



Screening for Bacterial Vaginosis: Clinical Summary of U.S. Preventive Services Task Force Recommendation

Population	Asymptomatic Pregnant Women Without Risk Factors for Preterm Delivery	Asymptomatic Pregnant Women With Risk Factors for Preterm Delivery
Recommendation	Do Not Screen Grade: D	No recommendation due to insufficient evidence.

Risk Assessment	<p>Risk factors of preterm delivery include:</p> <ul style="list-style-type: none"> • African-American women • Pelvic infection • Previous preterm delivery <p>Bacterial vaginosis is more common among African-American women, women of low socioeconomic status, and women who have previously delivered low-birth-weight infants.</p>
Screening Tests	<p>Bacterial vaginosis is diagnosed using Amsel's clinical criteria or Gram stain. When using Amsel's criteria, 3 out of 4 criteria must be met to make a clinical diagnosis:</p> <ol style="list-style-type: none"> 1. vaginal pH >4.7 2. the presence of clue cells on wet mount 3. thin homogeneous discharge 4. amine 'fishy odor' when potassium hydroxide is added to the discharge
Screening Intervals	Not applicable.
Treatment	<p>Treatment is appropriate for pregnant women with symptomatic bacterial vaginosis infection.</p> <p>Oral metronidazole and oral clindamycin, as well as vaginal metronidazole gel or clindamycin cream, are used to treat bacterial vaginosis. The optimal treatment regimen is unclear.¹</p>

For a summary of the [evidence](#) systematically reviewed in making these recommendations, the full [recommendation statement](#), and [supporting documents](#) please go to <http://www.preventiveservices.ahrq.gov>.

¹ The Centers for Disease Control and Prevention (CDC) recommends 250 mg oral metronidazole 3 times a day for 7 days as the treatment for bacterial vaginosis in pregnancy.