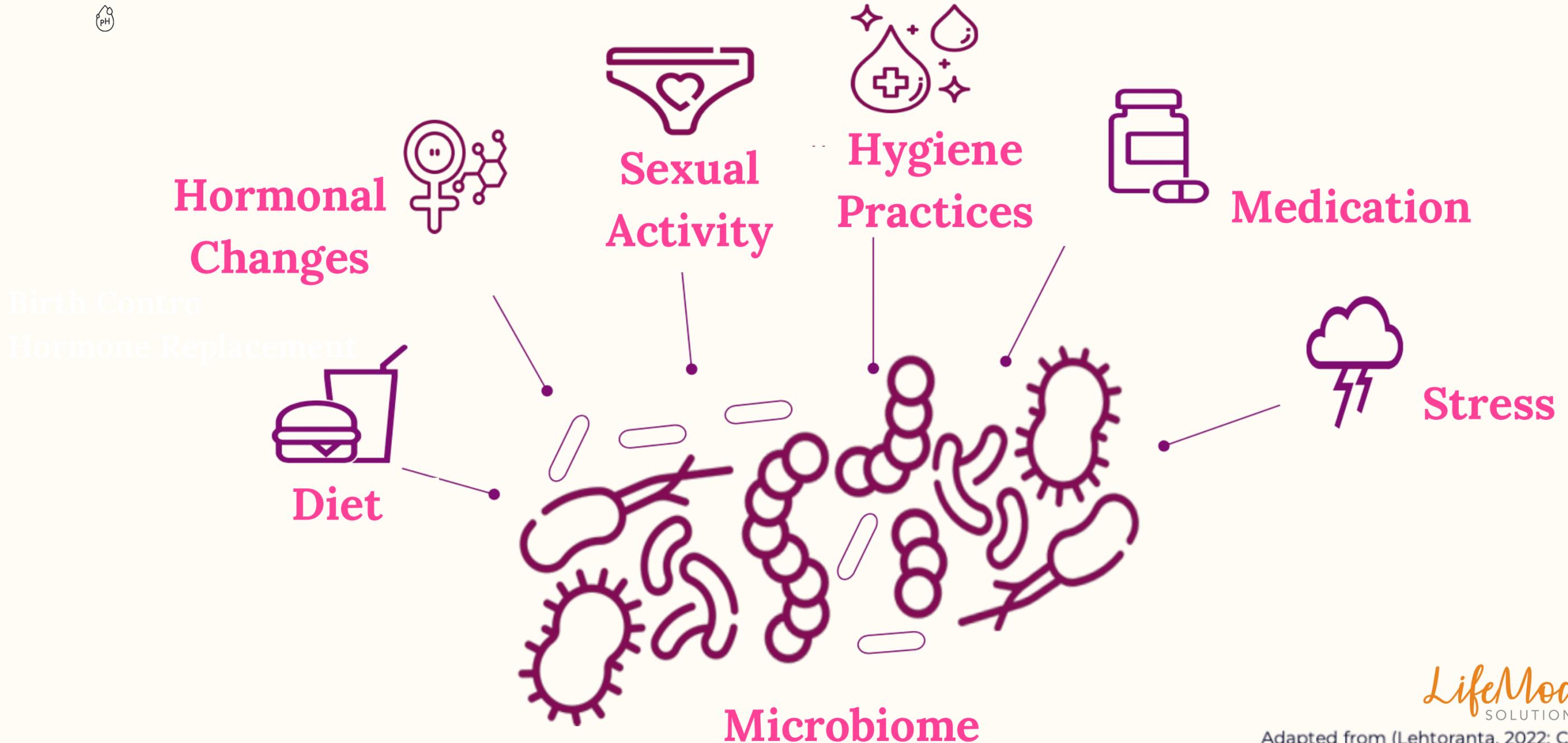
### **ALICE & EMMA**

Analysis of Infectious  
Chronic Endometritis

Endometrial Microbiome  
Metagenomic Analysis

**Optimization of the endometrial microbiome  
to improve reproductive success**

# Vaginal Health Influencers



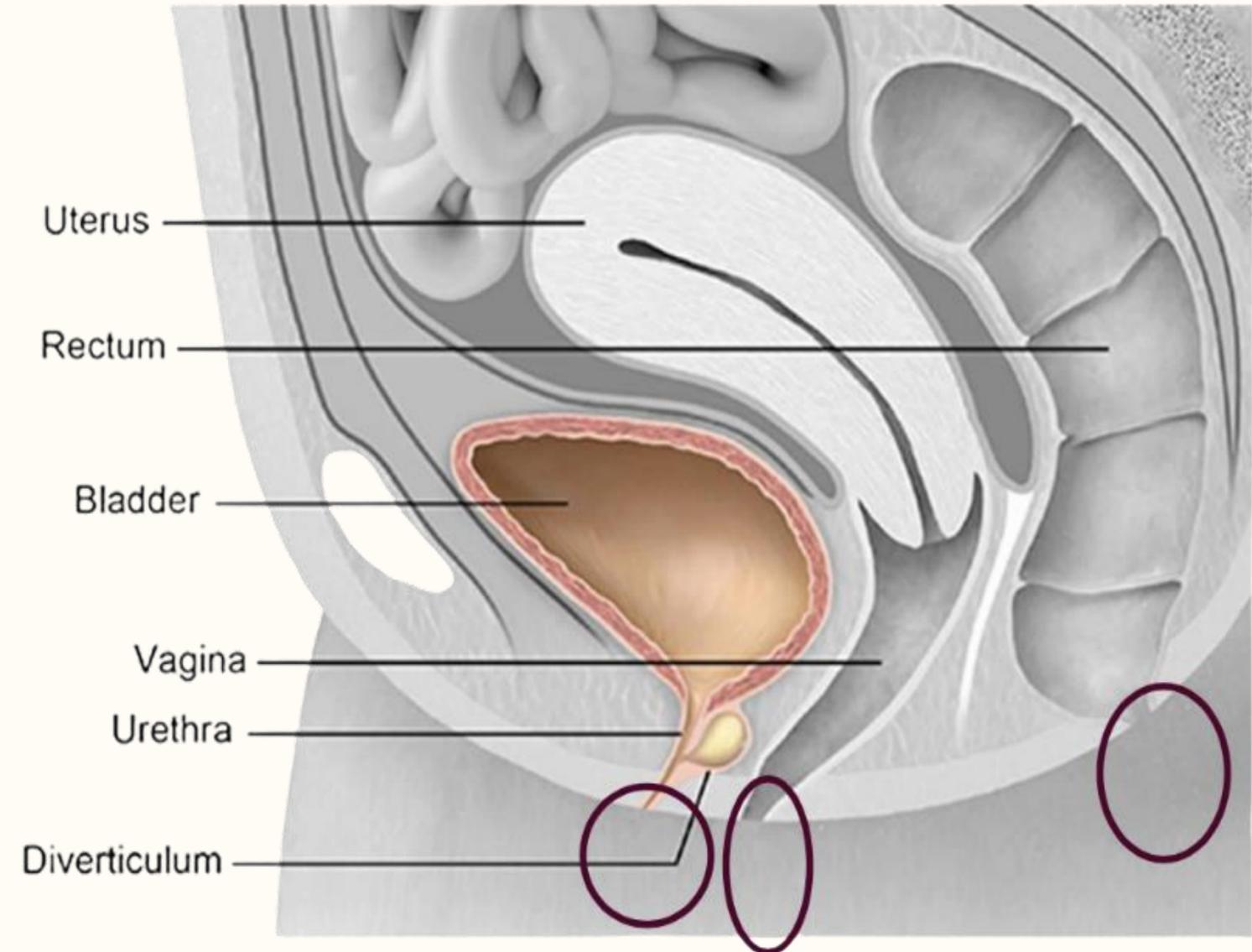
# Gut-Vaginal Microbiome Axis

62.5%

Overlap between **urinary** and gut microbiomes

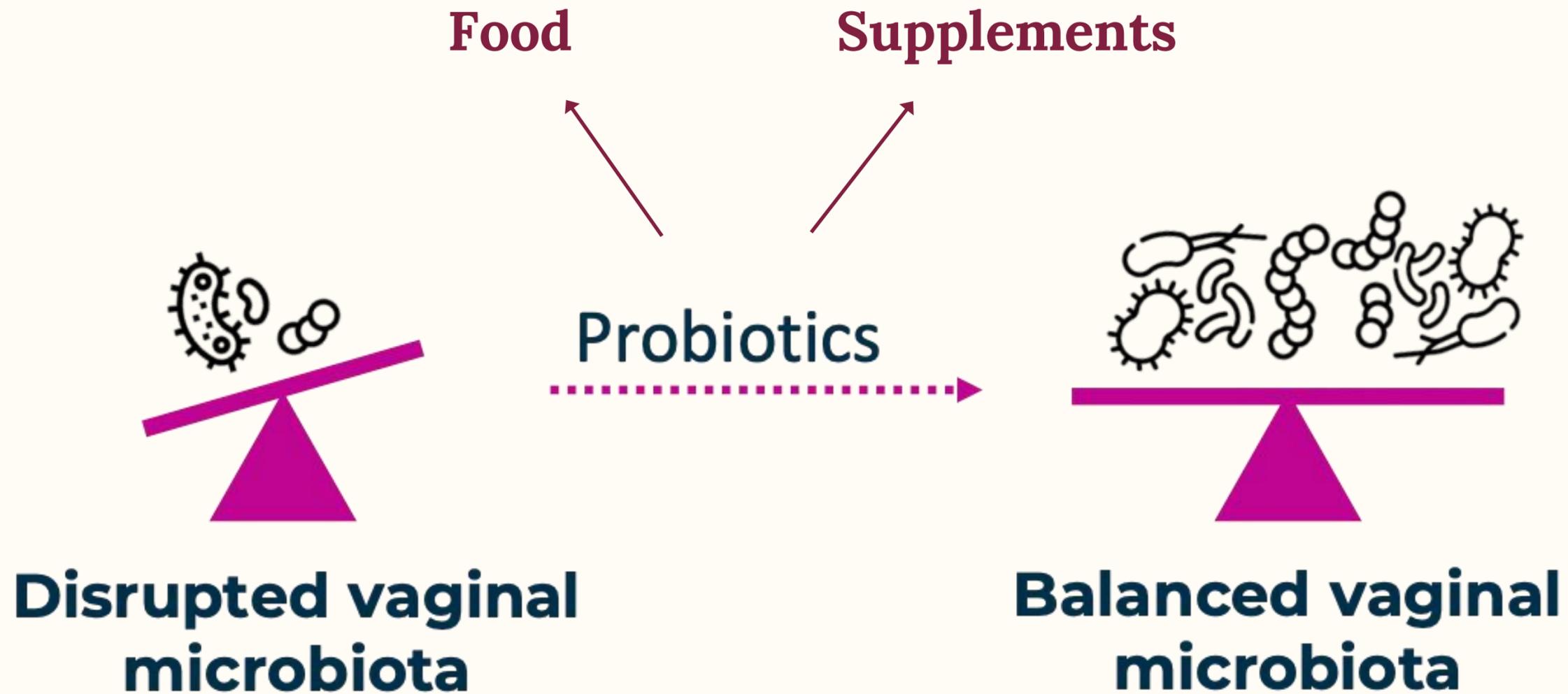
32%

Overlap between **vaginal** and gut microbiomes



PMID: 34084752

# CAN PROBIOTICS HELP ?



# Probiotics & BV

► Int J Environ Res Public Health. 2019 Oct 12;16(20):3859. doi:

[10.3390/ijerph16203859](https://doi.org/10.3390/ijerph16203859) 

## Probiotics for the Treatment of Bacterial Vaginosis: A Meta-Analysis

[Ziyue Wang](#)<sup>1,2,3,†</sup>, [Yining He](#)<sup>1,4,5,†</sup>, [Yingjie Zheng](#)<sup>1,4,5,\*</sup>

Lactobacillus **probiotics cured 2–3× more women**  
after ~1 month compared with placebo

**RCT assessed the effect of 4 weeks of yogurt drink containing four strains (*L. Crispatus*, LBV 88, *L. Jensenii* LBV 116, *L. Gasseri* LBV150N, *L. Rhamnosus* LBV96) on BV**

Randomized Controlled Trial > *Benef Microbes*. 2018 Jan 29;9(1):35-50.  
doi: 10.3920/BM2017.0018. Epub 2017 Oct 25.

**Effect of a yoghurt drink containing *Lactobacillus* strains on bacterial vaginosis in women – a double-blind, randomised, controlled clinical pilot trial**

C Laue <sup>1</sup>, E Papazova <sup>1</sup>, A Liesegang <sup>1</sup>, A Pannenbeckers <sup>1</sup>, P Arendarski <sup>2</sup>, B Linnerth <sup>3</sup>,

**100%  
women  
without  
BV**

**200%  
Reduction  
Amsel score  
(p=0.006)**

**Reduction in  
discharge and  
odor  
(p<0.5)**

PMID: 16697231

## Study Question

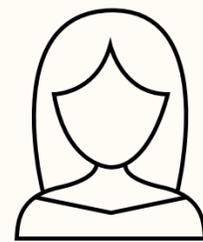
**Does adding oral probiotics to metronidazole treatment improve the cure rate of bacterial vaginosis (BV)?**

Randomized Controlled Trial > *Microbes Infect.* 2006 May;8(6):1450-4.  
doi: 10.1016/j.micinf.2006.01.003. Epub 2006 Mar 29.

**Augmentation of antimicrobial metronidazole therapy of bacterial vaginosis with oral probiotic *Lactobacillus rhamnosus* GR-1 and *Lactobacillus reuteri* RC-14: randomized, double-blind, placebo controlled trial**

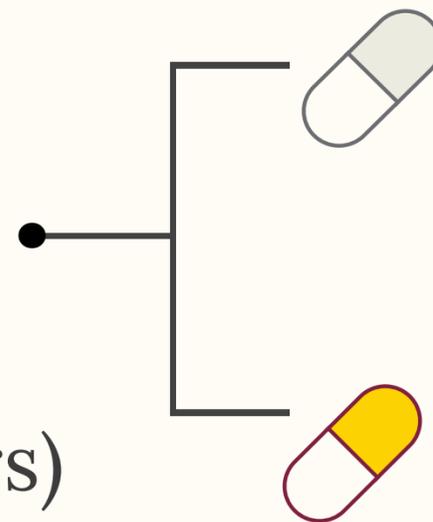
Kingsley Anukam<sup>1</sup>, Emmanuel Osazuwa, Ijeoma Ahonkhai, Michael Ngwu, Gibson Osemene, Andrew W Bruce, Gregor Reid

## Study



n=125

premenopausal (18–44 yrs)  
confirmed BV markers  
(Nugent score, BVBlue test, Sx)



Placebo x 30 days  
+ metronidazole x7 days

**Probiotic  $1 \times 10^9$  ea twice/day x30D**  
+ metronidazole twice a day x7D

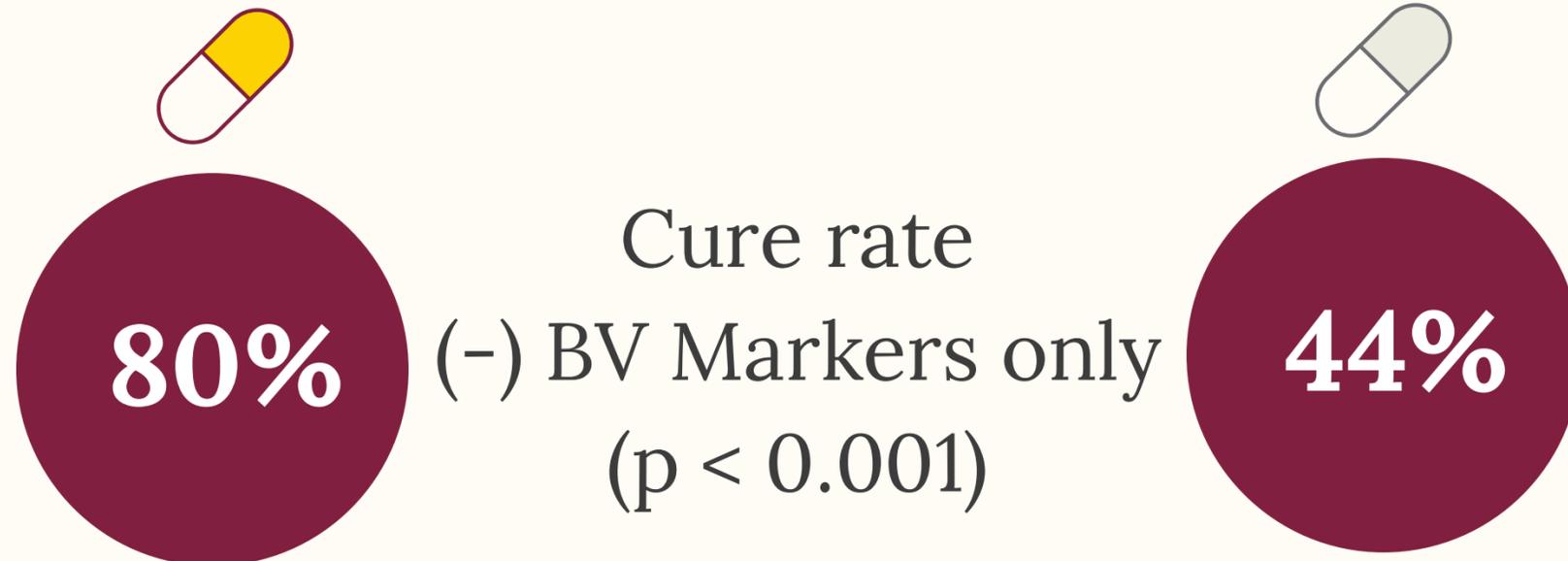


## Study Question

Does adding oral probiotics to metronidazole treatment improve the cure rate of bacterial vaginosis (BV)?

### Results:

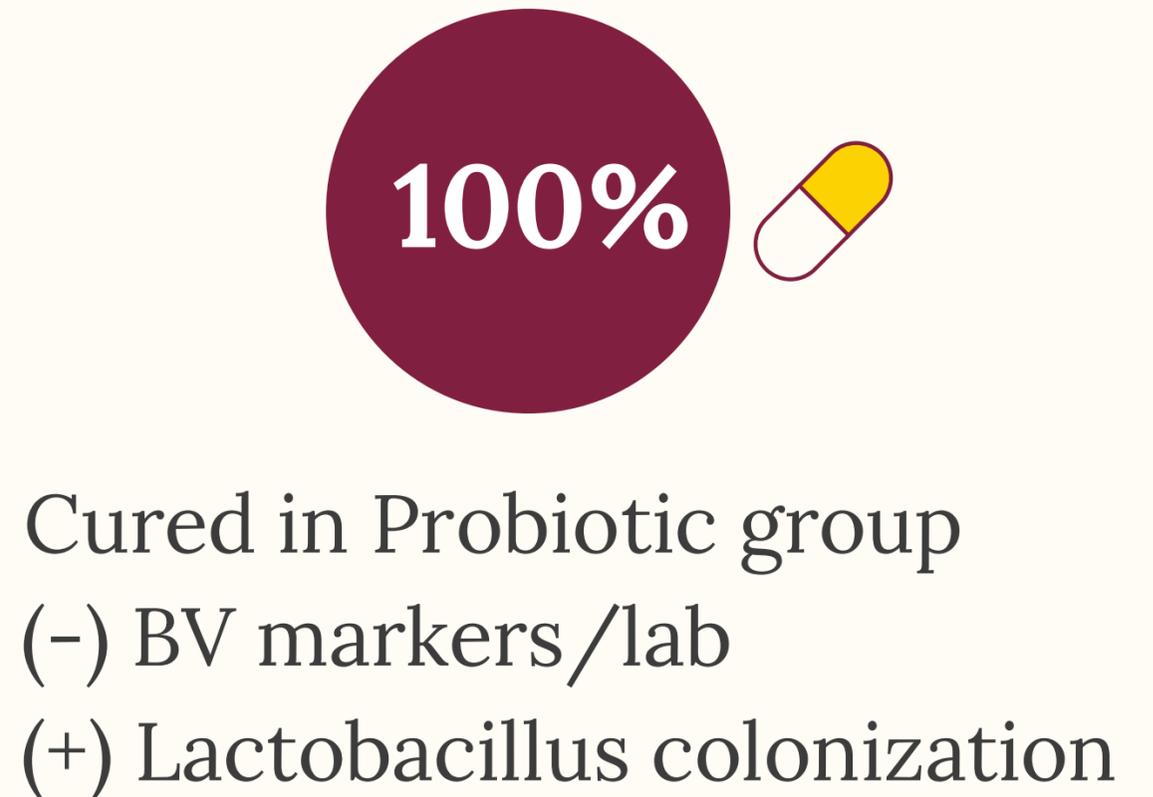
Probiotics + metronidazole had better BV cure rates than metronidazole alone



Randomized Controlled Trial > *Microbes Infect.* 2006 May;8(6):1450-4.  
doi: 10.1016/j.micinf.2006.01.003. Epub 2006 Mar 29.

Augmentation of antimicrobial metronidazole therapy of bacterial vaginosis with oral probiotic *Lactobacillus rhamnosus* GR-1 and *Lactobacillus reuteri* RC-14: randomized, double-blind, placebo controlled trial

Kingsley Anukam<sup>1</sup>, Emmanuel Osazuwa, Ijeoma Ahonkhai, Michael Ngwu, Gibson Osemene, Andrew W Bruce, Gregor Reid



## Study Question

# Pregnancy outcomes after vaginal probiotic supplementation before frozen embryo transfer

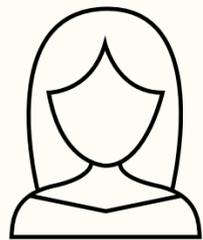
Randomized Controlled Trial

> Sci Rep. 2023 Jul 23;13(1):11892.

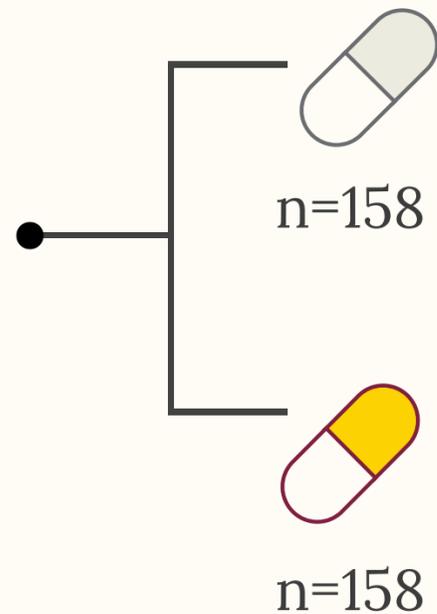
doi: 10.1038/s41598-023-39078-6.

Pregnancy outcomes after vaginal probiotic supplementation before frozen embryo transfer: a randomized controlled study

## Study



n=316  
infertile  
women



## Method

Placebo

+ Standard IVF protocol (estrogen priming, endometrium preparation, progesterone support, embryo transfer)

**Intravaginal probiotic *Lactobacillus acidophilus*  $1 \times 10^8$  CFU x 6 days**

+ Standard IVF Protocol



## Study Question

# Pregnancy outcomes after vaginal probiotic supplementation before frozen embryo transfer

Randomized Controlled Trial > Sci Rep. 2023 Jul 23;13(1):11892.

doi: 10.1038/s41598-023-39078-6.

Pregnancy outcomes after vaginal probiotic supplementation before frozen embryo transfer: a randomized controlled study

## Results

No difference in getting pregnant however; **the miscarriage rate was significantly decreased in the study group** (9.5 vs. 19.1%  $p = 0.02$ )

**The live birth rate was significantly higher in the probiotic group** (35.71 vs. 22.22%,  $p = 0.03$ )



# VAGINAL PROBIOTIC SUPPOSITORY



## VS-01™ Probiotic + Prebiotic



3 proprietary live *L. crispatus* probiotic strains

Prebiotic and nutrient complex for *L. crispatus* to thrive

SMART Tablet™ delivery system for maximum efficacy



## Vaginal Probiotic Blend 2 billion CFU per capsule.

Ingredients: Lactobacillus crispatus (LCr-86), Lactobacillus gasseri (LG-08), Lactobacillus jensenii (LJe-52), Lactobacillus reuteri (LR-08), Lactobacillus rhamnosus (LRa-05).

Capsule ingredients: Vegan capsule (hydroxypropyl methylcellulose, water), l-leucine.

# Vaginal Health Influencers



**Hormonal Changes**



Birth Control  
Hormone Replacement

**Sexual Activity**



**Hygiene Practices**



**Medication**



**Diet**



**Stress**



**Microbiome**



Adapted from (Lehtoranta, 2022; Condori, 2022)

# WHAT CHANGES THE MICROBIOME?

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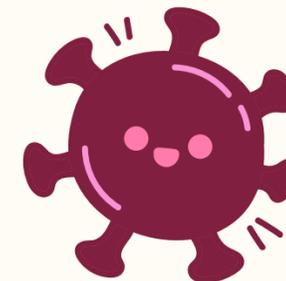
1

Anything that increases pH above 4.5



2

Anything that lowers the lactobacillus



# WHAT CHANGES THE MICROBIOME?

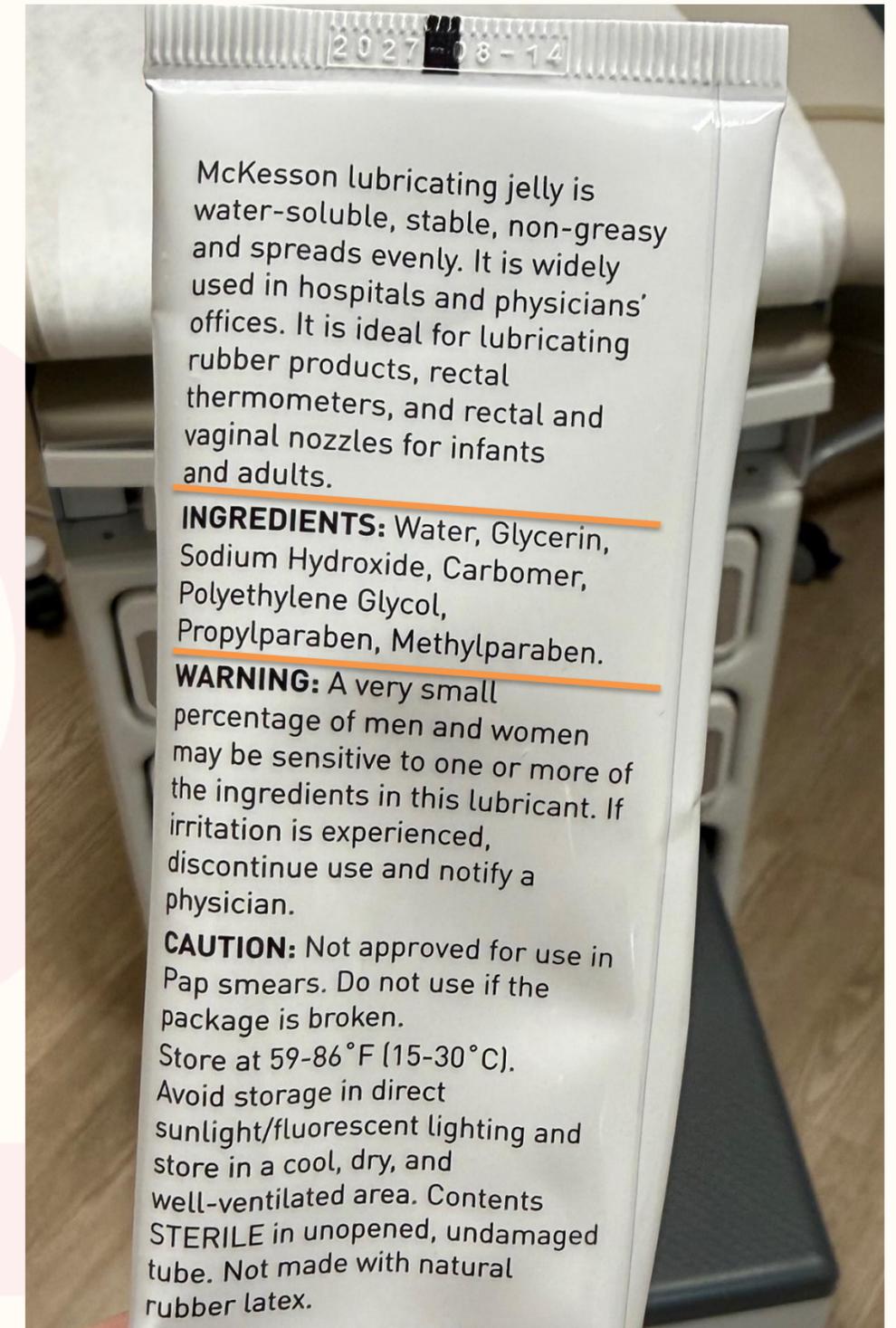


## Hormonal Changes

- **Birth Control**
  - Copper-IUD as potentially higher BV risk in some patients. PMID: 35353163
  - Hormonal IUD >4–7 years may be linked Candida PMID: 35353163
- **Monthly menstrual cycles**
- **Menopause** (decreased estrogen)
- **Hormone Replacement Therapy**
  - Estradiol 10 mcg intravaginal + *L. crispatus* probiotic
    - ↓ dryness, ↓ irritation, optimized pH PMID: 35353163
- **Estrogen changes through our lifespan**

# Sexual Activity Tips

- Caution **water-based lubes**  
pH, preservatives, glycerin sugar
- Avoid **unnatural Condoms**  
plastic EDCs, preservatives
- Avoid **spermicides nonoxynol-9 (condoms)**
- **Semen/saliva** (pH, microbe exposure)
- Wash **sex toys** shared between partner



# WHAT CHANGES THE MICROBIOME?

---

## Hygiene Practice Tips

- **No Douching!** (5x more likely for BV)
- Use **pH balanced wash**
- Skip **Fragrances**/scented (EDCs)
- Avoid **preservatives**
- **Wipe** front to back after going to the toilet.
- Change your **period products** within the proper time frame.
- Choose **underwear** that is loose-fitting, lightweight, breathable, and made from a natural fabric, and change it often.



# WHAT CHANGES THE MICROBIOME?

---

## Medications

- Avoid unnecessary **antibiotics**
- Avoid **NSAIDS**
- Yes to vaginal/women **probiotics**
  - oral and vaginal suppository



## Stress Management Practices

# KEY TAKEAWAYS FOR WOMEN



## Vaginal pH & Microbes

- Healthy:
  - Low pH (3.5–4.5), low diversity <10%
  - Dominated by Lactobacillus >90%
    - (esp. *L. crispatus*, *L. gasseri*, *L. jensenii*)

## Dysbiosis & Pregnancy:

- ↑ pathogens = Hostile environment for pregnancy

# KEY TAKEAWAYS FOR WOMEN



## Conception & IVF

- Lactobacillus-dominant (LD)
  - ↑ pregnancy rate
  - ↑ implantation success IVF
  - ↑ live birth rates in IVF
- Non-Lactobacillus-dominant (NLD)
  - More failed IVF embryo transfers.

# KEY TAKEAWAYS FOR WOMEN



## Miscarriage

- ↑ miscarriage risk especially Gardnerella, Ureaplasma and Mycoplasma

## Preterm Birth

- High microbial diversity = increased risk of preterm delivery
- Delivery before 30 weeks had co-occurrence of pathogens Candida + Ureaplasma.

# KEY TAKEAWAYS FOR WOMEN



## Testing

- Women can have an imbalance with zero noticeable symptoms.
- Fertility clinics are not routinely testing microbiome testing and you must ask or do testing on your own!
- Start with vaginal pH testing
- Vaginal Microbiome testing can be done at home while uterine microbiome testing is a biopsy done by a doctor.

# KEY TAKEAWAYS FOR WOMEN

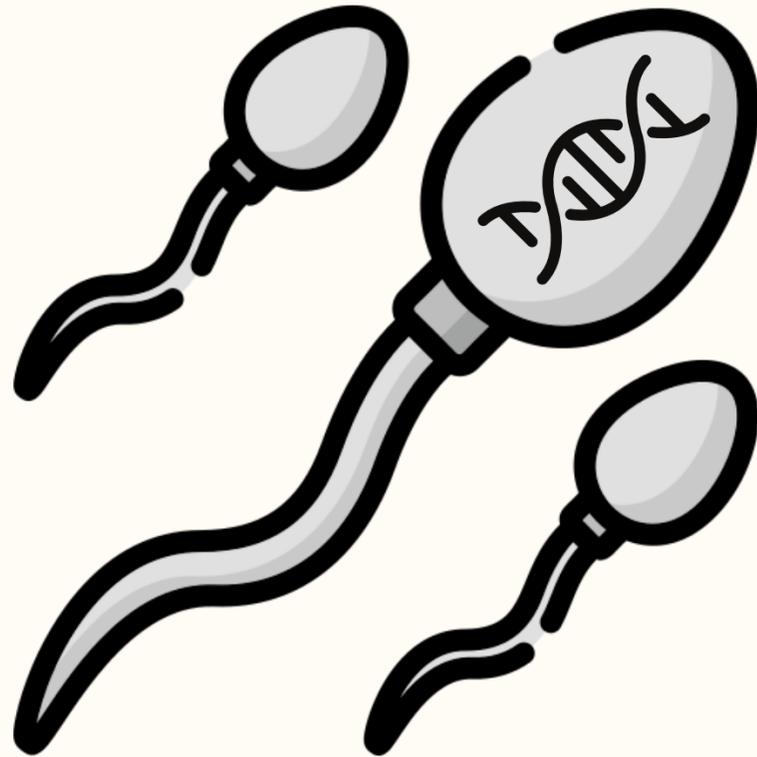


## Vaginal Microbiome Influencers

- Avoid lifestyle habits that increase pH > 4.5 or reduce lactobacillus
- The gut is a major factor
- Vaginal probiotic suppository and oral probiotics help

# MALE REPRODUCTIVE MICROBIOME

---



35-50%

**Cases of infertility  
is male factor**

-50%

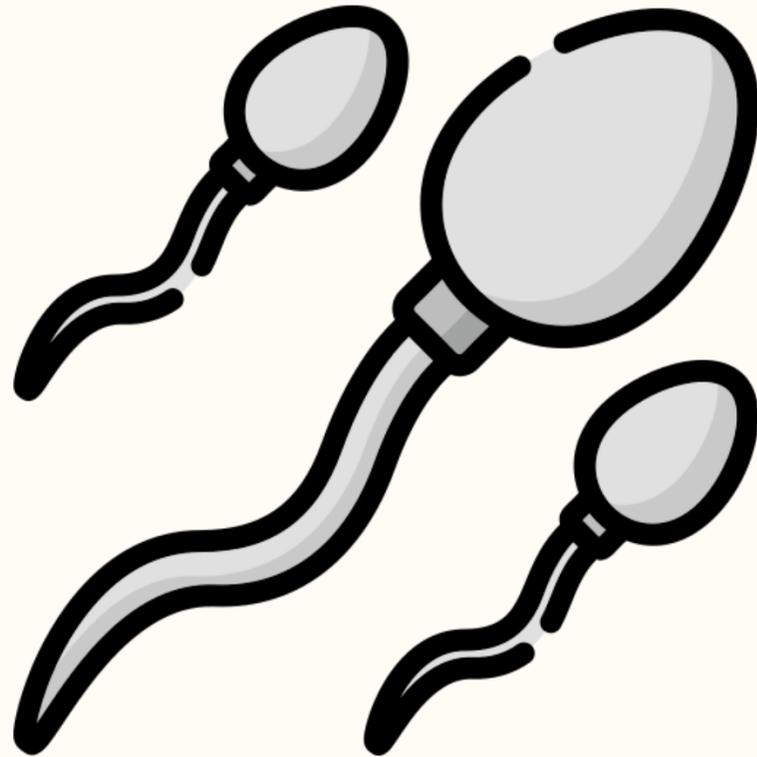
**Drop in sperm counts  
in the last 40 years**

# HOW MALE FERTILITY IS MEASURED

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## Semen Analysis

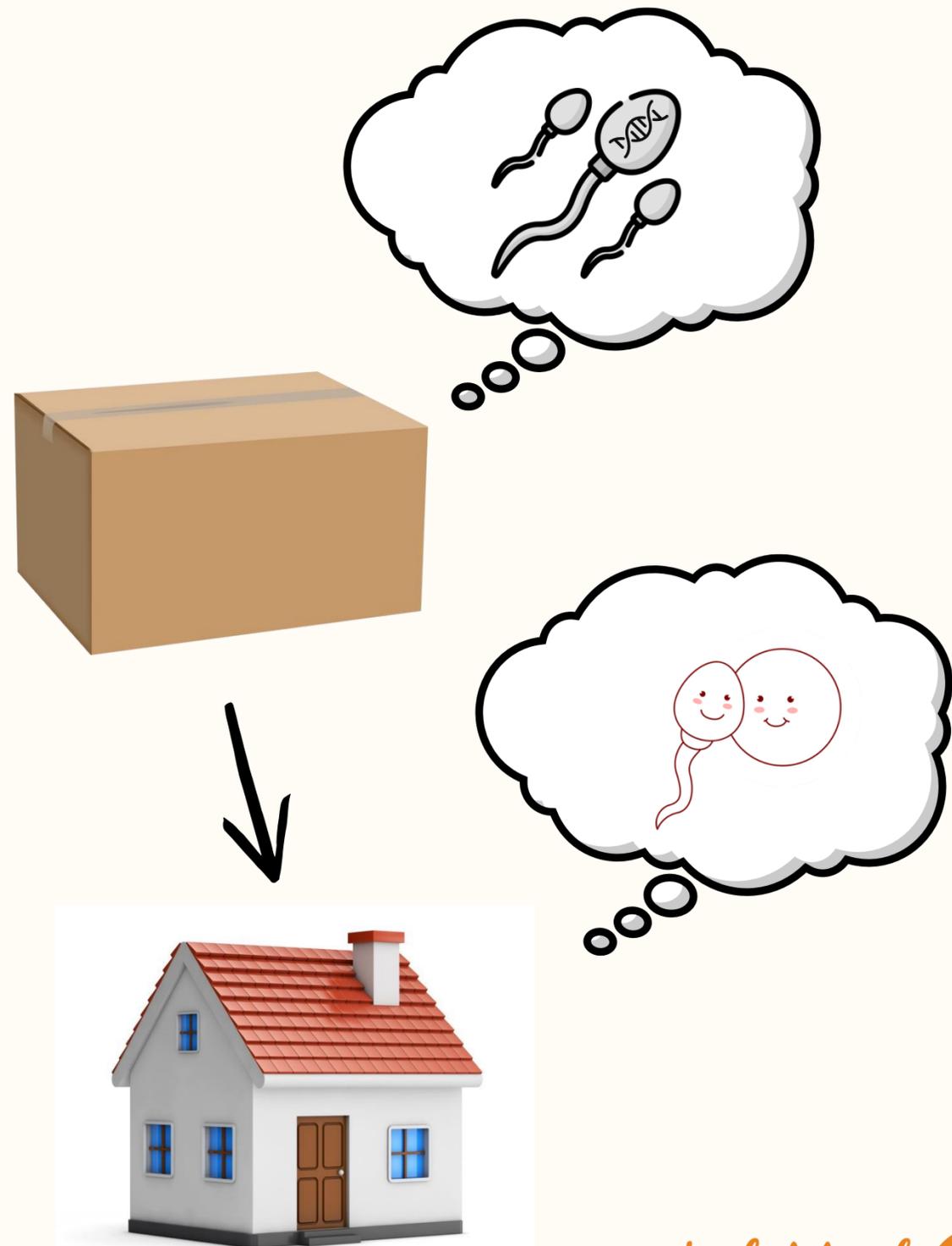
Measured as any dysfunction in the ejection and quality of semen, whether characterized by the absence, reduced quantity, or changes in sperm shape or their motility.



# SEMEN ANALYSIS



Sperm Parameter	Limit	Reference range (WHO)
Total sperm number (million)	$\geq 39$	39–928
Volume (mL)	$\geq 1.5$	1.5–7.6
Sperm Concentration (million/mL)	$\geq 15$	15–259
Total Sperm Motility (%)	$\geq 4$	4–81
Progressive Motility (%)	$\geq 32$	32–75
Normal Morphology (%)	$\geq 4$	4–48
Leukocytes (million)	$< 1$	$< 1$



# ABNORMAL SEMEN ANALYSIS

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## The Impact on Fertility Getting Pregnant / Conception



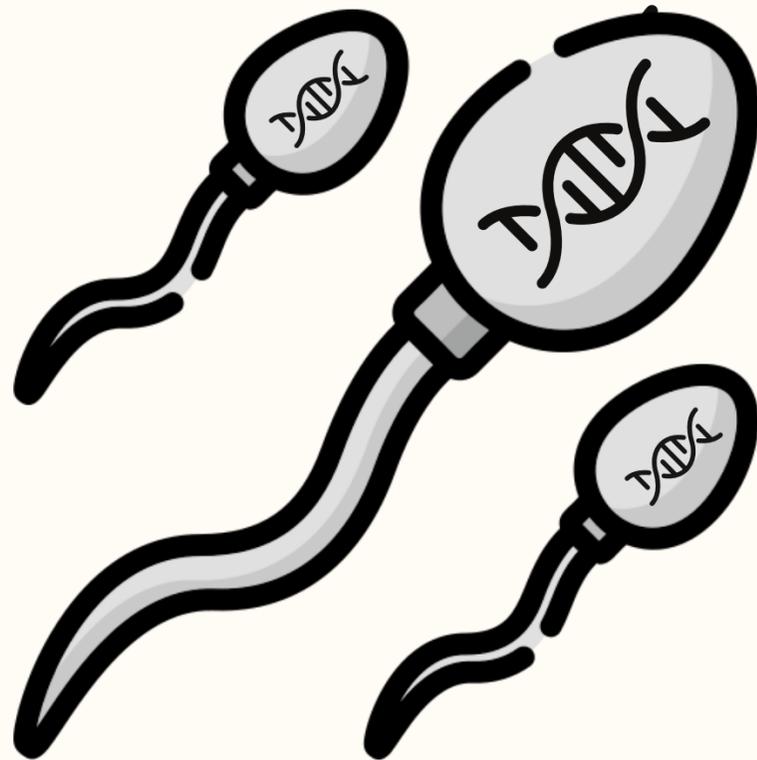
- Sperm count concentration & total number affect conception chances
- Poor motility = they may never reach the eggs
- Abnormal-shaped sperm often can't penetrate the egg

# ANOTHER MEASURE OF MALE FERTILITY

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## Sperm DNA Fragmentation (sDF)

Damaged or broken DNA characterized by mutations, deletions, duplications, and single or double-stranded breaks  
→ this is called fragmentation.



**Low/Optimal: <15%**

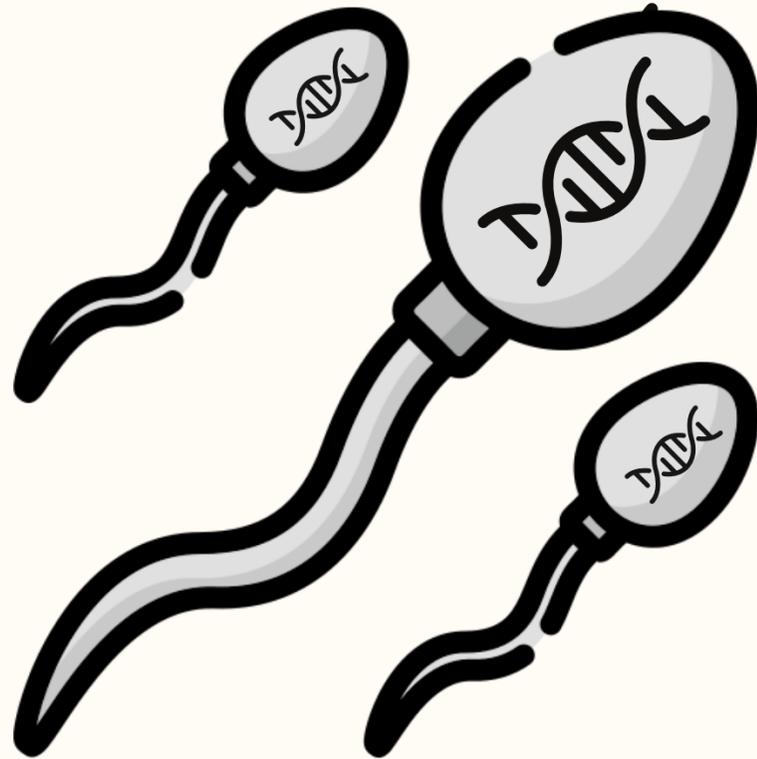
**Intermediate Risk: 15-30%**

**High Risk: >30%**

# SPERM DNA FRAGMENTATION (SDF)

---

## Impact on Fertility



## Getting Pregnant

Failed implantation  
(no pregnancy even if egg is fertilized)

## Staying Pregnant

sDF >30% carry **twice the risk of miscarriage**

**Even if sperm count is normal, the sperm may not be of sufficient quality.**

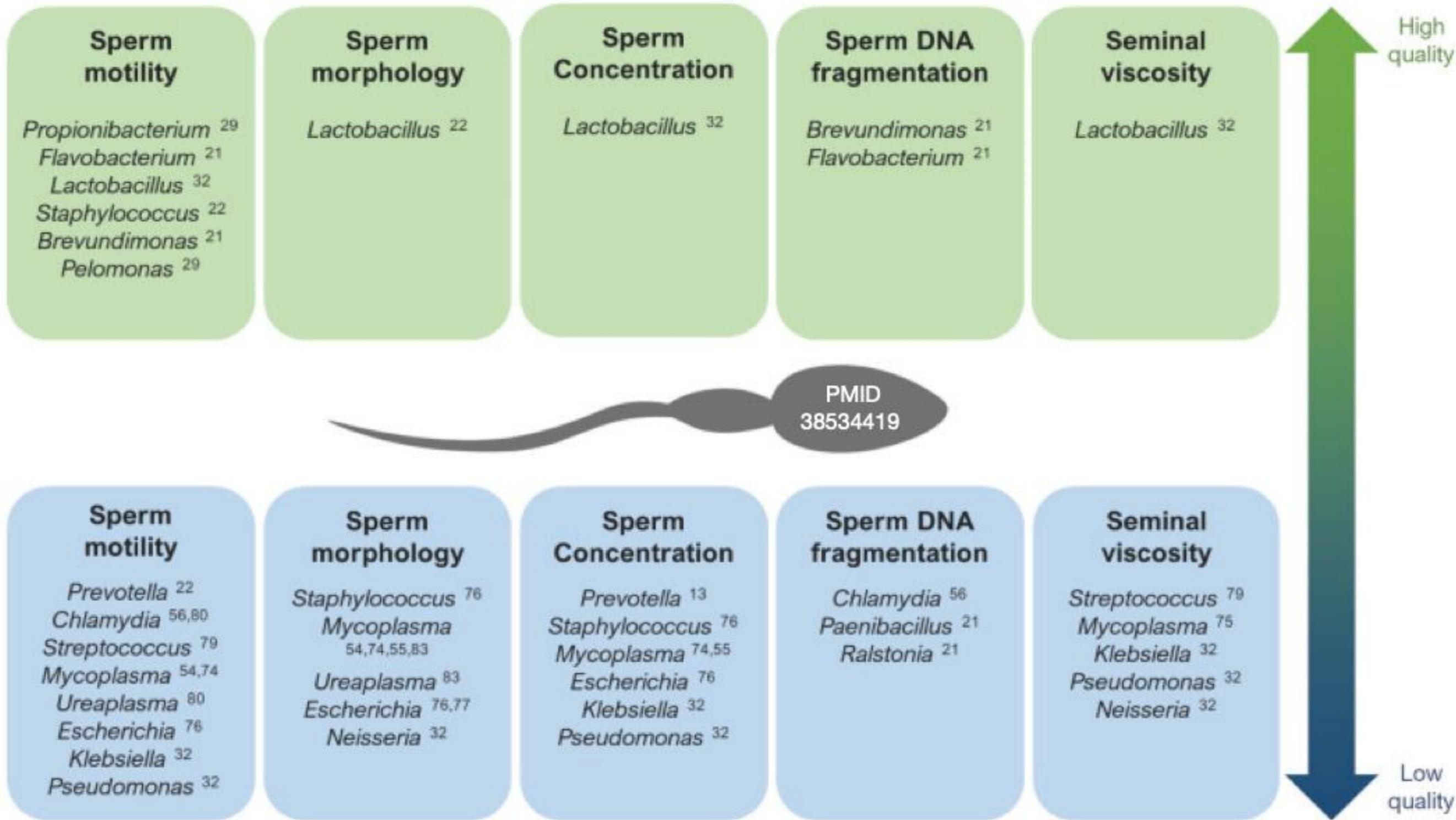
PMID: 30979611  
PMID: 40529018

# NEW BIOMARKER

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**Semen Microbiome**  
serves as a representative  
of the entire male genital  
system.



# MALE MICROBIOME TESTING



## FERTILYSIS Male Microbiome

Because fertility is a team sport, and your partner's microbiome matters

[LEARN MORE](#)



## DNA Fragmentation Index (DFI)

Because DNA damage can hide in the healthiest of sperm

[LEARN MORE](#)



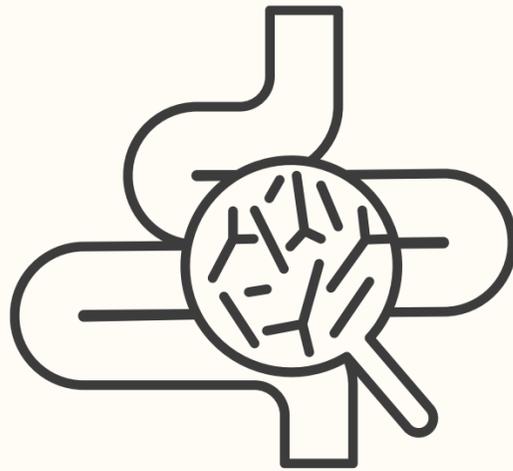
## FERTILYSIS Male Microbiome & DFI

Because all-inclusive approach saves you time & money

[LEARN MORE](#)

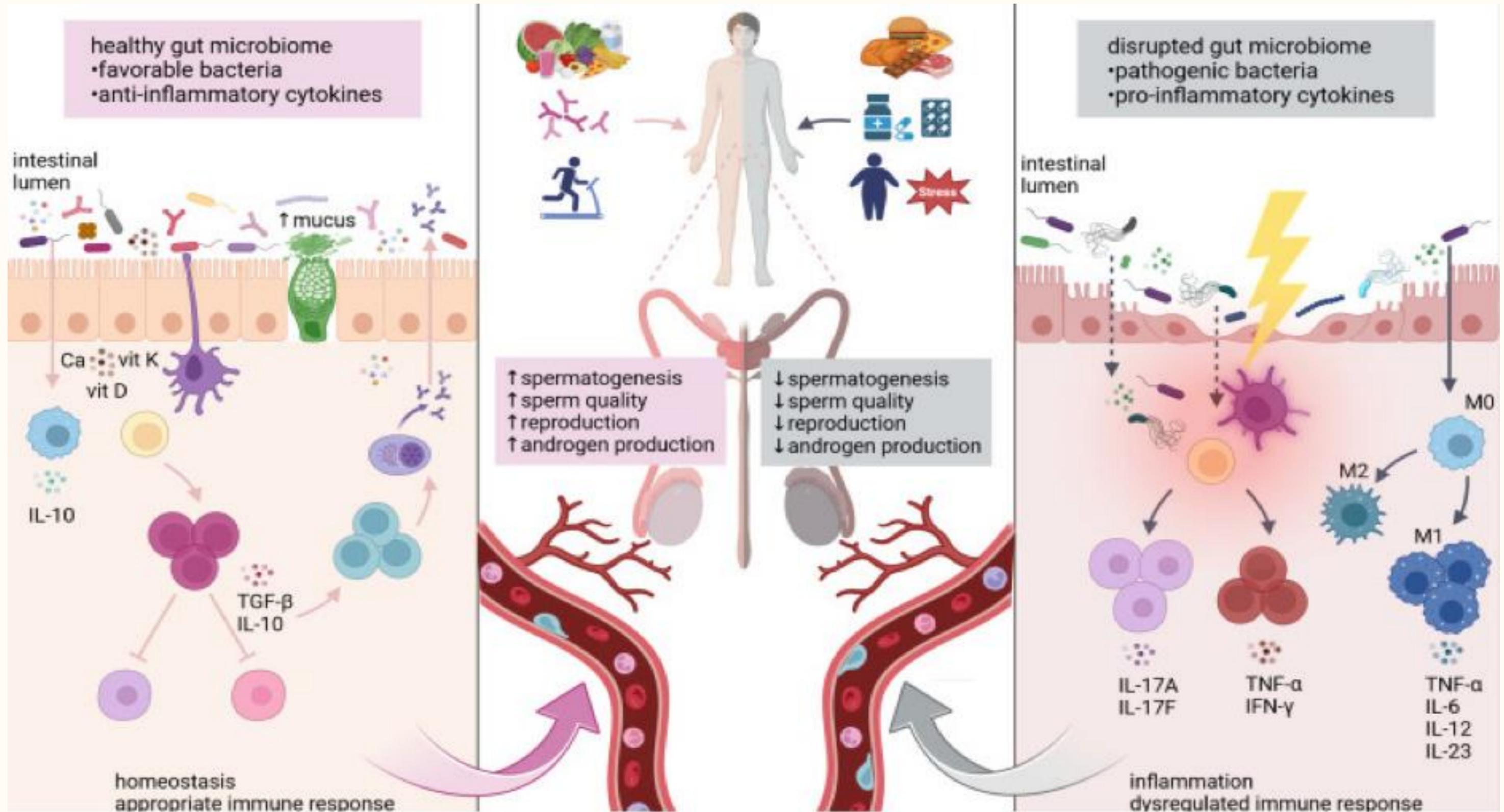
# MALE MICROBIOME INFLUENCERS ♂

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## Gut-Testis Axis

The microbiome-gut-testis axis is a complex, bidirectional communication system where changes in the gut microbiome can promote systemic alterations and inflammatory responses that negatively affect the testicular environment and sex hormone production (Magill and Macdonald, 2023). PMID: 31586185



# CAN PROBIOTICS HELP?

JBRA Assisted Reproduction 2024; **28**(2):341-348  
doi: 10.5935/1518-0557.20240013

Review

## Probiotics supplementation in the treatment of male infertility: A Systematic Review

Four randomized clinical studies met the inclusion criteria, focusing on men diagnosed with idiopathic male infertility (oligozoospermia, teratozoospermia, and asthenozoospermia). The findings revealed that probiotic administration exhibited promising antioxidant properties by combating reactive oxygen species (ROS), consequently protecting sperm DNA from damage that correlates with declining sperm quality. Significant improvements were observed across all sperm parameters, with notable enhancement in motility. Consequently, probiotic supplementation emerges as a potential therapeutic alternative for men diagnosed with idiopathic infertility, demonstrating positive effects on sperm quality.



Table 1. Description and main results of the studies included in the systematic review.					
Author/Year	Design	No	follow-up time	Intervention	Results
Valcarce <i>et al.</i> (2017)	Randomized	9	6 weeks	<i>L. rhamnosus</i> CECT8361 + <i>B. Longum</i> CECT7347 (109 CFUs)	↑ sperm motility, ↓ DNA fragmentation and levels H <sub>2</sub> O <sub>2</sub> intracellular of the sperm.
Maretti & Cavallini (2017)	Randomized, double-blind, placebo-controlled	41	24 weeks	<i>L. paracasei</i> B21060 (5 x 10 <sup>9</sup> CFUs) + arabinogalactan 1243 mg + fructooligosaccharide 700 mg + L-glutamine 500 mg	↑ ejaculate volume, concentration, motility, number of spermatozoa ejaculated and percentage of typical shapes. All p<0.01 ↑ FSH, LH and T levels.
Helli <i>et al.</i> (2022)	Randomized, double-blind	50	10 weeks	<i>L. casei</i> , <i>L. rhamnosus</i> , <i>L. bulgaricus</i> , <i>L. acidophilus</i> , <i>B. breve</i> , <i>B. longum</i> , <i>S. thermophiles</i> (2 x 10 <sup>11</sup> UFCs)	↑ Ejaculated volume, total sperm count, concentration, total motility, percentage of motile sperm. ↑ TAC and plasma MDA concentration. ↓ CRP and TNF-α. ↑ testosterone and ↓ FSH, LH and PRL, but not significant.
Abbasi <i>et al.</i> (2021)	Randomized, triple-blind	47	11.4 weeks	<i>L. rhamnosus</i> , <i>L. casei</i> , <i>L. bulgaricus</i> , <i>L. acidophilus</i> , <i>B. breve</i> , <i>B. longum</i> , <i>S. thermophilus</i> (109 CFUs) and fructooligosaccharides.	↑ sperm concentration, motility and normal morphology. ↓ lipid peroxidation and DNA fragmentation.

## Improvements

**Motility:**  
4/4 (100%)

**Morphology:**  
2/4 (50%)

**Count/Concentration:**  
3/4 (75%)

**sDF**  
2/4 (50%)

**50%  
Reduction**

**Partner  
treated  
group**

**Oral metronidazole 7 days  
with  
Topical clindamycin to the penis**

## **Is BV an STI? The Latest Research**

A landmark study may finally change the way BV is treated. The study provides strong evidence that BV is sexually transmitted and that treating male partners dramatically reduces recurrence in women—confirming what many researchers have long suspected.

# KEY TAKEAWAYS FOR MEN ♂

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## Testing

- Test **BOTH** semen analysis and sperm DNA fragmentation
- Sperm DNA fragmentation analysis is not routinely checked
- Even if sperm count is normal, the sperm DNA may not be of sufficient quality, leading 2-fold increase miscarriage

# KEY TAKEAWAYS FOR MEN ♂

---

## Male Microbiome

- Impacted by gut health: diet, lifestyle, probiotics, prebiotics.
- Sexual Habits:
  - If female partners are treated with antibiotics, male partners should be too.
  - Condoms

# INFANT MICROBIOME



# Maternal-Fetal Connection

## Window of microbiome modulation



### Pregnancy

Gut Microbiota  
Placental Microbiota  
Vaginal Microbiota  
Diet  
Lifestyle  
Stress  
Antibiotics

### Delivery

Vaginal Delivery  
Cesarean Delivery  
Antibiotics  
Vertical Transmission  
Gestational age at birth

### Infancy

Breastfeeding  
Formula feeding  
Maternal Diet  
Maternal Microbiota  
Antibiotics



► [Semin Fetal Neonatal Med](#). Author manuscript; available in PMC: 2018 Oct 1.

Published in final edited form as: [Semin Fetal Neonatal Med](#). 2017 Jul 15;22(5):284

289. doi: [10.1016/j.siny.2017.07.002](https://doi.org/10.1016/j.siny.2017.07.002) [↗](#)

## **Prenatal and postnatal administration of prebiotics and probiotics**

[Kristin Sohn](#)<sup>1</sup>, [Mark A Underwood](#)<sup>1,\*</sup>

PMID: 28720399

### **3. Dysbiosis in pregnancy**

---

Adverse health states during pregnancy may be associated with intestinal microbial changes. Obesity and excessive weight gain during pregnancy are associated with adverse gut microbiota alterations in mothers and their infants. Overweight pregnant women have significantly reduced numbers of intestinal bifidobacteria and significantly increased numbers of staphylococci, Bacteroides, Enterobacteriaceae (e.g. *Escherichia coli*) and clostridia with similar changes associated with excessive weight gain during pregnancy and with progression from the first to the third trimester of pregnancy [7]. Infants of overweight mothers have significantly higher concentrations of staphylococci, clostridia, and Bacteroides and lower concentrations of bifidobacteria in their fecal samples when compared to infants of normal weight mothers and infants of mothers with normal weight gain during pregnancy [8]. Furthermore, infants born to mothers with pre-gestational diabetes have a significant increase in bacterial diversity and a higher prevalence of Bacteroides, Parabacteroides, and Lachnospiraceae in their meconium when compared to infants born to mothers without diabetes [9]. Decreased *Lactobacillus* and *Bifidobacterium* spp. colonization during early infancy is associated with a greater risk for allergies at five years of life [10], and decreased bifidobacterial numbers and increased *S. aureus* numbers in infancy may predict childhood obesity [11]. These studies provide compelling evidence that the maternal microbiome affects the infant microbiome, which has lasting effects on childhood health.

# DISEASE RISK WITH CHILDHOOD GUT IMBALANCES

---

- Asthma
- Eczema / Atopic Dermatitis
- Infant Colic
- Allergic Rhinitis (Hay fever)
- Celiac Disease
- Type 1 Diabetes
- Obesity / Metabolic Syndrome / Insulin Resistance
- Necrotizing Enterocolitis (NEC)
- Mortality (preterm babies)
- Sepsis (preterm babies)
- Food Allergies



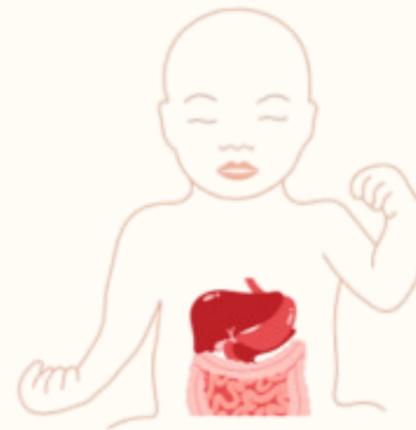
PMID: 40507094  
PMID: 28720399  
PMID: 38256127



# INFANT MICROBIOME INFLUENCERS

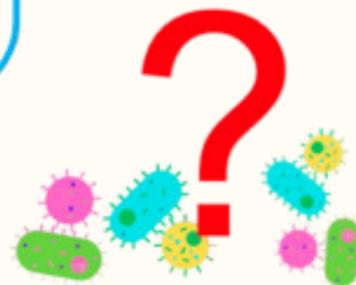
## Birth Method Matters

↑ higher  
Bifidobacterium



Lower  
Bifidobacterium

↑ higher pathogens



PMID: 40507094

## Study Question

# Can perinatal probiotics reduce infections and favor healthier maternal/infant microbiomes?

Randomized Controlled Trial > [Nutrients](#). 2025 May 28;17(11):1825.

doi: 10.3390/nu17111825.

**The Effect of Probiotics on Health in Pregnancy and Infants: A Randomized, Double-Blind, Placebo-Controlled Trial**

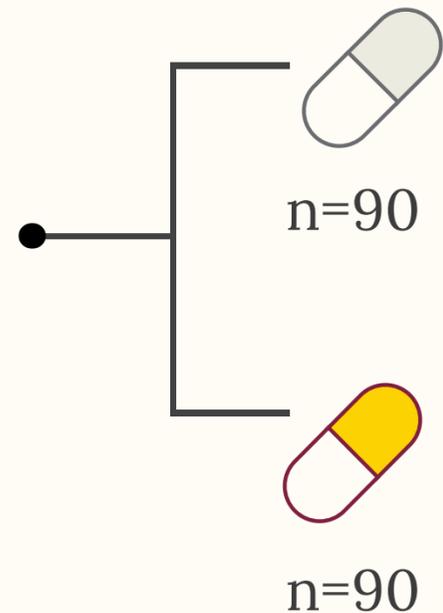
### Study



n=180  
Pregnant  
to Nursing  
Mothers

### Method

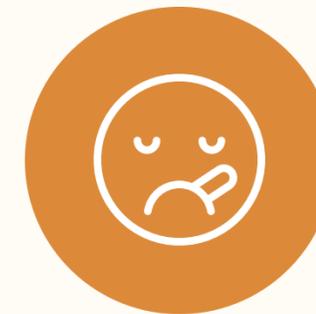
28 weeks gestation +  
4–6 wks postpartum



Placebo

**Probiotic (Prenatis™)**  
**Lacticaseibacillus**  
**rhamnosus Rosell®-11**  
**Bifidobacterium**  
**bifidum HA-132**

### Outcomes Measured



Mom & Baby  
Illnesses



Inflammatory  
Blood Markers



Mom/Baby  
Stool + Breastmilk

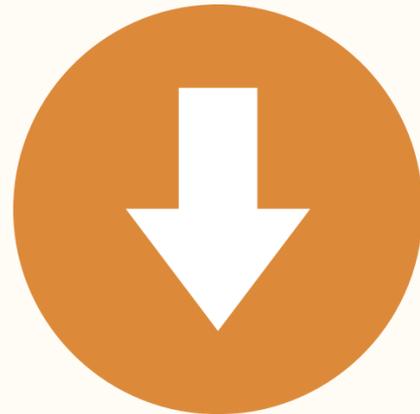
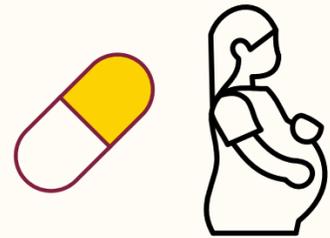
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Can perinatal probiotics reduce infections and favor healthier maternal/infant microbiomes?

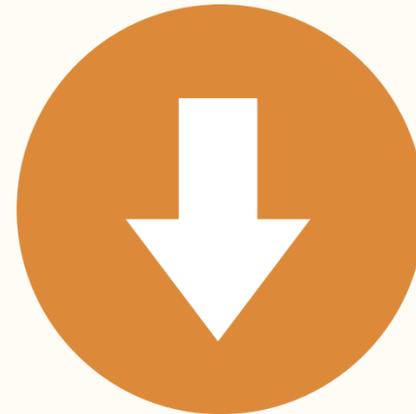
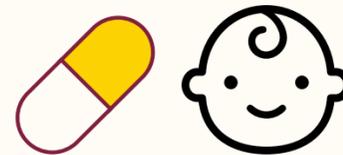
Randomized Controlled Trial > *Nutrients*. 2025 May 28;17(11):1825.

doi: 10.3390/nu17111825.

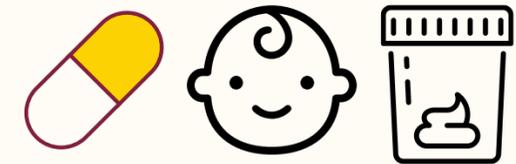
**The Effect of Probiotics on Health in Pregnancy and Infants: A Randomized, Double-Blind, Placebo-Controlled Trial**



**Moms were sick less often  
(p=0.05)**



**Babies of probiotics moms cut infant sick days in 1/2  
(p=0.03)**



**Improved gut colonization  
(↑ Bifidobacteria)  
C-section benefited most**

# C-SECTION SOLUTIONS

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**Exclusive Breast Milk**  
remains the strongest  
protector narrowing  
C-Section–vaginally  
born differences due  
to special sugars in  
breast milk (HMOs)  
that strongly  
shape gut bacteria



**Start Probiotics &  
Prebiotics in CS Infants  
within 3 months**

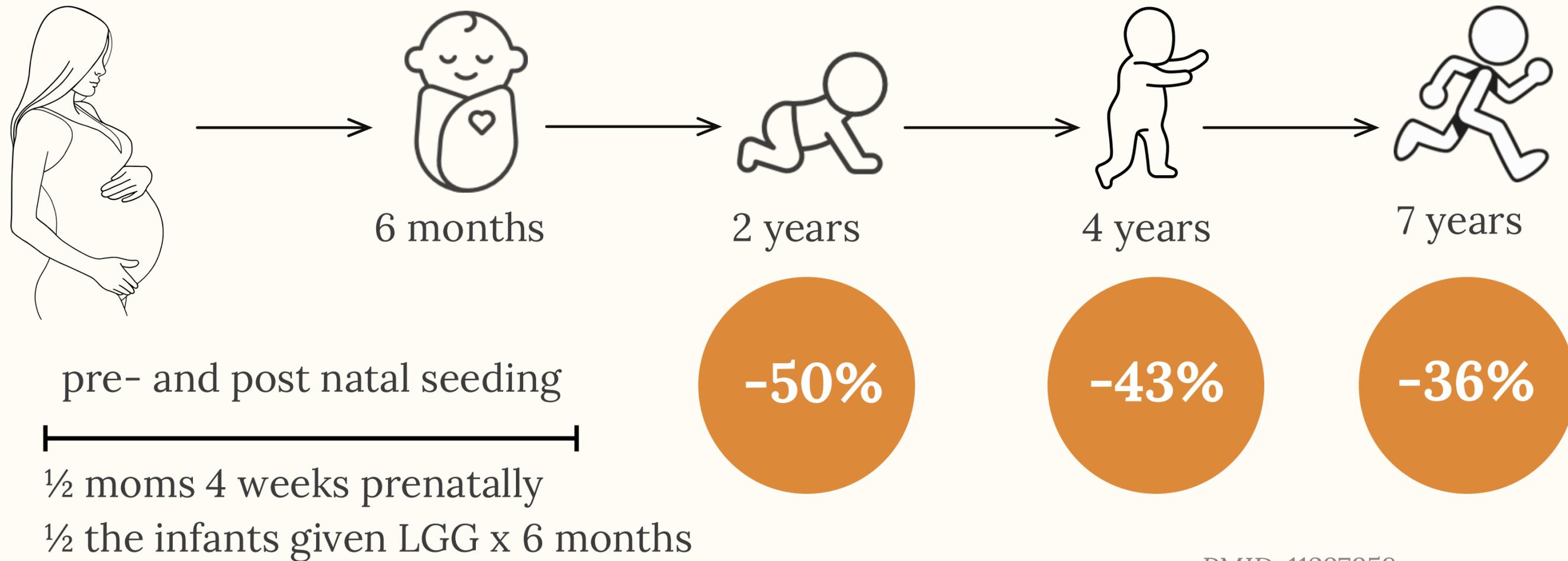
Mixes of Bifidobacterium  
+ Lactobacillus **partly**  
restore “good” gut  
bacteria to more like  
vaginally born infants

# Study Question

## 3 clinical studies investigated the effect on LGG® strain on red scaly skin

 1 × 10<sup>10</sup> Lactobacillus rhamnosus strain GG

 vs placebo



PMID: 11297958

PMID: 12788576

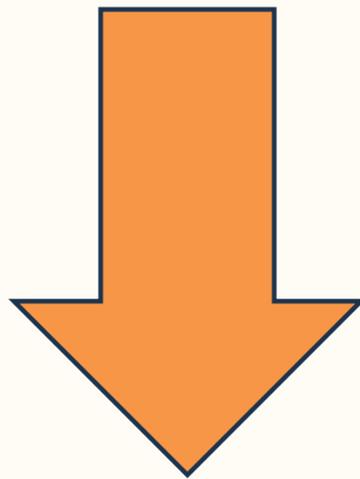
PMID: 17289135



➤ [Benef Microbes](#). 2017 Oct 13;8(5):717-725. doi: 10.3920/BM2016.0233.  
Epub 2017 Aug 31.

## To add or not to add probiotics to infant formulae? An updated systematic review

A Skórka<sup>1</sup>, M Pieścik-Lech<sup>1</sup>, M Kołodziej<sup>1</sup>, H Szajewska<sup>1</sup> PMID: 28856907



Less colic and irritability  
Less diarrhea  
Fewer spitting episodes  
Fewer respiratory infections

# INFANT MICROBIOME SOLUTIONS

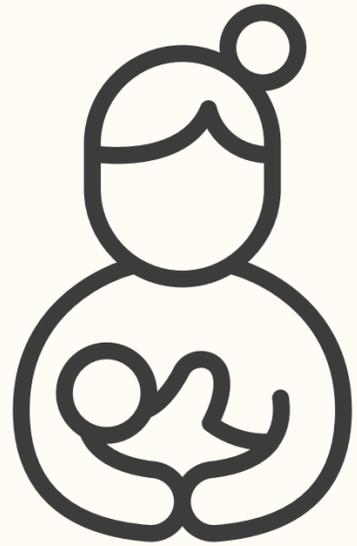
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## During Pregnancy



- Take daily probiotics supplements and foods (**Lactobacillus + Bifidobacterium multi-strain blends**)
- WAPF / High-fiber diet and/or prebiotics supplements specifically fructo-oligosaccharides (**FOS**) and galacto-oligosaccharides (**GOS**).
- **Avoid Antibiotics**, when possible.

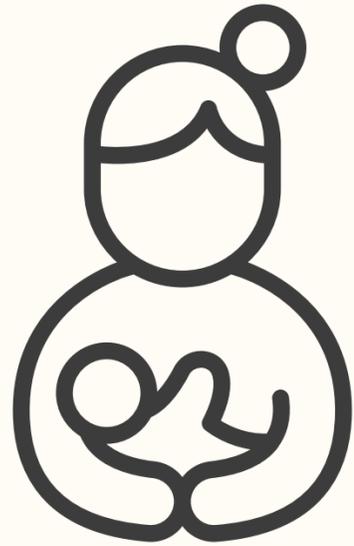
# Breast milk is a microbiome tool



- Second line is WAPF homemade baby formula.
- **Formula Fed**
  - add infant probiotic/prebiotic.

# INFANT MICROBIOME SOLUTIONS

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- **If Preterm NICU:**
  - Breastmilk + multi-strain probiotic/prebiotic to reduce infant mortality risk
- **If C-section/antibiotic exposure:**
  - Breastmilk
  - Add probiotics and prebiotics to accelerate protected colonization.

# KEY TAKEAWAY FOR INFANTS

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Early microbiome modulation  
**in the first 3 years of life** is  
critical for immune programming  
and long-term health.



PMID: 40507094  
PMID: 28720399  
PMID: 38256127

# Thank You

Let's Stay  
Connected



Schedule a **FREE**  
15 minute Phone Consult

15% OFF  
**VAGINAL  
MICROBIOME  
TESTING**



FREE Guide  
**FEMININE  
HEALTH  
PROTOCOLS**



Access to  
Supplements  
**LifeMod  
Fullscript**

