



**Microbiome  
Center**

# **The vaginal (and gut) microbiome**

*Role in fertility*



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# Fertility / Infertility



# The global fertility challenge

- Fertility – Fertility refers to the ability of the male and female reproductive system to achieve conception resulting in a pregnancy.
- Infertility is a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse
- Infertility is common, multifactorial, and increasingly understood as a systemic condition influenced by microbiomes across body sites.



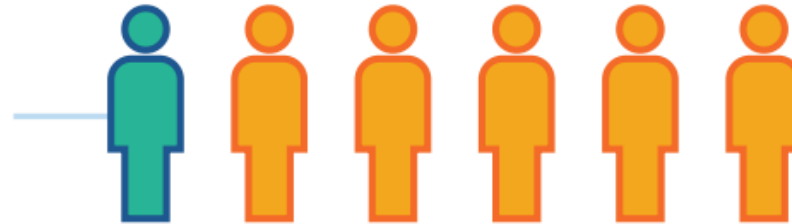


# Global infertility prevalence



Infertility is not a niche issue—it affects 1 in 6 people globally, with remarkably similar rates across high- and low-income countries.

Approximately **one in six** people have experienced infertility at some stage in their lives, globally.



**17.5%**

**Estimated lifetime prevalence of infertility**  
(95% confidence interval: 15.0, 20.3).

Lifetime prevalence is defined as the proportion of a population who have ever experienced infertility in their life.



**12.6%**

**Estimated period prevalence of infertility**  
(95% confidence interval: 10.7, 14.6).

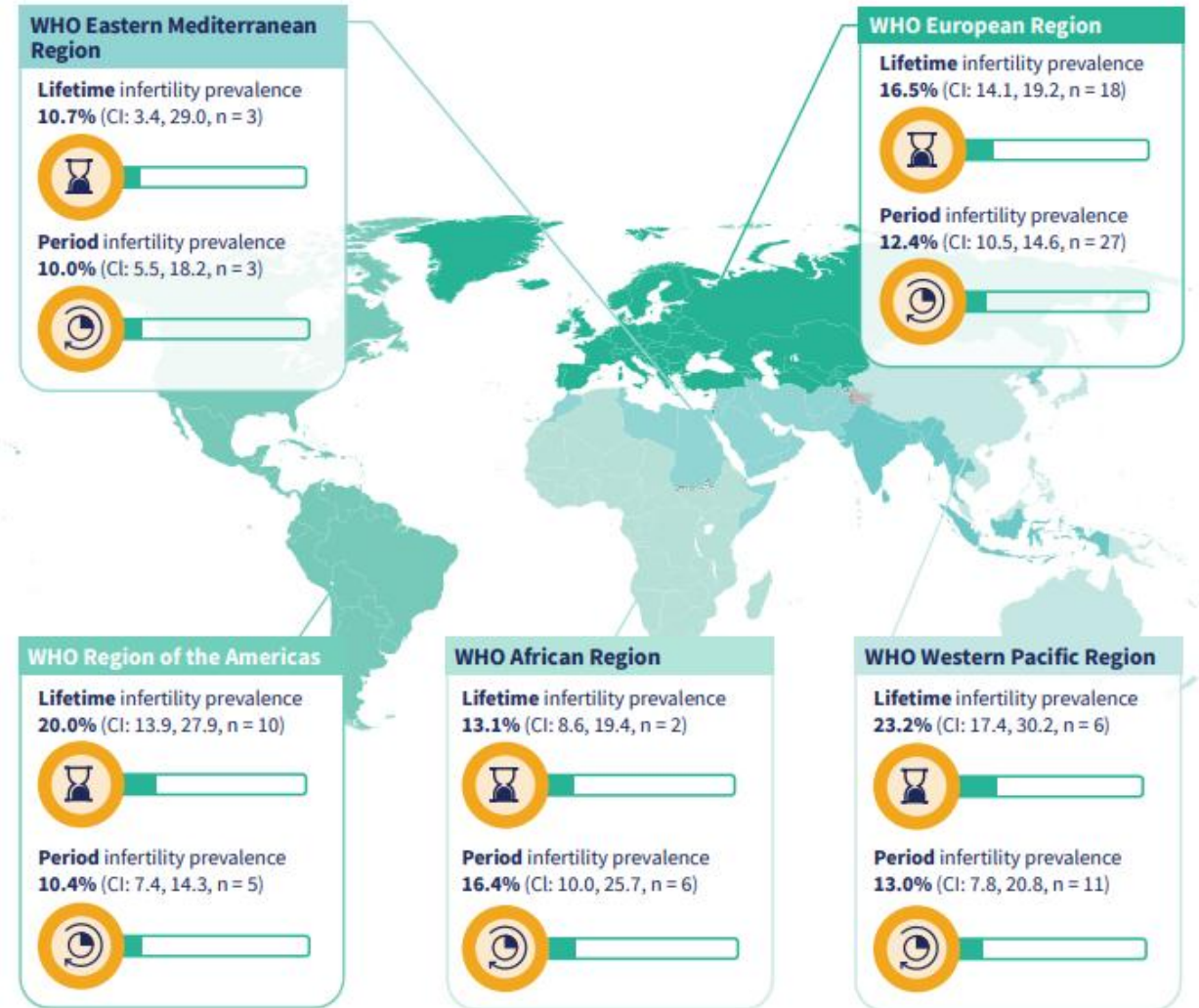
Period prevalence is defined as the proportion of a population with infertility at a given point or interval in time, which may be current or in the past.

WHO Infertility Prevalence Estimates, 1990–2021. Published 2023

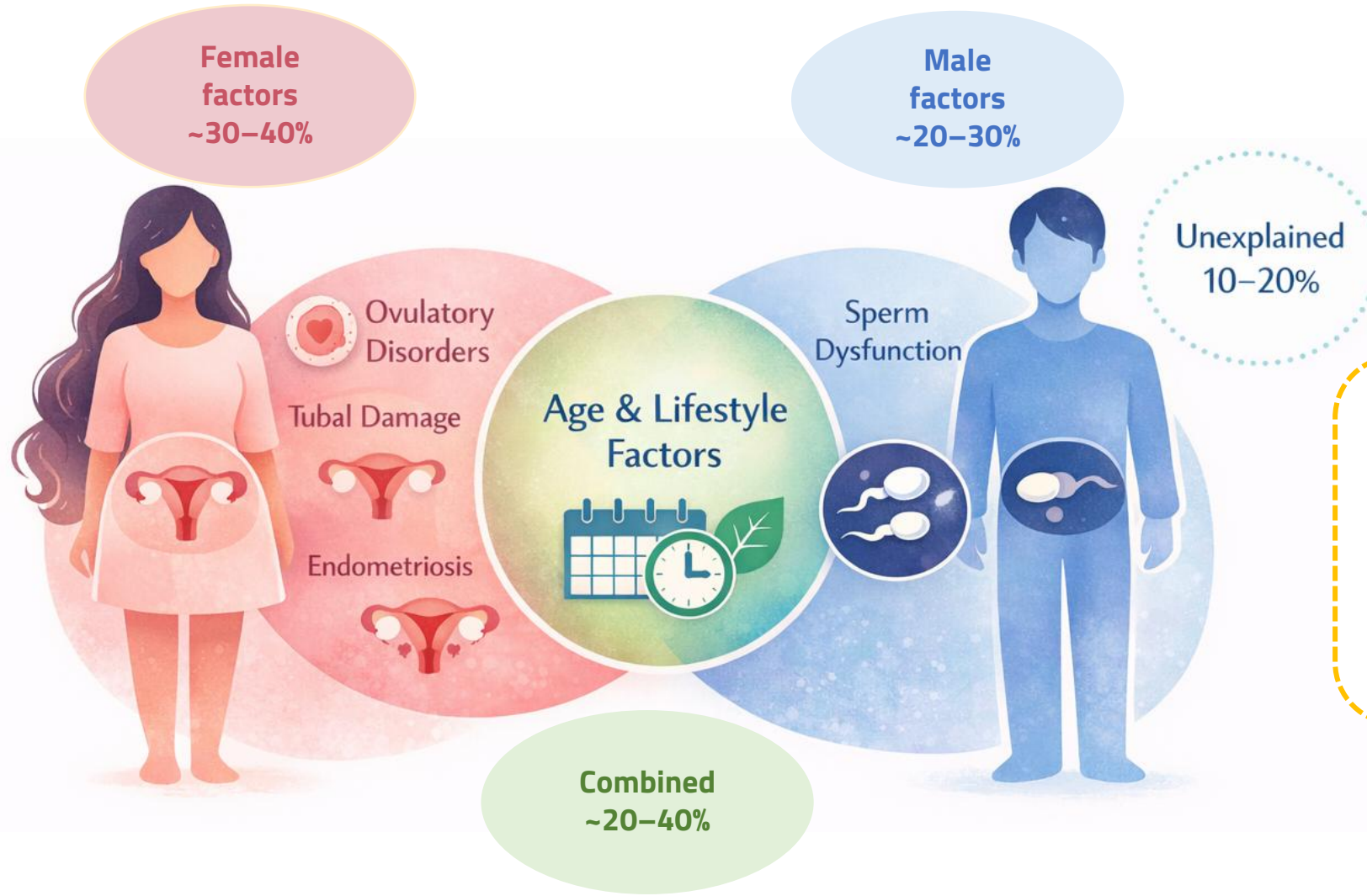


# Global infertility prevalence

- ~48 million couples affected globally
- EU fertility rate: ~1.34 births/woman (2024)



# Cause of infertility



Increasing interest in:

- Immune factors
- Inflammation
- Microbiome

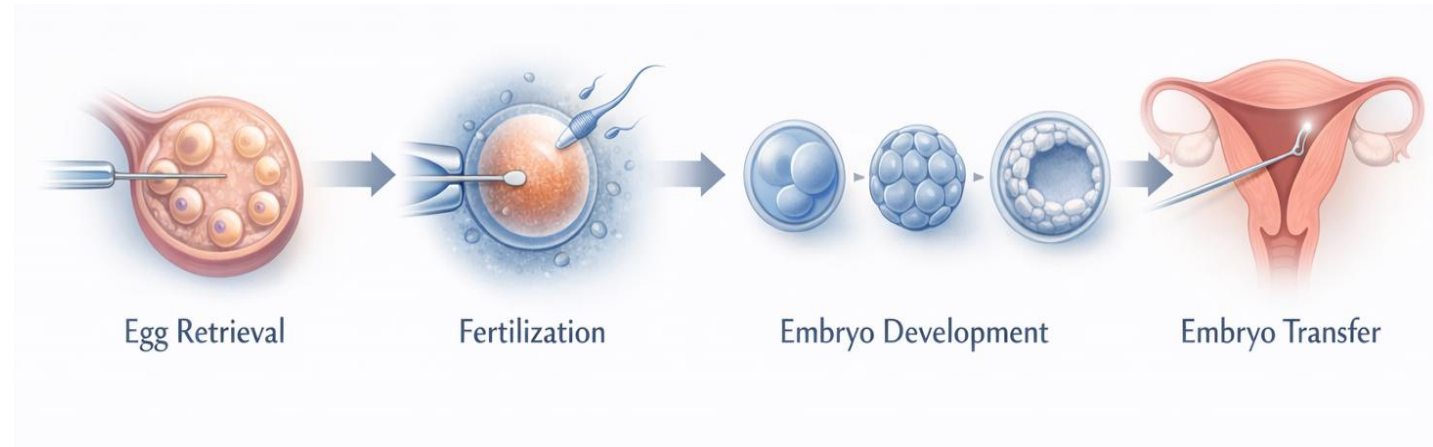
*Emerging field with strong clinical relevance for personalized approaches*

# *In vitro* fertilization (IVF)

## What is IVF?

IVF is an assisted reproductive technology (ART) used to help people conceive.

- Eggs are collected from the ovaries
- Fertilization happens outside the body
- The resulting embryo is transferred into the uterus



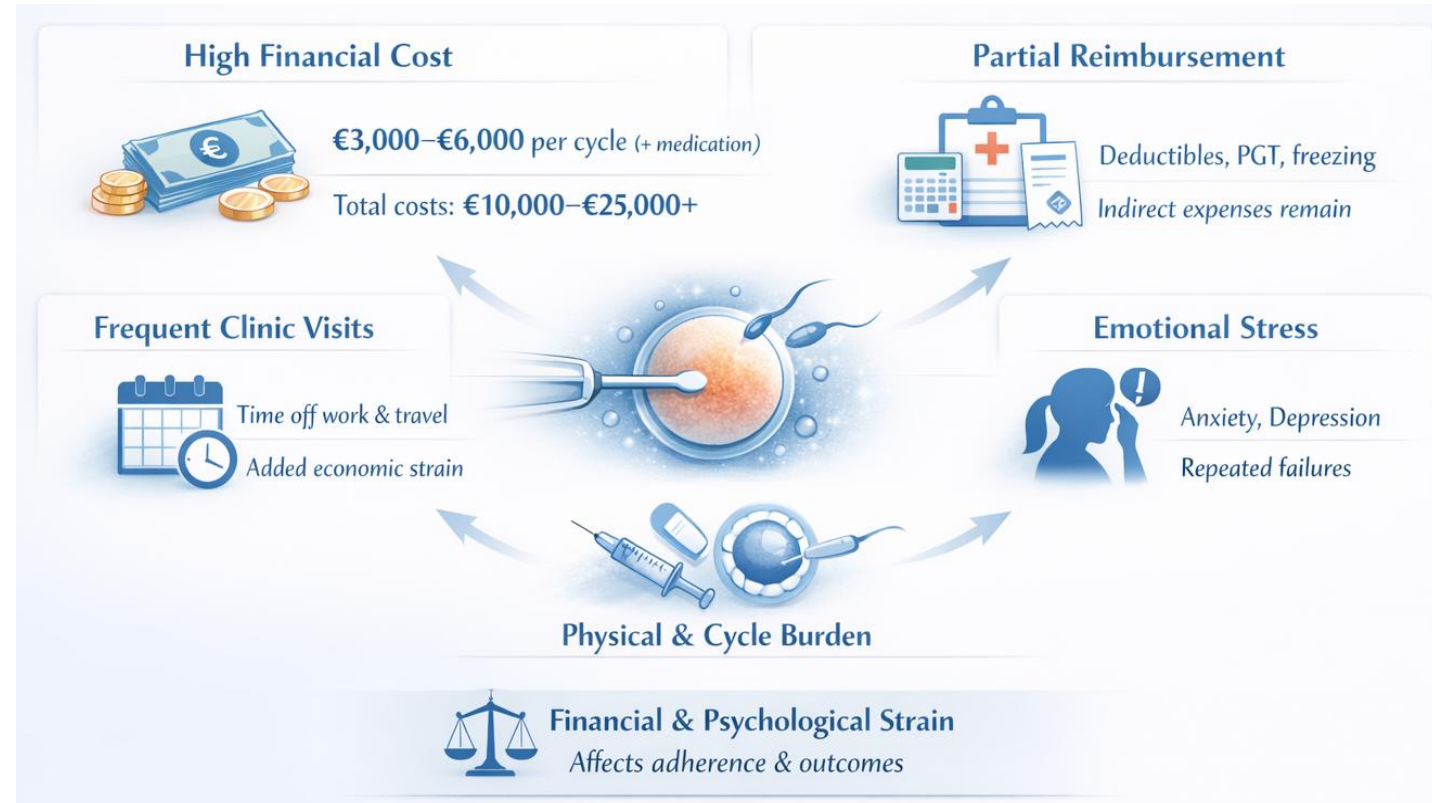
# *In vitro* fertilization (IVF)

## How common is IVF?

- Around 5% of infertile couples use IVF
- IVF has resulted in >10 million births worldwide
- Up to ~12% of births in some countries involve assisted reproduction
- ~3% of births in the US (1 in 36 babies) are from IVF
- ~1 in 30 babies in the Netherlands is born via IVF
- Use of IVF is rapidly increasing globally, with >1.1million ART cycles annually in Europe alone

## But IVF comes with economical and patient burden!

- €3,000–€6,000 per cycle in Europe
- Frequent clinic visits, stress, anxiety, hormonal stimulation, invasive procedure, etc.



# The vaginal microbiome & fertility



# Vaginal microbiome

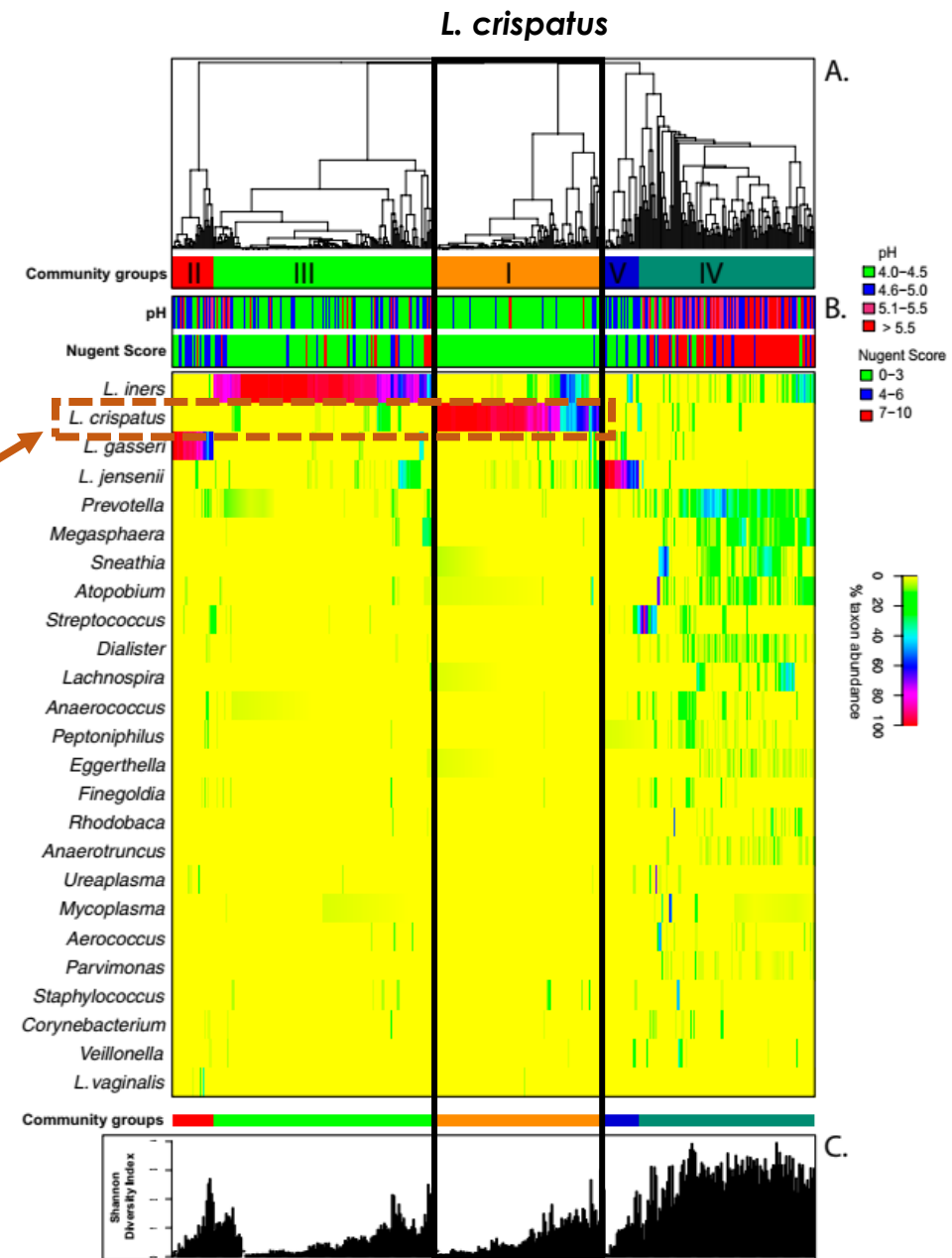
## Optimal vaginal microbiota is:

- characterized with low diversity
- dominated by *Lactobacillus* species
- low pH between 3.8 -4.5

## Community State Types<sup>1</sup>.

- CST 1 – ***L. crispatus* dominated; most associated with health**
- CST 2 – *L. gasseri* dominated
- CST 3 – *L. inres* dominated; benefits under question
- CST 4 – high diversity, non-*Lactobacillus* dominated<sup>2,3</sup>
- CST 5 – *L. jensenii* dominated

Research has built up since 2011 now each of the CST has been divided into subcategories



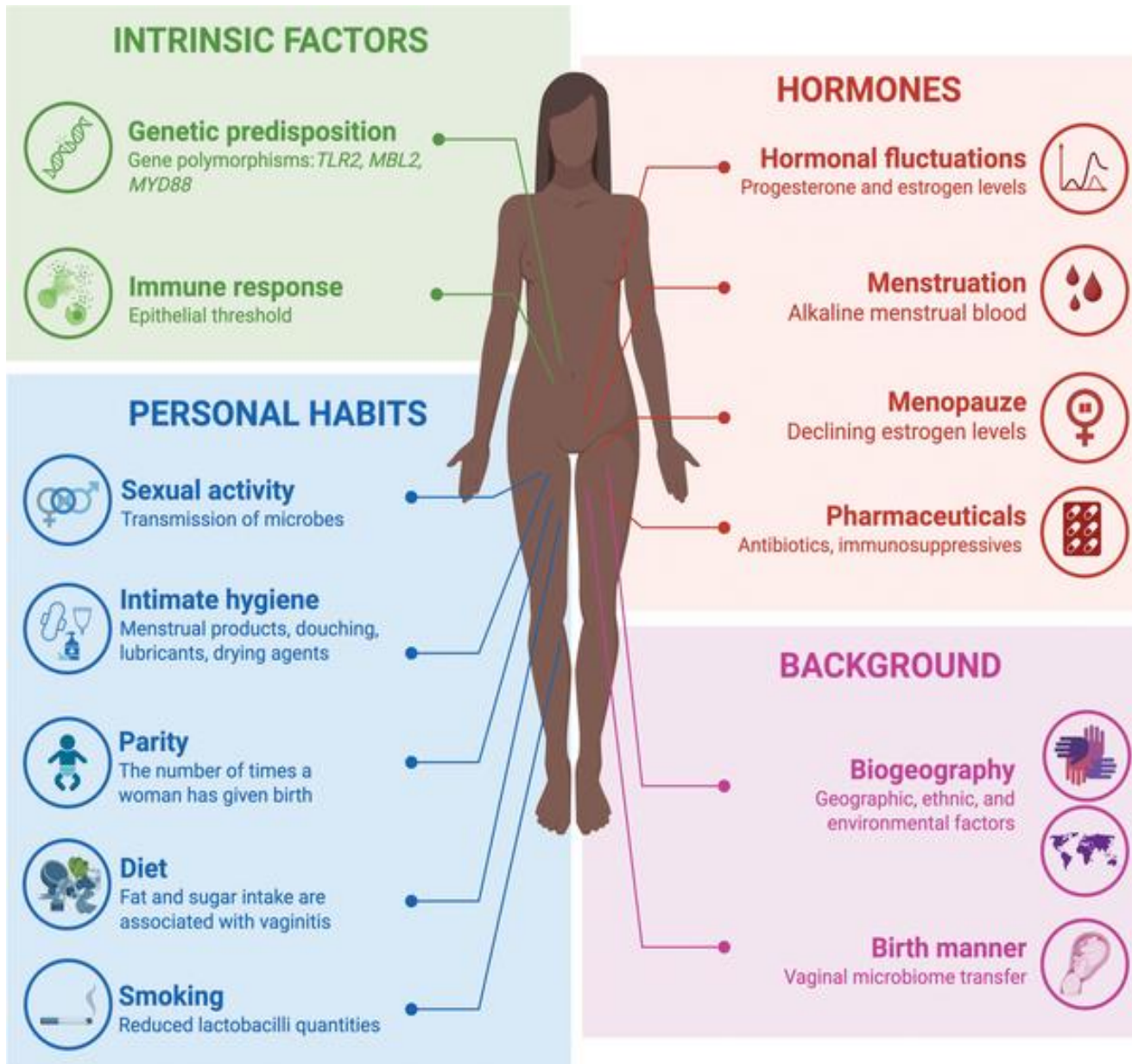
1. Ravel, J. et al. Proc Natl Acad Sci U S A 108, 4680–4687 (2011)  
 2. Verstraelen, H. et al. Journal of Lower Genital Tract Disease 26, 73 (2022)  
 3. Gajer, P. et al. Sci Transl Med 4, 132ra52 (2012)

# Factors influencing the vaginal microbiome

Multiple factors can influence the composition of the vaginal microbiota over time.

The major contributors are:

- Age
- Hormones
- Personal habits

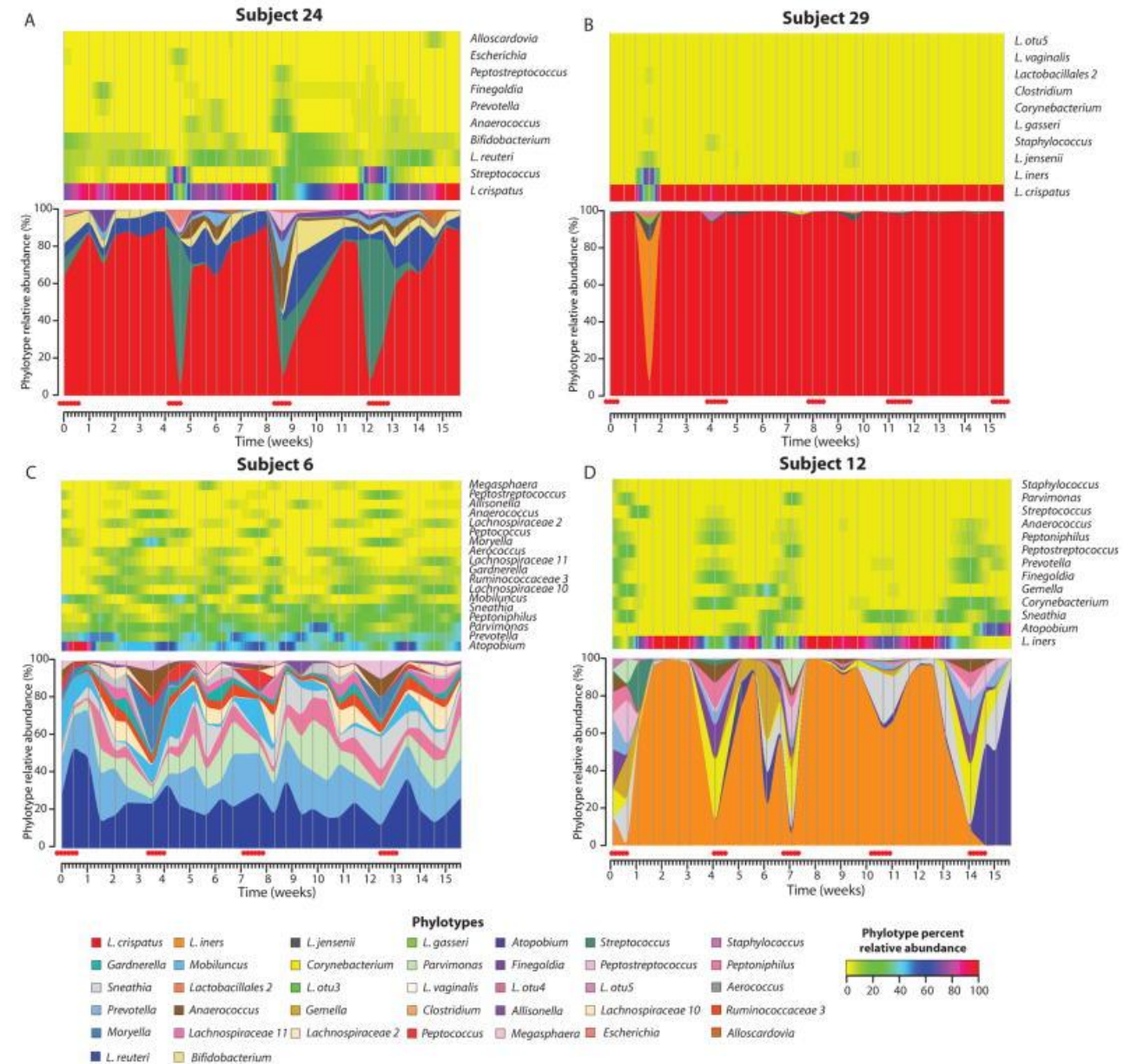


Sillen et al 2025 Plos Pathogens <https://doi.org/10.1371/journal.ppat.1013346>

# Vaginal microbiome during menstrual cycle

Menses is major disturbing factor during the menstrual cycle<sup>1,2</sup>:

- *L. crispatus* abundance declines during menses
- *L. iners* concentrations increase along with *Gardnerella vaginalis* and is the dominant species during menses
- There is certain “dynamic stability”: most women retain their typical state or alternate between states
- Alternation is aligned with menses.



1. Gajer, P. et al. *Sci Transl Med* 4, 132ra52 (2012)

2. Verstraelen, H. et al. *Journal of Lower Genital Tract Disease* 26, 73 (2022)

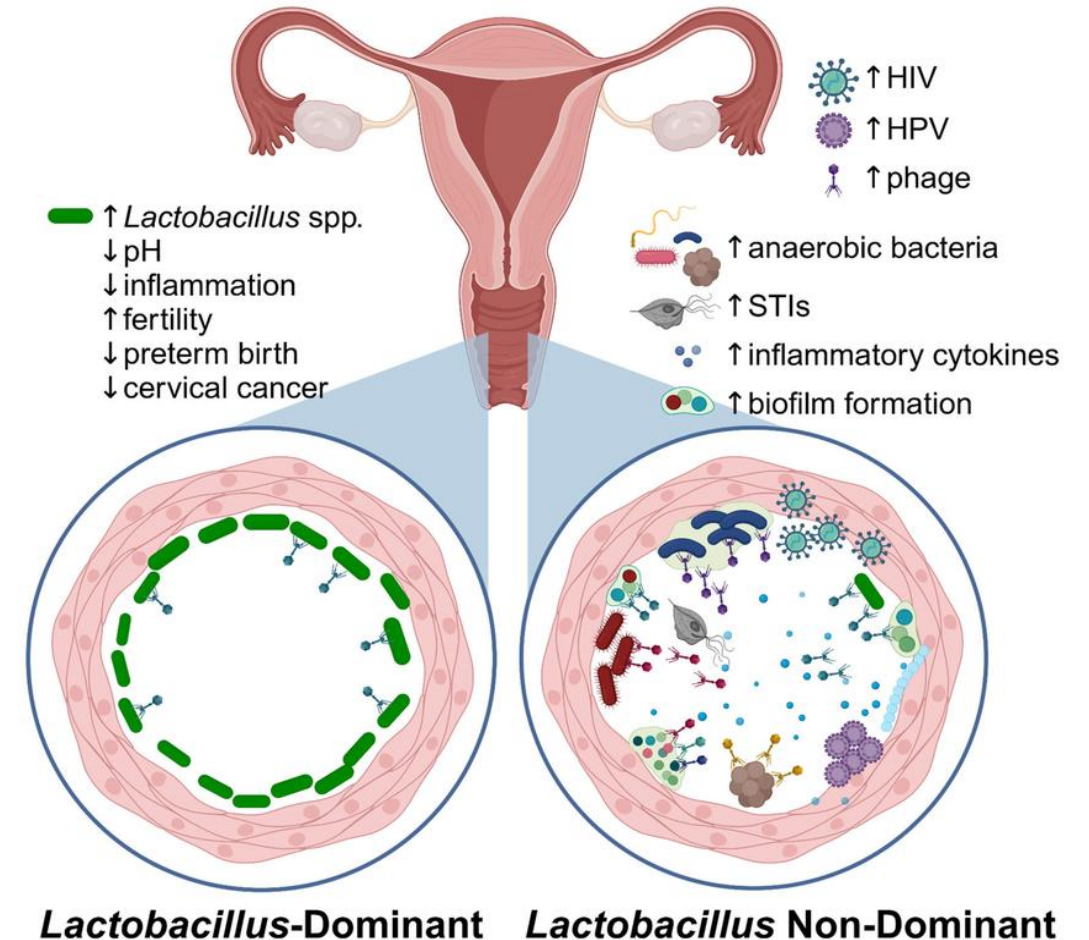
# When balance breaks: Vaginal dysbiosis and disease

## Bacterial vaginosis (BV)

- The most common vaginal dysbiosis
- 1 in 3 women worldwide may experience BV during their lifetime
- More than 50% of women report recurrent BV within a 1 year

## BV is characterized with:

- Loss of *Lactobacillus spp.*
- Growth of anaerobic bacteria *G. vaginalis*, *A. vaginae*, *Prevotella spp.* and biofilm formation
- Increased vaginal pH above 4.5
- Increased local inflammation

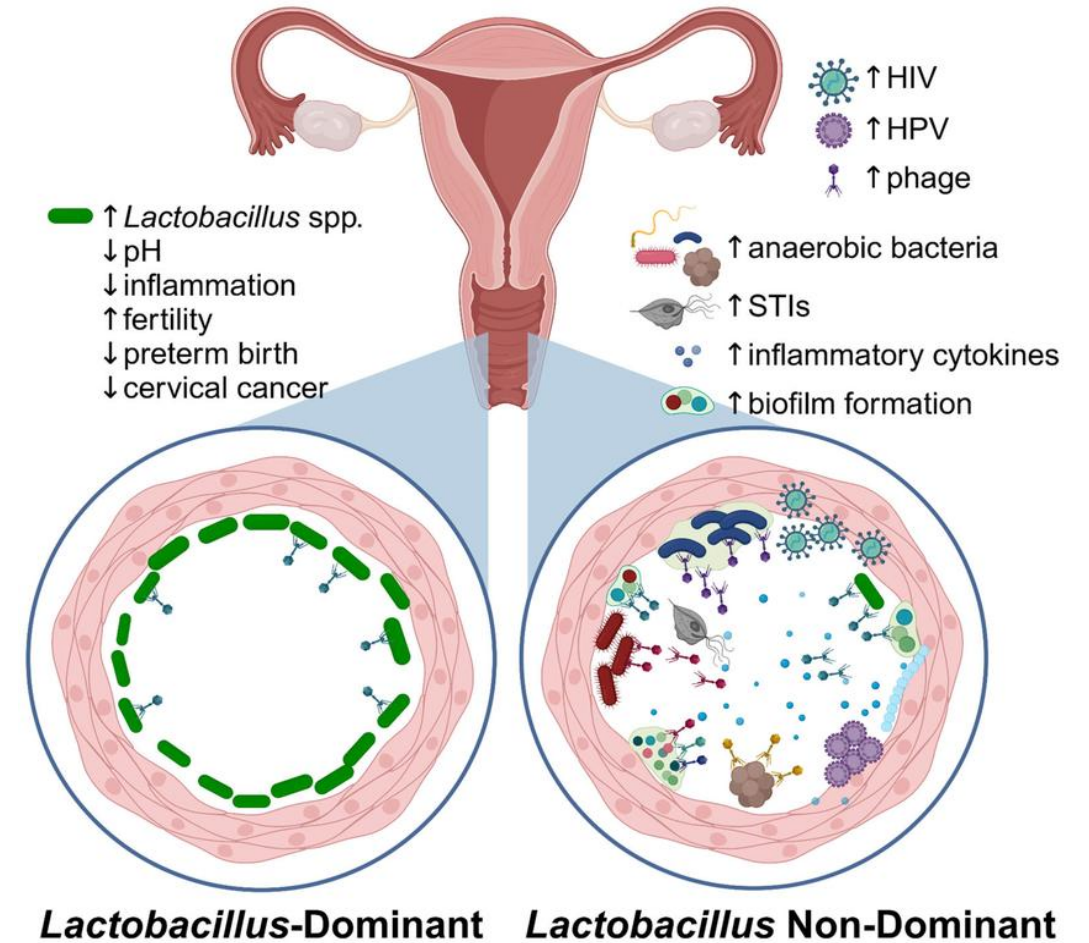


Orton et al 2025; <https://doi.org/10.3390/microorganisms13020431>

# When balance breaks: Vaginal dysbiosis and disease

## **BV has been associated with an increased risk of:**

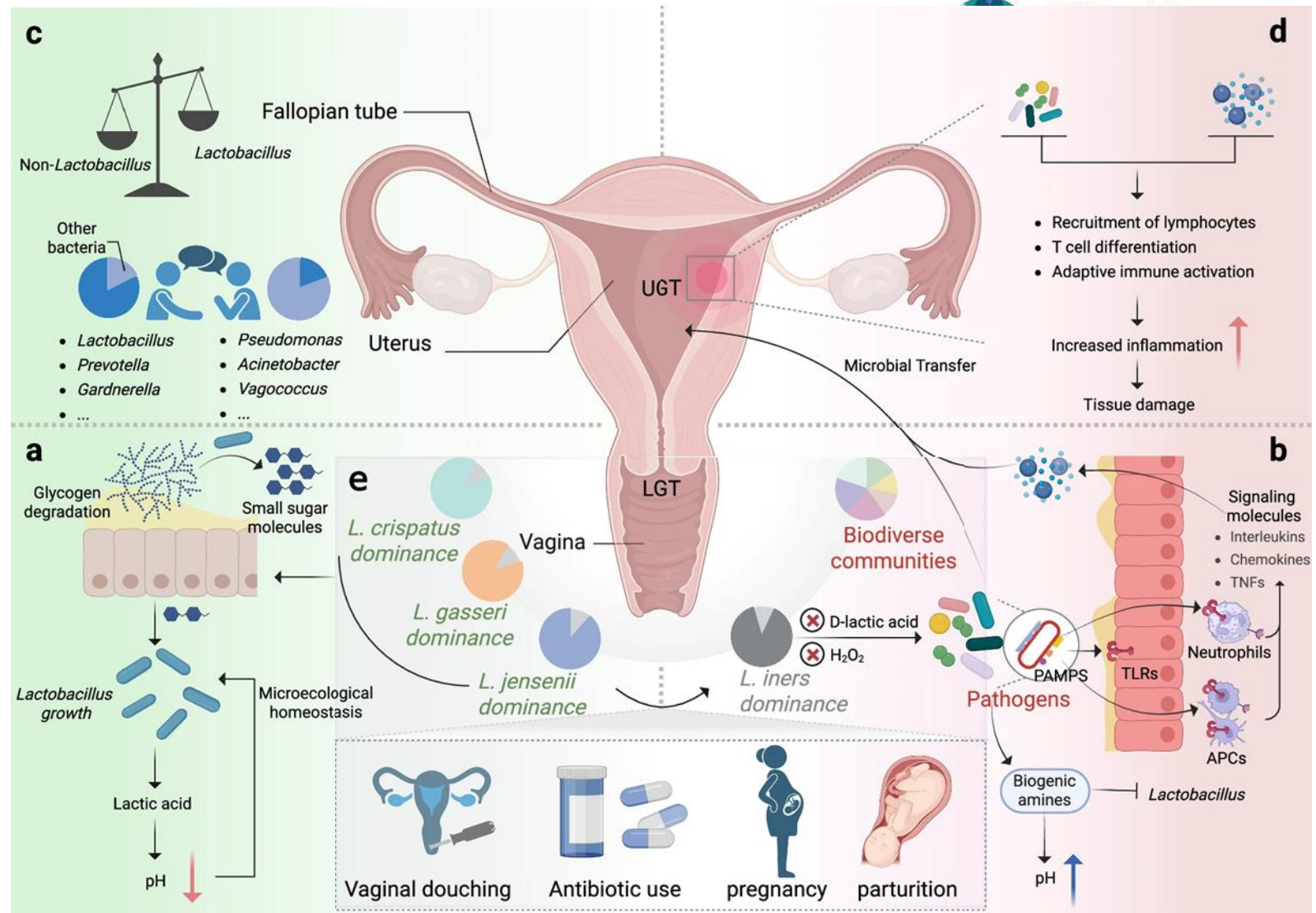
- STIs - *Chlamydia trachomatis*, *Neisseria gonorrhoeae*, HSV-2, HPV and HIV
- Pelvic inflammatory disease
- Urinary tract infections
- **Infertility and pregnancy outcomes**



Orton et al 2025; <https://doi.org/10.3390/microorganisms13020431>

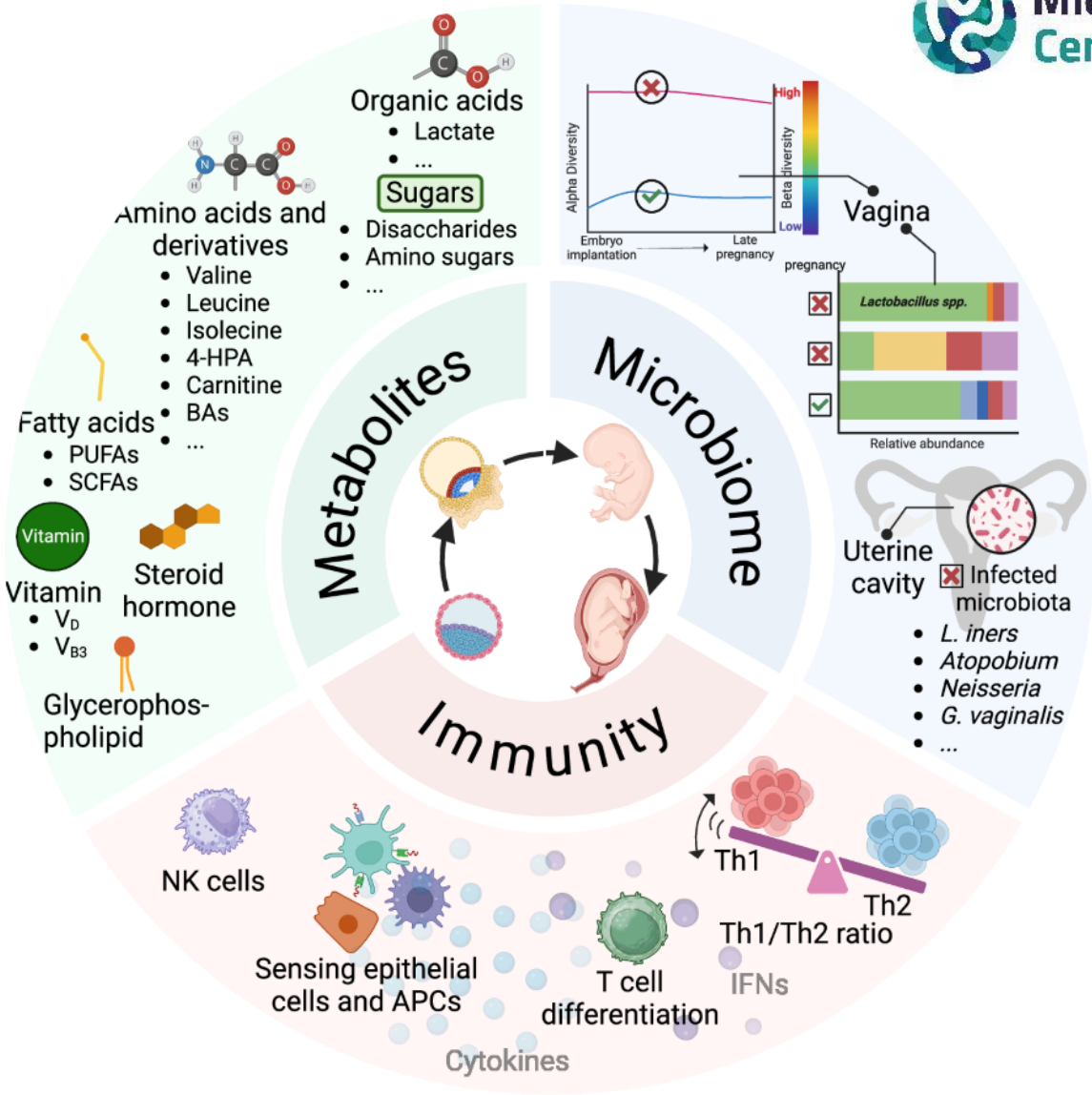
# Reproductive tract microbiota – the bigger picture

- Lower genital tract microbiota – vaginal health
- Upper genital tract microbiota – endometrial microbiota
- Role in fertility and healthy conception



# Successful conception & healthy pregnancy

- It is not only about “who is there”
- Alterations in the microbiota lead to metabolites changes affecting conception and pregnancy
- Alteration in the microbiota leads to immune dysregulation affecting conception



# Vaginal microbiota role in fertility

Culture-based study on fertility found higher prevalence of vaginal dysbiosis in infertile women compared to healthy controls <sup>1,2</sup>.

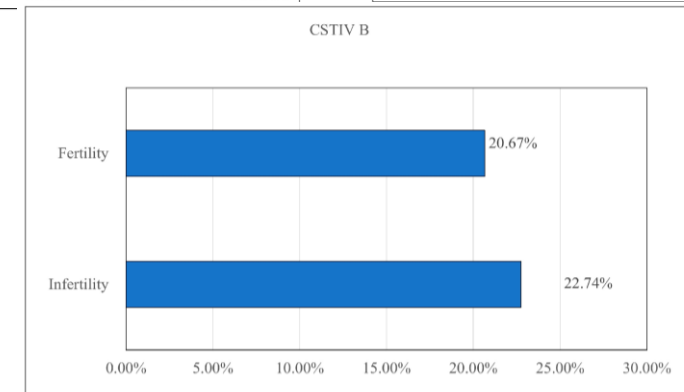
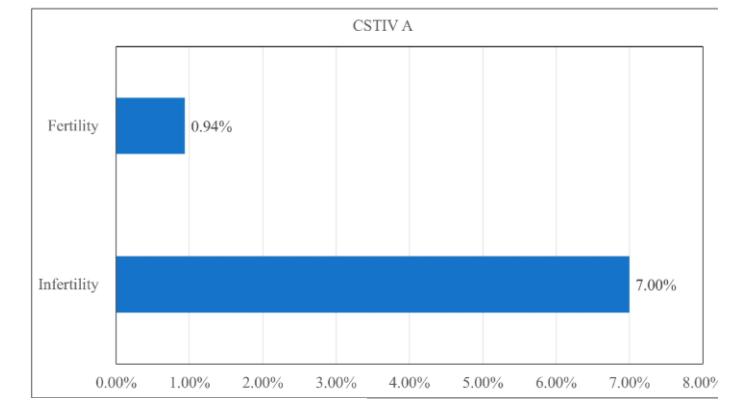
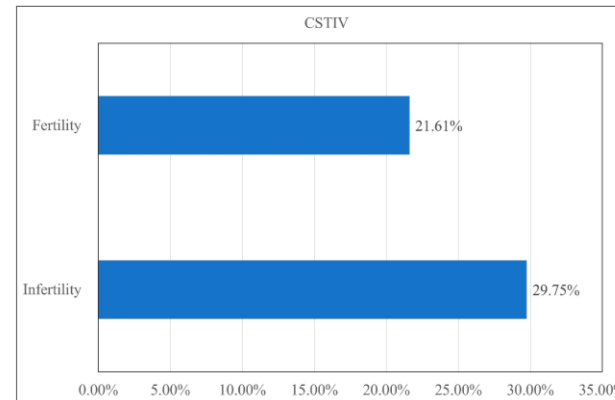
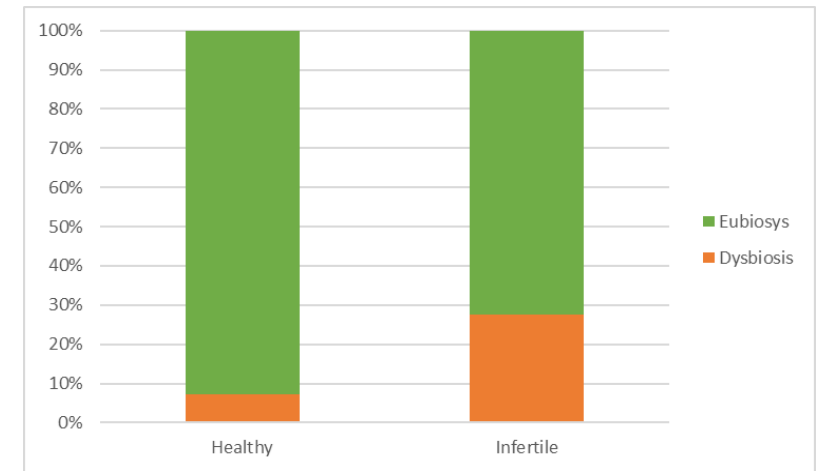
- Only 3.5% of infertile women had *Lactobacillus* species.

*Lactobacillus* spp. more abundant in fertile patients than infertile patients<sup>3</sup>. Infertile women had:

- ↓ *Lactobacillus* abundance
- ↑ CST IV dysbiosis - ↑ *Prevotella*, ↑ *Gardnerella*

Fertile women showed:

- stronger *Lactobacillus* dominance
- lower diversity



1. Babu, G. et al. J Clin Diagn Res 11, DC18–DC22 (2017)
2. Haahr, T. et al. Hum. Reprod. 31, 795–803 (2016)
3. Chen et al. Diagnostics [10.3390/diagnostics15192544](https://doi.org/10.3390/diagnostics15192544)

# Vaginal & Endometrial microbiota role in IVF and embryo transfer



Compared with HC and women with successful implantation (IS), women with implantation failure (IF) showed:

- Lower levels of *Lactobacillus*
- Higher levels of *Gardnerella*

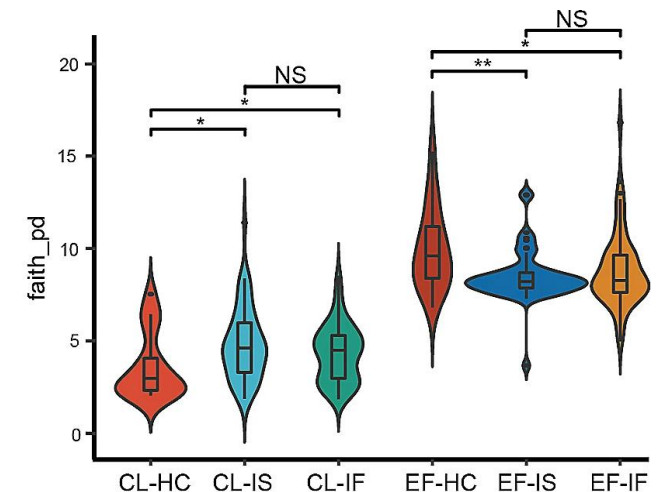
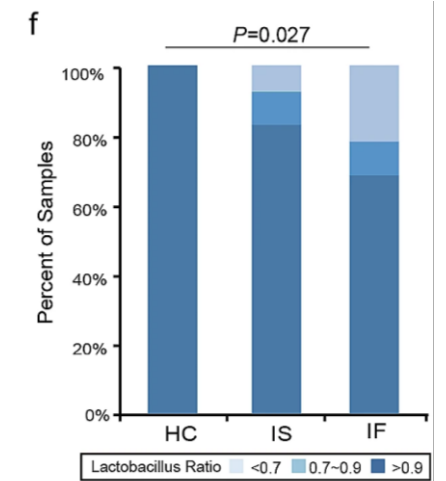
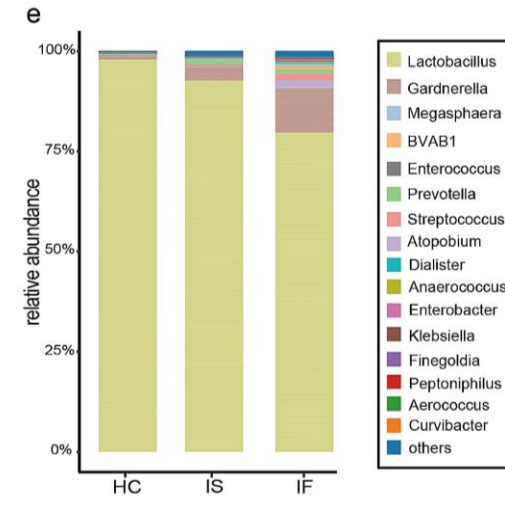
In healthy women and women with successful implantation:

- Most samples contained >90% *Lactobacillus*

In women with implantation failure:

- Fewer women had *Lactobacillus*-dominated microbiota
- More samples had <70% *Lactobacillus*

Higher microbial diversity found in women with implantation failure – *Gardnerella*, *Sphingobium*, *Corynebacterium*, *Ralstoni*, *Enterobacter*, *Enterococcus*



1. Su et al 2024 Spring Nature <https://doi.org/10.1186/s12958-024-01274-y>

# Vaginal microbiota and inflammation in IVF<sup>1</sup>

28 women completing IVF cycle:

- 14 with unexplained infertility
- 14 with male factor infertility (MFI)

Women with male factor infertility (MFI) had:

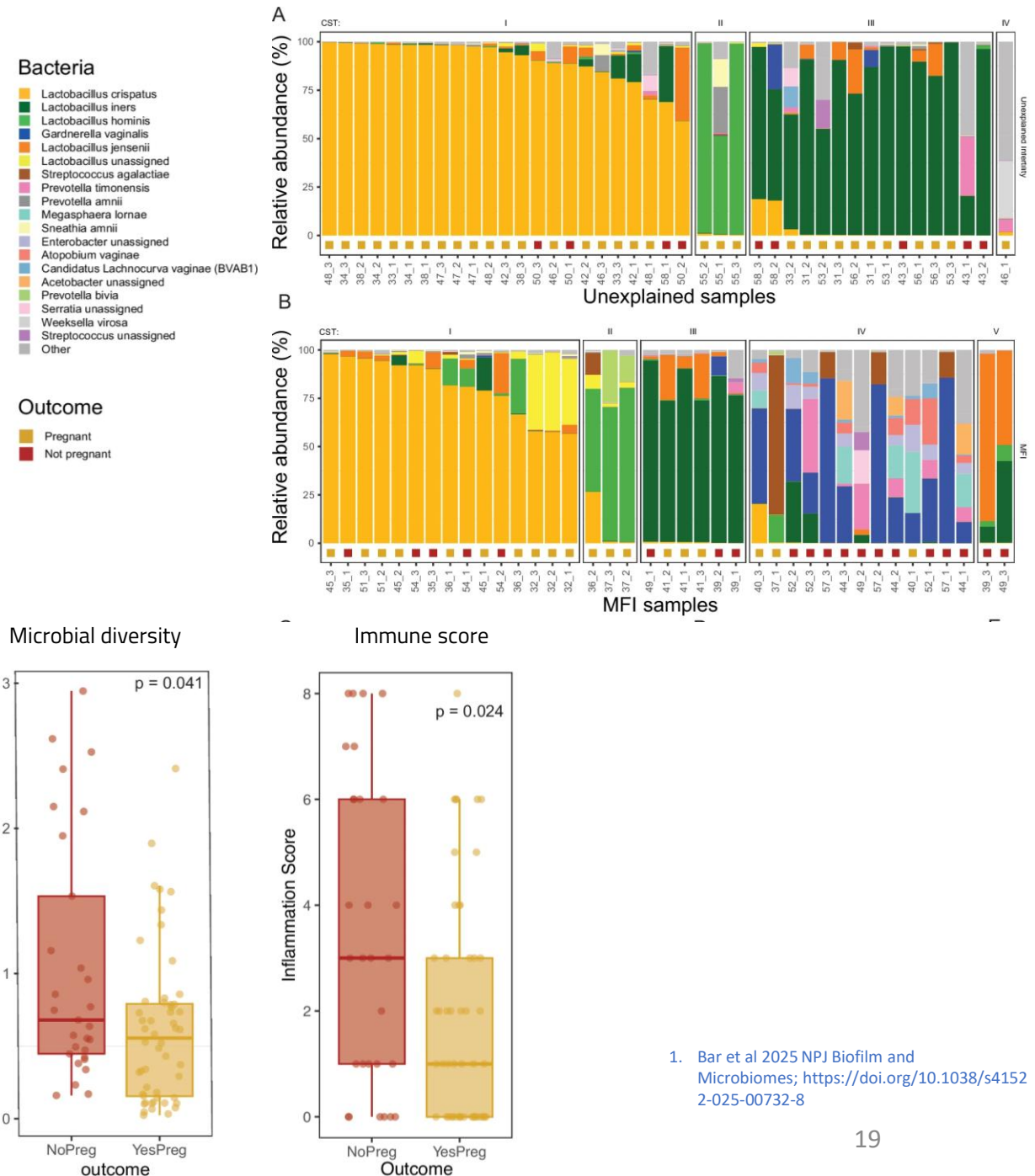
- higher vaginal microbial diversity
- than women with unexplained infertility

Women with a CST I microbiome (*L. crispatus*) had the highest pregnancy rates.

Women who became pregnant had:

- lower vaginal microbiome diversity
- more stable microbiota

Women who became pregnant had lower genital inflammation scores compared with women who did not become pregnant (cytokines measured IL-1 $\beta$ , IL-6, TNF- $\alpha$ , IL-8, IL-17)

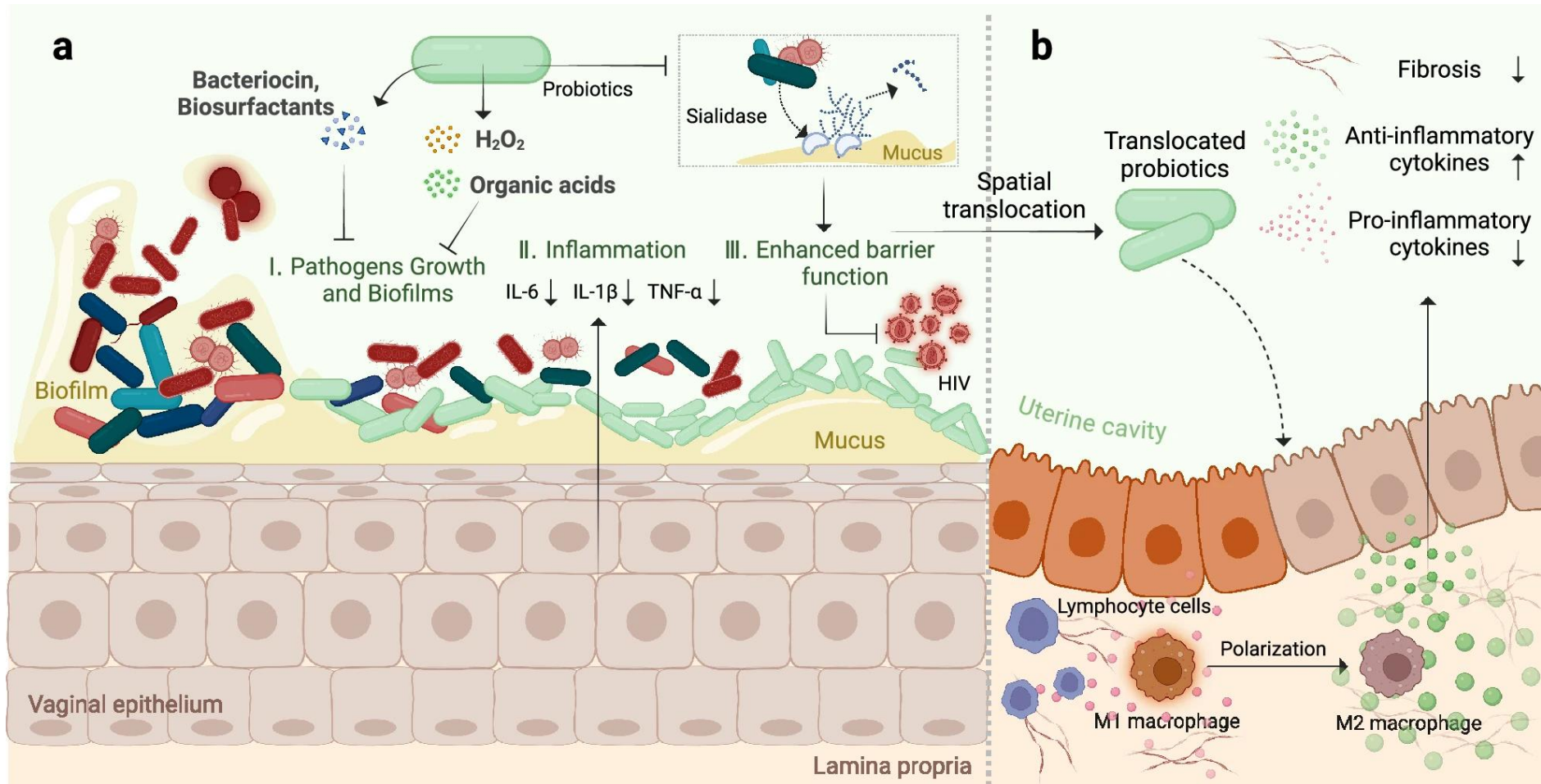


1. Bar et al 2025 NPJ Biofilm and Microbiomes; <https://doi.org/10.1038/s41522-025-00732-8>

# Vaginal suppositories



# Probiotics potential in the vaginal niche

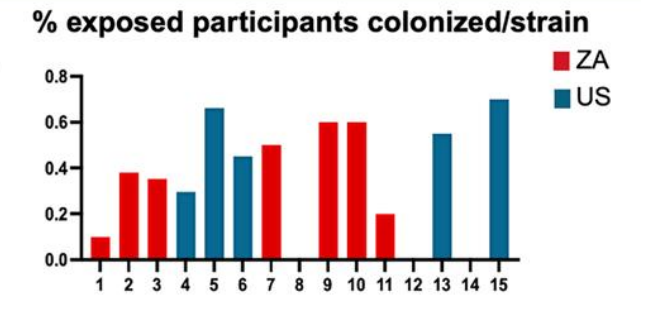
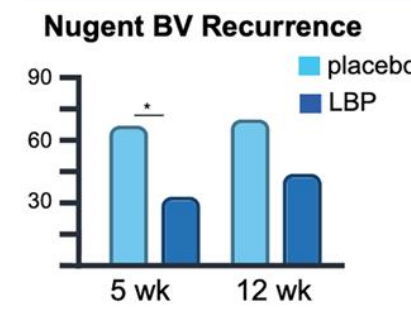
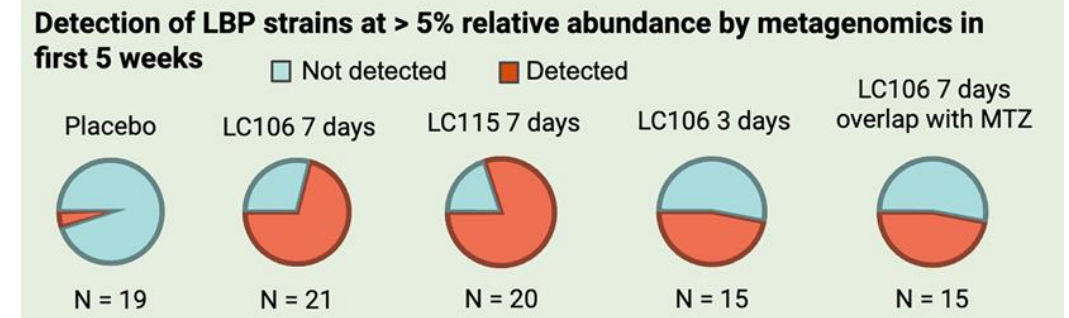
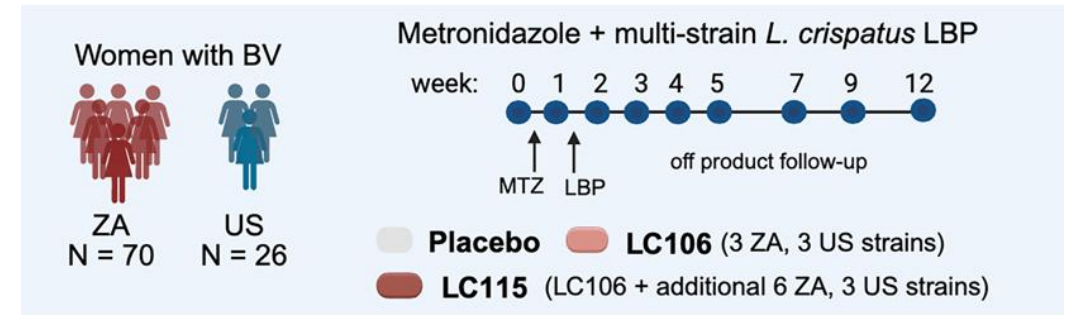


# The VIBRANT study – the potential of *L. crispatus* for BV



- Phase 1 RCT in US & South Africa
- Multi-strain vaginal *Lactobacillus crispatus* LBPs colonized 66% of participants
- Colonization persisted for up to 12 weeks following only 3–7 days of dosing
- The same three strains most frequently colonized participants in the US and South Africa
- Study products reduce risk for recurrent BV and are safe and well tolerated

## Phase 1b Randomized trial of vaginal live biotherapeutic products (LBP) in South Africa (ZA) and the United States (US)



1. Potloane et al 2026 Cell Host & Microbe <https://doi.org/10.1016/j.chom.2026.02.016>

# Microbiome Center vaginal suppositories



Contains three active strains:

- *Lactobacillus crispatus* SP28 ( $2.5 \times 10^9$  cfu/piece)
- *Lactobacillus crispatus* LCR01 ( $2.5 \times 10^9$  cfu/piece)
- *Lactobacillus acidophilus* La02 ( $2.5 \times 10^9$  cfu/piece)

Matrix from cacao butter with coconut butter.

Available as 30 vaginal suppositories for EUR 81,-

Includes leaflet with clear instructions



# Case report 1: IVF



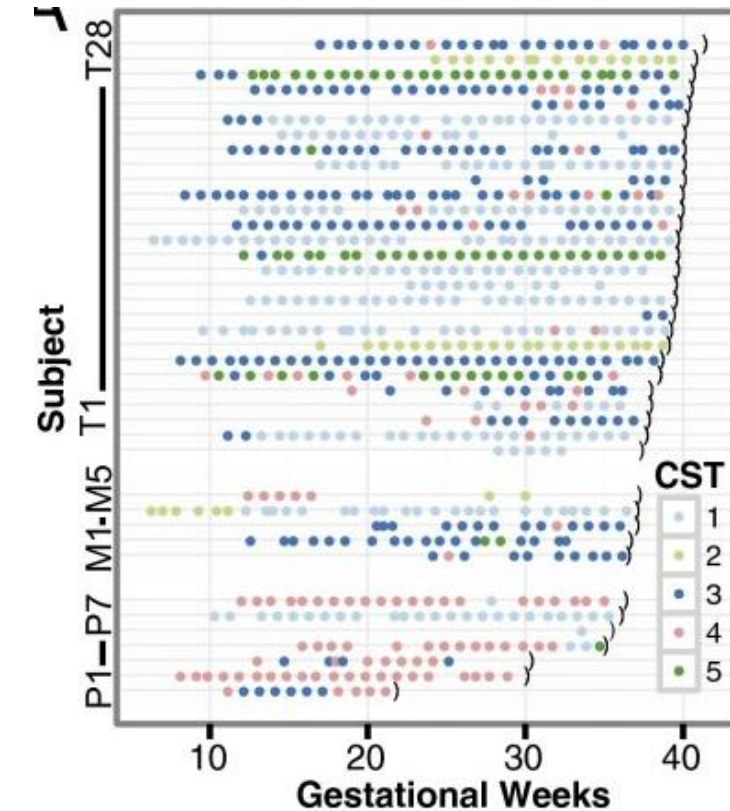
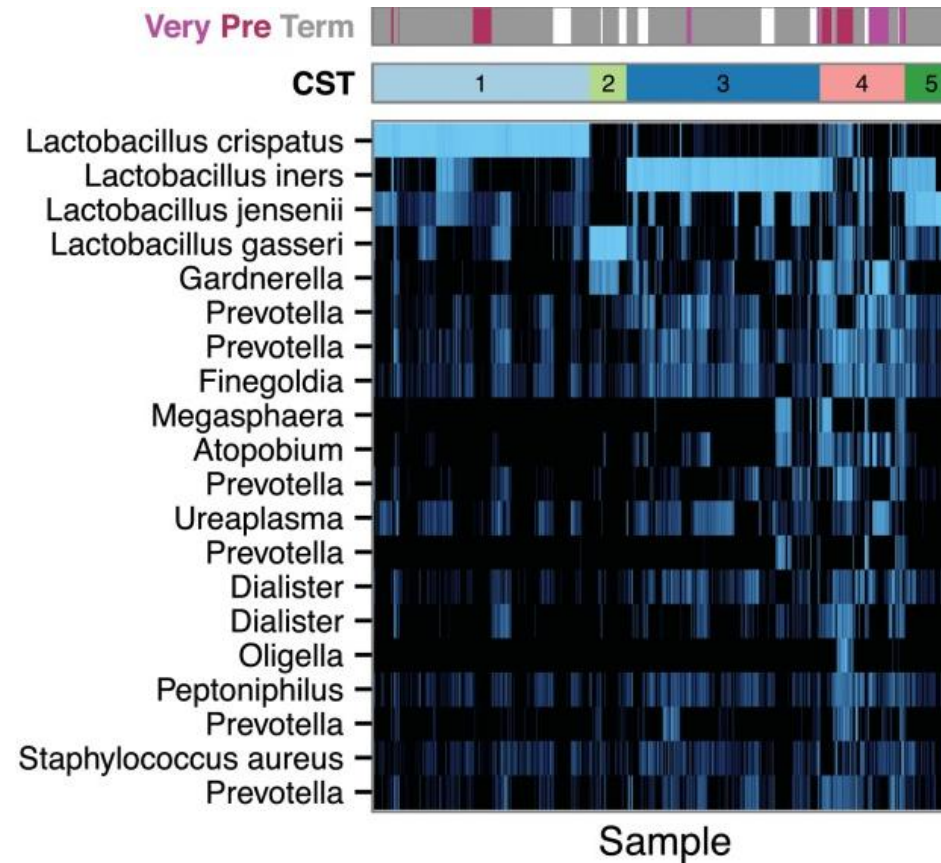
- Woman 35 years old
- Since 2015 stress-related disturbance of cycle, endometriosis, failed intrauterine insemination and two IVF attempts (low yield). Over 4 years of unfulfilled pregnancy wish.
- Estrogen breakdown problem
- After low-dose naltrexone (LDN) with exorphin-free diet, recovery of stress and immune system. Improvement of methylation with B vitamins and NAC.
- IVF yield suddenly very good (17 oocytes), 6 months after setting LDN pregnant. Labor after 38 weeks with cesarean section, son in 2020.
  
- For second pregnancy again setting up LDN from April till June 2020 with methylation support.
- From June also used vaginal suppositories. Also around embryo transfer.
- **Immediately pregnant!**

# The vaginal microbiome & pregnancy outcomes



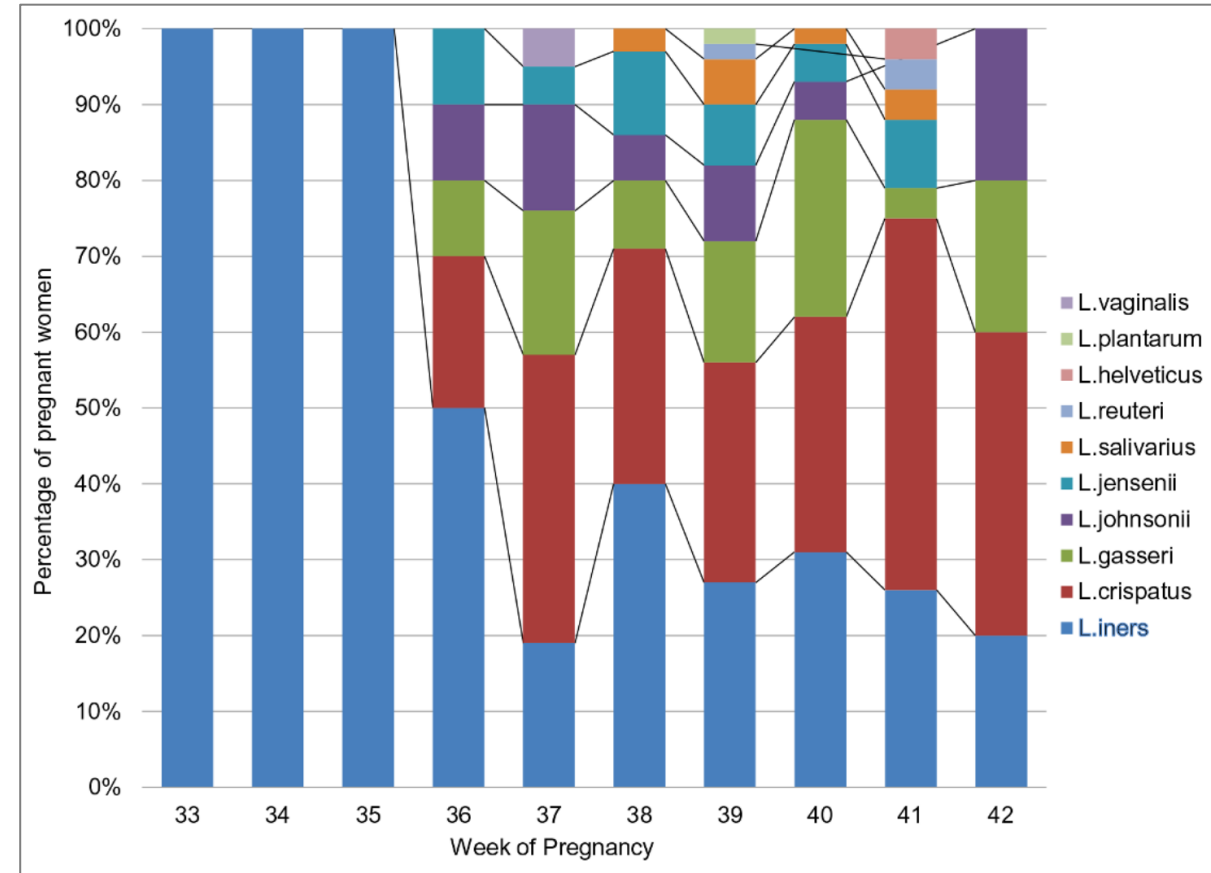
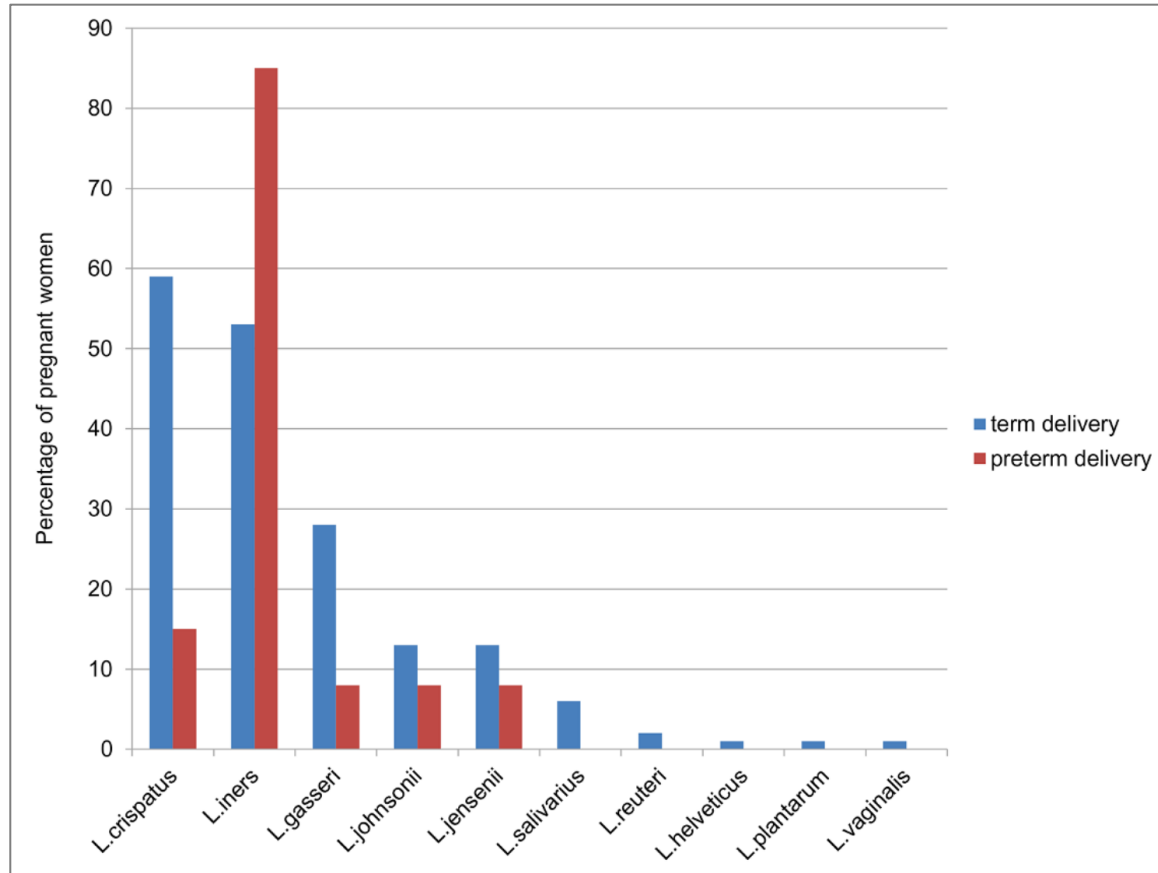
# Preterm is associated with highly diverse vaginal microbiome<sup>1</sup>

- Microbiome is relatively stable during pregnancy
- Healthy term pregnancy is associated with *Lactobacillus-dominated* vaginal microbiota (low diversity)
- Non-optimal microbiota (CSTIV) is associated with inflammation and adverse pregnancy outcomes



1. DiGiulio, D. B. et al. Proc Natl Acad Sci U S A 112, 11060–11065 (2015)

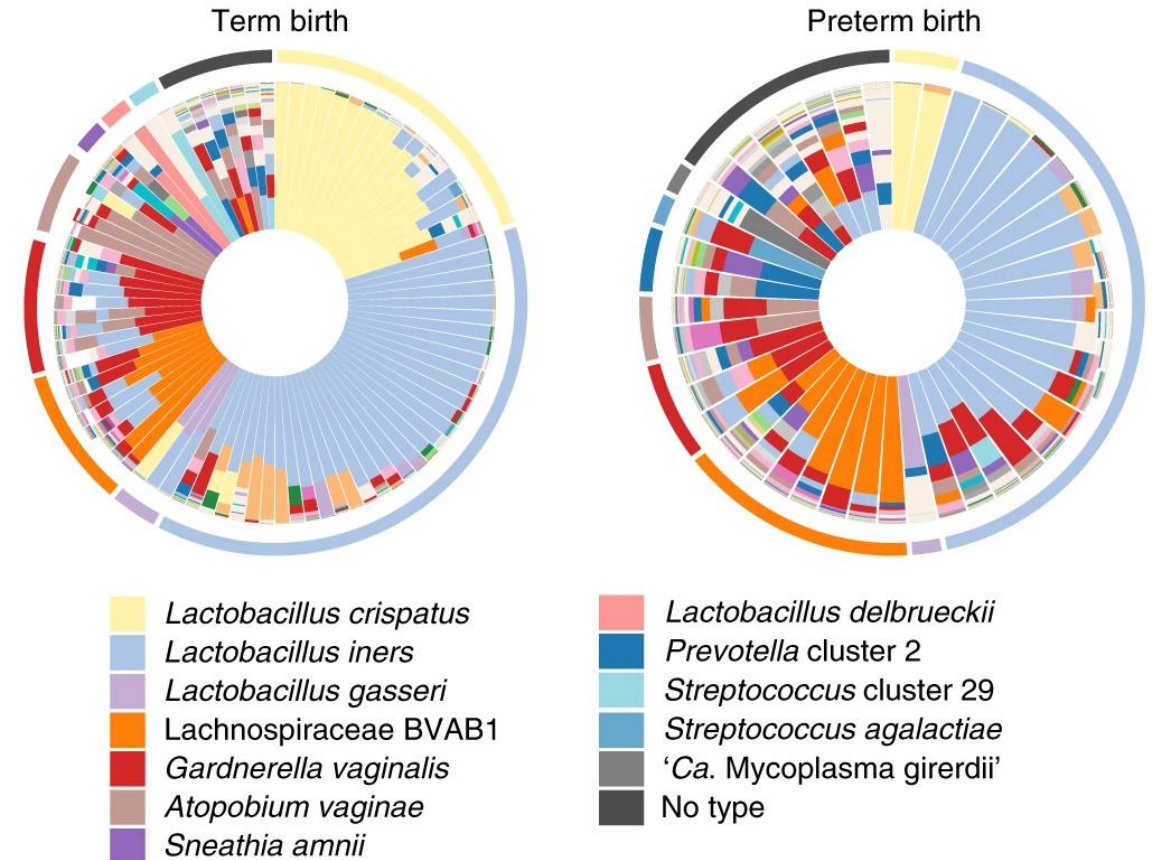
# *L. iners* more often preterm delivery, *L. crispatus* most often term delivery<sup>1</sup>



1. Petricevic, L. et al. Sci Rep. 4, 5136 (2014)

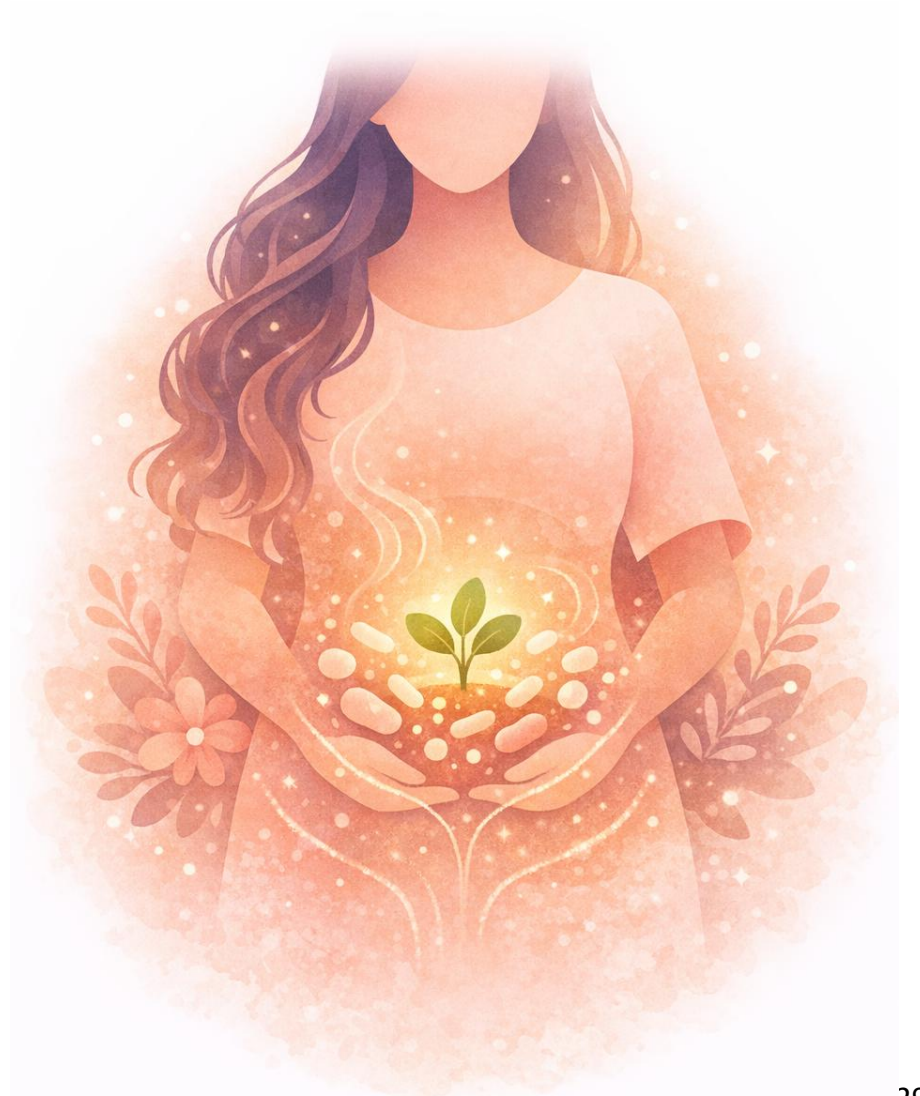
# Bacterial taxa associated with preterm birth <sup>1</sup>

- Women who delivered preterm exhibited significantly lower vaginal levels of *L. crispatus*
- Higher abundance of bacterial vaginosis–associated species (e.g. *BVAB1*, *Sneathia amnii*, *TM7-H1* and *Prevotella* spp.) was strongly associated with an increased risk of preterm birth.
- Preterm-birth-associated taxa were correlated with proinflammatory cytokines in vaginal fluid.



1. Fettweis, et al. 2019 Nature Medicine <https://doi.org/10.1038/s41591-019-0450-2>

# The gut microbiome & fertility



# Gut dysbiosis and effect on female fertility

1. Hormonal regulation → regulate estrogen metabolism.

Dysbiosis → altered estrogen circulation. Important for:

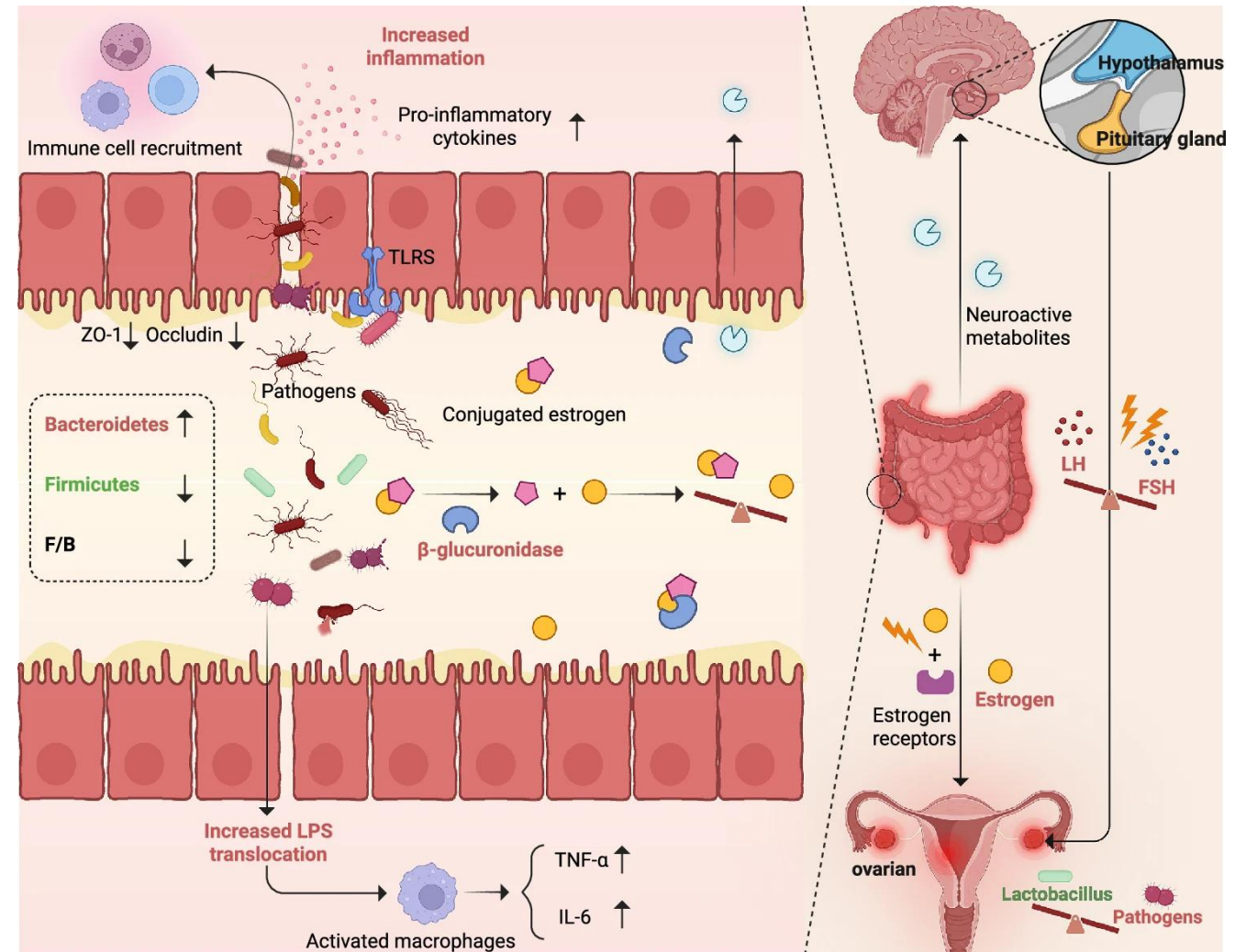
- Ovulation
- Endometrial receptivity

2. Immune modulation

3. Metabolic control

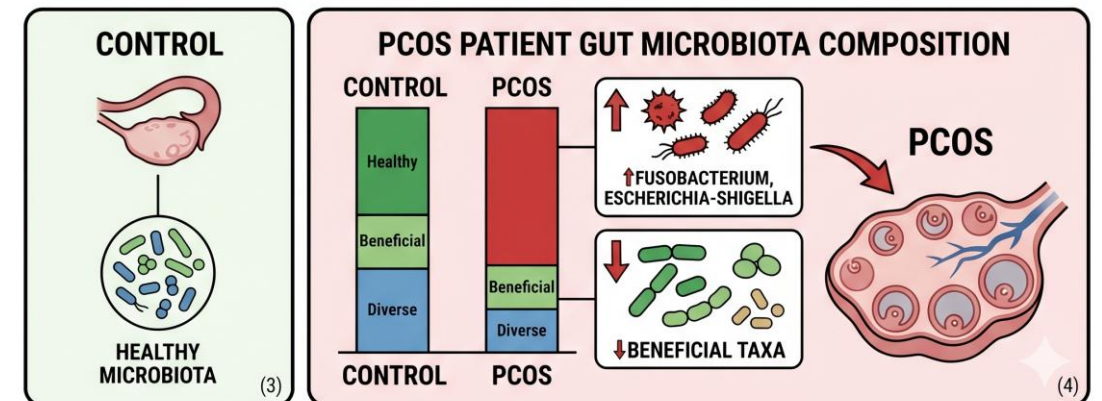
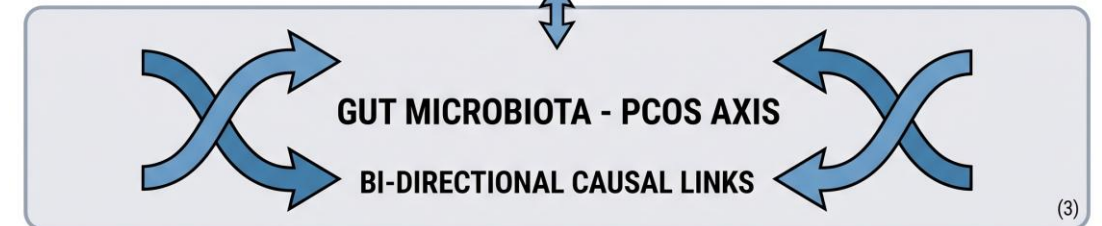
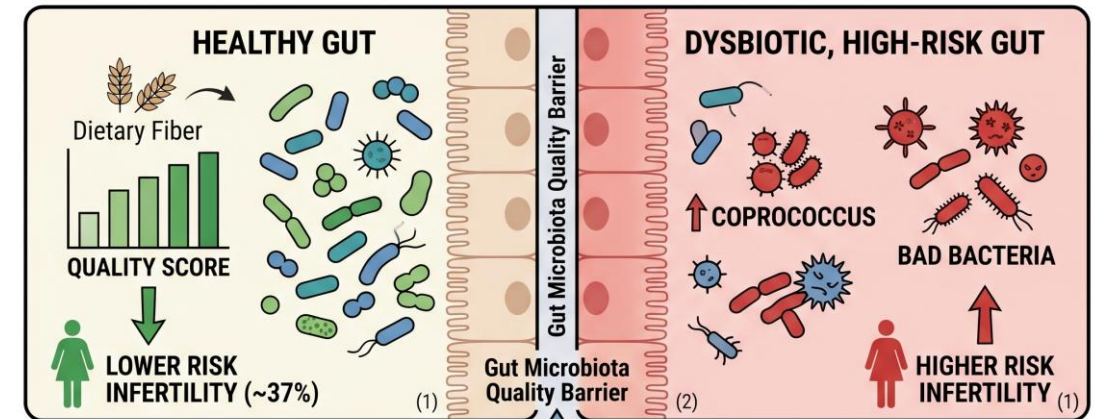
Gut dysbiosis linked to:

- PCOS
- Endometriosis
- obesity-related infertility
- systemic inflammation



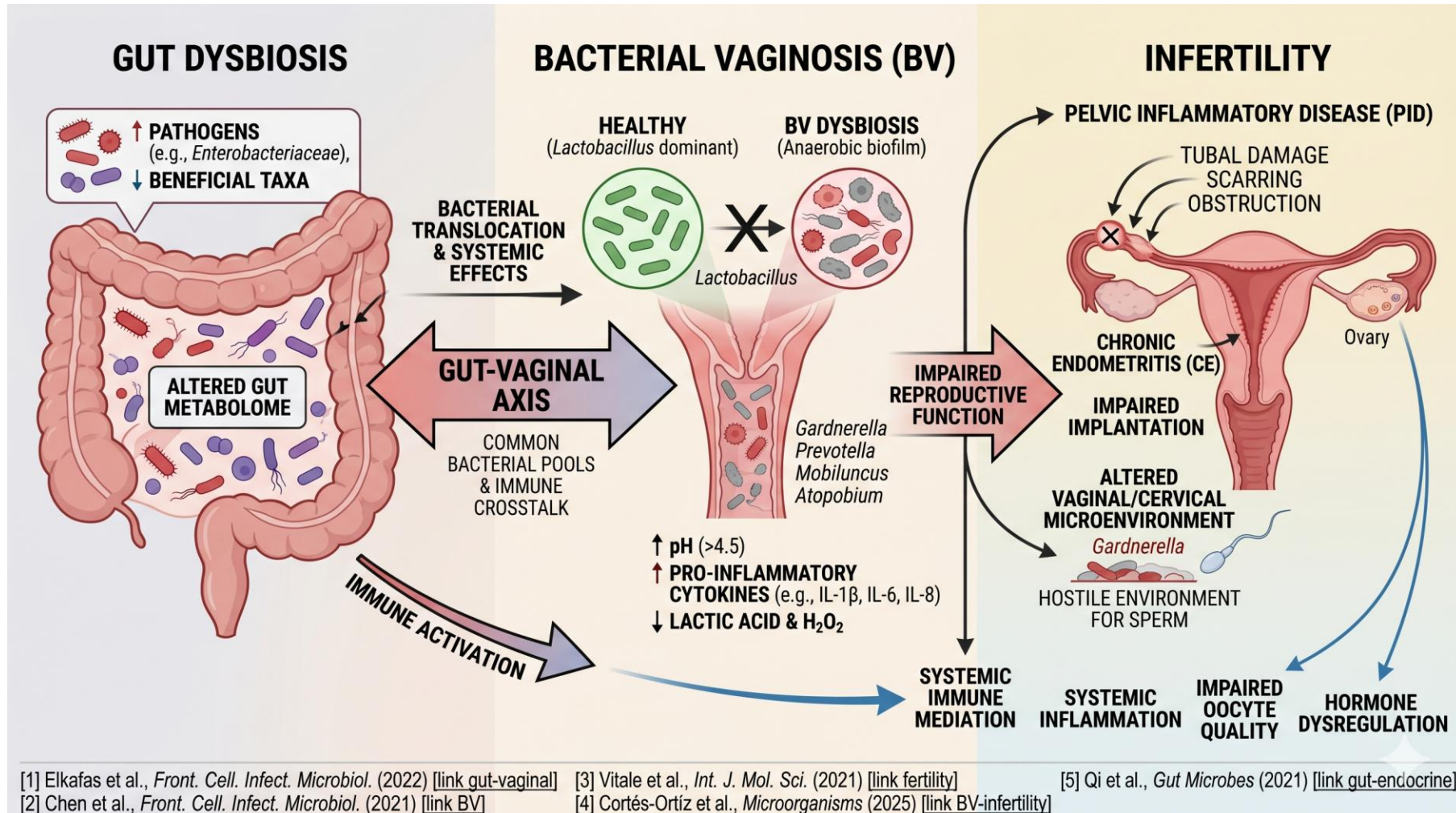
# Gut dysbiosis and effect on female fertility

- Lower “gut microbiota quality score” → higher infertility risk. Women with healthier microbiota profiles had: ~37% lower risk of infertility (based on population study)<sup>1</sup>
- Specific gut bacteria associated with increased infertility risk e.g. *Coprococcus*<sup>2</sup> → ↑ infertility risk<sup>2</sup>
- Bi-directional causal links between gut microbiota and PCOS<sup>3</sup>
- PCOS patients show distinct gut microbiota composition
- ↑ *Fusobacterium*, *Escherichia-Shigella*
- ↓ Beneficial taxa<sup>4</sup>

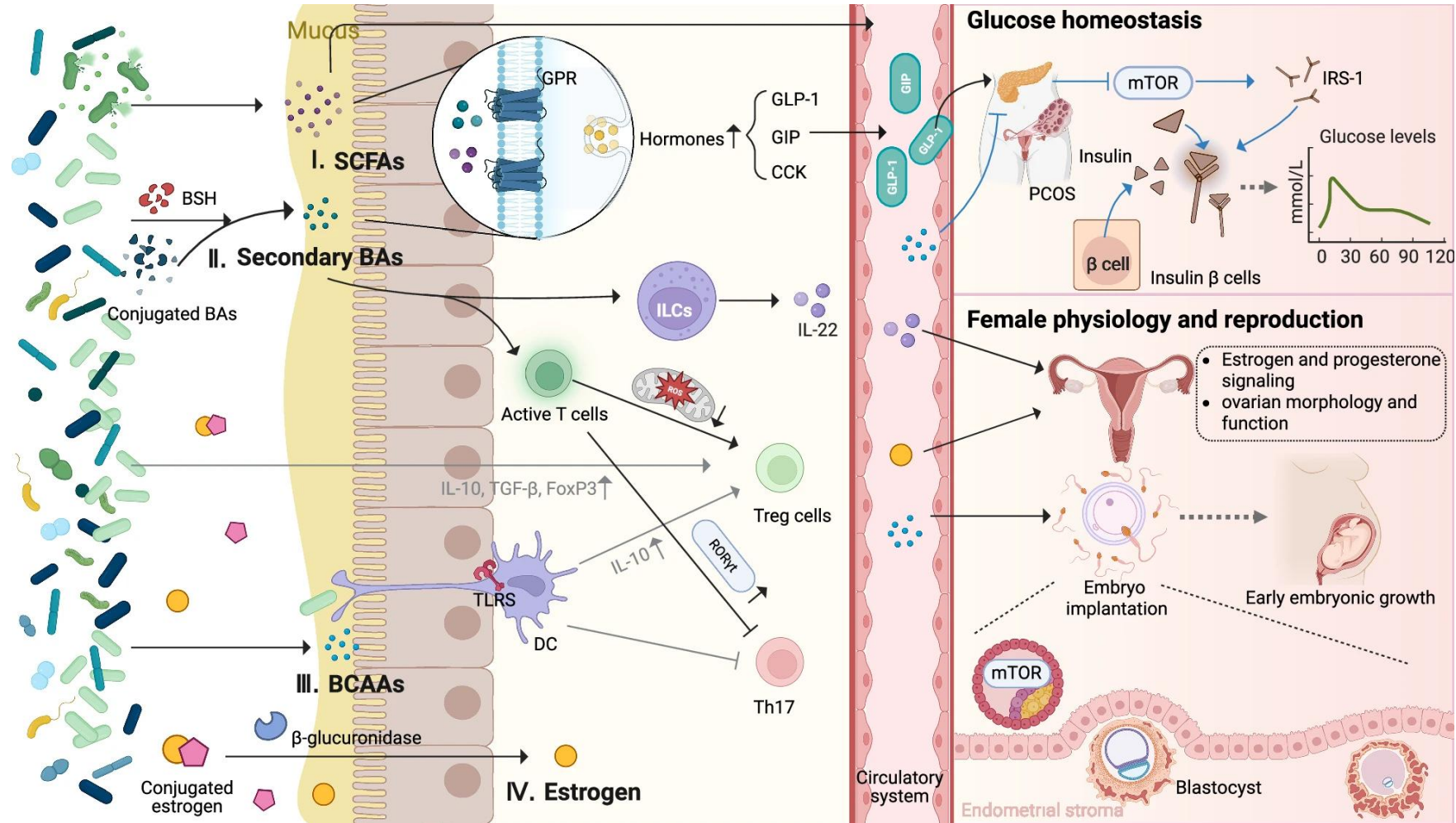


1. Zhang et al, 2025 Front Nut doi: [10.3389/fnut.2025.1583805](https://doi.org/10.3389/fnut.2025.1583805)  
 2. Liang et al 2023 Front Endocrinol <https://doi.org/10.3389/fendo.2023.1164186>  
 3. Mao et al 2024 Acta Obstet Gynecol Scand doi: [10.1111/aogs.14957](https://doi.org/10.1111/aogs.14957).  
 4. Yang et al 2024 eClinical Medicine DOI: [10.1016/j.eclinm.2024.102884](https://doi.org/10.1016/j.eclinm.2024.102884)

# Gut dysbiosis is linked with bacterial vaginosis, bacterial vaginosis is linked with female infertility



# Probiotics potential in the gut to improve women's reproductive health



Cheng et al, 2025 npj Biofilms and Microbiome

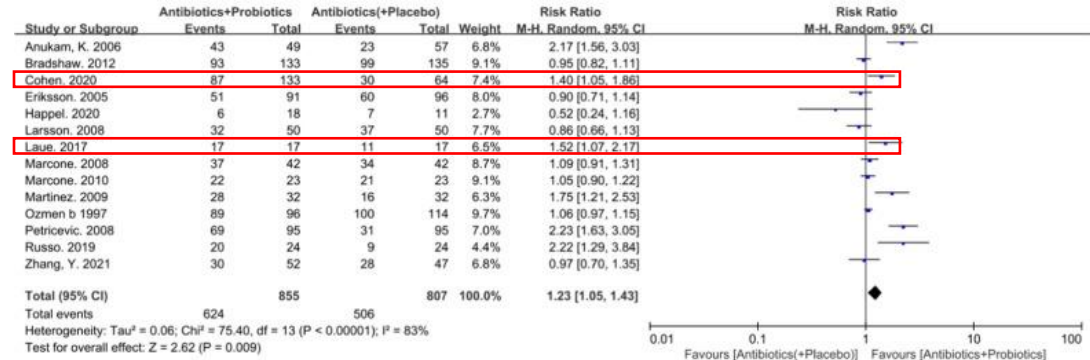
# Probiotics for bacterial vaginosis

Several meta-analyses on probiotics for treatment of bacterial vaginosis are published.

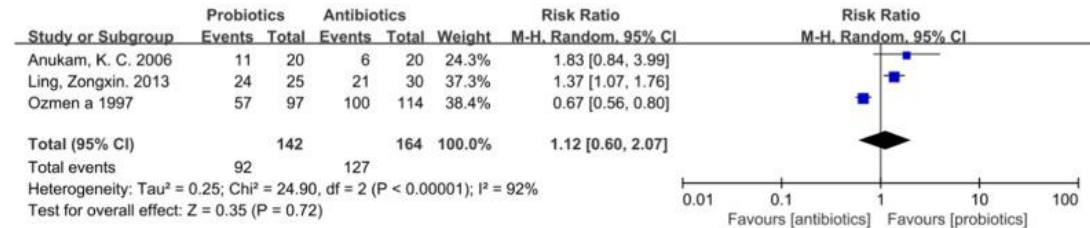
One meta-analysis from 2022 includes 14 studies with 2093 participants<sup>1</sup>:

- Antibiotics + probiotics are somewhat better than antibiotics alone (RR: 1,23)
- Probiotics are much better than placebo (RR 15,2)
- Half of studies used oral administration
- Only 2 studies use a *L. crispatus* strain

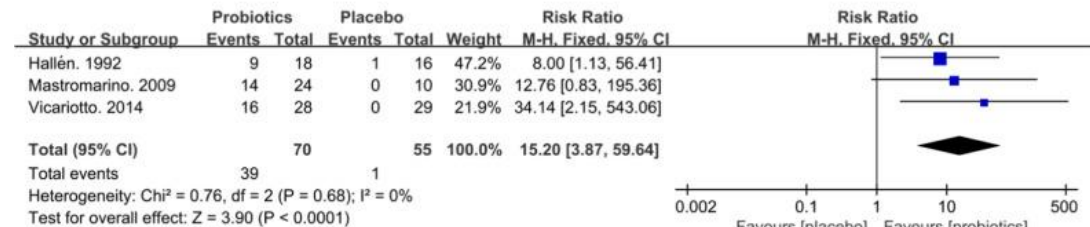
## A. Antibiotics + Probiotics/Antibiotics (+Placebo)



## B. Probiotics/Antibiotics.



## C. Probiotics/Placebo.



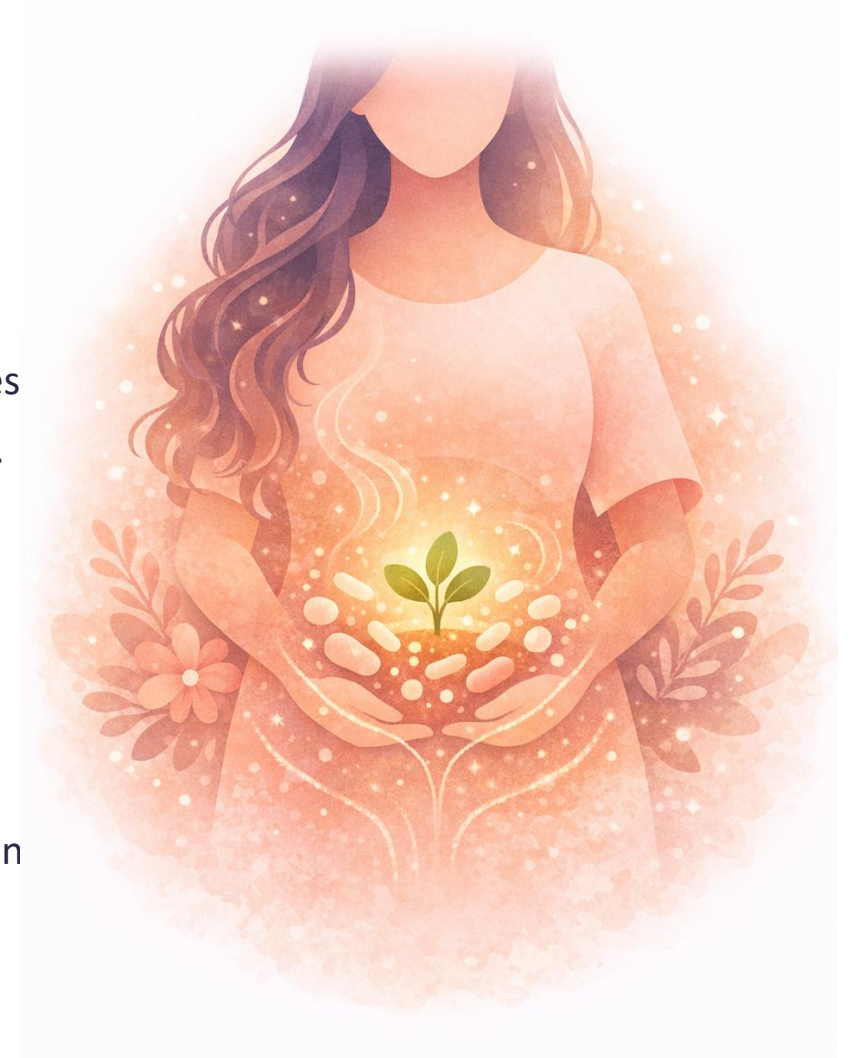
1. Chen, R. et al. Reprod Health 19, 137 (2022)

# Case report 2: VVC + BV

- Woman 22 years old
- Alternating vaginal complaints due to candida or due to bacterial vaginosis
- Was prescribed vaginal suppositories
  
- Were they easy to use?
  - *“There seems to be some kind of coating over them that makes it easy. It doesn't hurt either.”*
- Did you experience any side effects?
  - *“I did not experience any side effects.”*
- Have they had the desired effect?
  - *“The suppositories often had the desired effect, especially with vaginal yeast infections. With bacterial infections, it seems to come back more quickly.”*

# Conclusions

- Infertility is common
- Both male and female infertility play a role
- The vaginal microbiome influence the female fertility
- Vaginal dysbiosis is linked to lower pregnancy rates
- *L. crispatus* dominated vaginal microbiome is linked to highest fertility rates
- It is not only about “who is there?” but also about “what are they doing?”.  
Example: inflammation.
- *L. crispatus* dominance is also linked to lower rates of preterm delivery
- *L. crispatus*-containing vaginal suppositories have been shown to improve pregnancy rates.
- The gut microbiome influences reproduction both directly and via the vagin microbiome
- Treating gut dysbiosis simultaneously can be helpful



# In case of any questions contact

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**Thank you for your attention**