

Researchers are exploring the role of vaginal seeding on the infant microbiome, however there is not yet specific evidence to support the practice, and there are potential risks for your baby. As such, SA Health currently advises against vaginal seeding.

BACKGROUND

The incidence of allergic and autoimmune disorders has increased with increasing rates of caesarean section. Vaginal seeding refers to the practice of soaking cotton gauze with vaginal fluid to transfer the bacteria to the mouth, nose or skin of a newborn infant.

The theory is that it will allow for transfer of bacteria from the vagina to the baby's gut. This would have occurred if the baby were born through the vagina (the evolutionary norm) and would colonise the baby's gut (microbiome). Hence, reducing the incidence of asthma and allergies in babies born via caesarean section. This is not yet supported by research.

The baby exposed to vaginal seeding may develop a severe infection. You may be carrying an infection without knowing or presenting with any symptoms. These infections may include group B streptococcus (GBS), herpes simplex virus, Chlamydia trachomatis and Neisseria Gonorrhoea all of which may have a devastating effect on the health of your baby, or even death of your baby.

Routine care at birth that substitutes the need for vaginal seeding

Other early events have a powerful effect on your baby's microbiome, such as breastfeeding and avoiding unnecessary antibiotic exposure. These may be much more beneficial than the transfer of vaginal fluid.

Your baby will be placed skin-to-skin as soon as possible following birth and you will be encouraged to breastfeed.

Bacteria present in your breast milk and around your nipple will contribute to the transfer of bacteria from you to your baby and will promote your baby's immune response.

There is no evidence that vaginal seeding is required in addition to skin to skin contact and breastfeeding.



What should I do if I am planning, or have undertaken vaginal seeding on my baby?

We encourage you to discuss your plans with your care provider antenatally so that we can offer advice and screening (e.g. A GBS swab).

If you have performed vaginal seeding on your baby, **you are strongly advised to inform the health care providers** involved in your care.

The health care providers caring for you will;

- > inform an appropriate Medical Officer
- > ensure you and your baby's medical record has documentation regarding the practice and any measures instigated to prevent infection
- > provide appropriate counselling
- > provide relevant information regarding the risks
- > provide relevant information to support you breastfeeding
- > provide information about potential signs of infection such as:
 - a high or low, or fluctuating temperature
 - increase difficulty in feeding / sucking
 - increasing jaundice
 - increasingly sleepy or difficult to rouse
 - reddened eyes with or without a discharge

The perinatal staff caring for you and your baby will recommend and facilitate any additional care that may be required based on individual clinical circumstances.

Care of my baby after discharge having had vaginal seeding

Infection from vaginal seeding can occur in your baby up to 4-6 weeks of age and you are strongly encouraged to closely monitor your baby during this period.

You should ensure you are familiar with the early signs of infection in your baby.

These include:

- > a raised or fluctuating temperature
- > increase difficulty in feeding / suckling
- > increasing jaundice
- > increasing sleepiness or difficulty to rouse
- > reddened eyes, with or without discharge
- > **A feeling that something is just not right with your baby**

If your baby presents with any of these signs you should:

- > **seek medical attention immediately**
- > inform those providing the medical attention that you have practiced vaginal seeding

If breastfeeding; continue as this will promote your baby's immune response.

References

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For more information

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Vaginal Seeding

Patient Information
Brochure

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