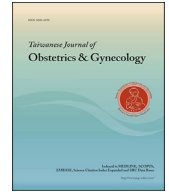




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## Correspondence

Reply to letter to editor: *Lactobacillus* supplement and Group B *Streptococcus* infection

Dear Editor,

On behalf of the authors, I thank Professor Peng-Hui Wang and his colleagues for their deep interest and scholarly comments. This letter aims to address the issues raised in their communication.

The probiotic strains of the trial we used [1], *Lactobacillus rhamnosus* GR-1 and *Lactobacillus reuteri* RC-14, have been suggested as safe during pregnancy [2–4]. This combination also has been confirmed to reconstitute normal vaginal flora of patients with bacterial vaginosis [5] and restoration of *Lactobacillus*-dominated profiles including *Lactobacillus crispatus* and *Lactobacillus iners* after treatment for bacterial vaginosis with tinidazole [6]. Currently, the use of oral probiotics containing *L. crispatus*, *Lactobacillus gasseri*, *L. iners*, and *Lactobacillus jensenii* during pregnancy has not been well established. It is highly expected to compare the effectiveness of our probiotics strains with other strains when their results are available.

Most effects of probiotics are strain-specific and cannot be extended to other probiotics of the same genus or species [7]. Intervention through specific *Lactobacillus* strains can minimize the various responses of *Lactobacillus* genus or species for clinical observation. To ensure the quantity and bioactivity in probiotic materials is also an important limitation when implementing trials. Nevertheless, it is worthwhile to set up further study to identify the effectiveness of vaginal *Lactobacillus*-dominated strains interacting with Group B *Streptococcus* during pregnancy in order to promote the health of pregnant women and newborns.

## Conflicts of interest

The authors have no conflicts of interest relevant to this article.

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