

WHAT'S NEW

From the Third U.S. Preventive Services Task Force

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Screening for Bacterial Vaginosis in Pregnancy

What is Bacterial Vaginosis?

Bacterial vaginosis (BV) is a common cause of vaginal discharge among women of childbearing age. It is caused by an imbalance of the types of bacteria that normally exist in a woman's vagina. The causes of this imbalance are unclear. Bacterial vaginosis can cause abnormal vaginal discharge, itching, or odor but many women with BV are unaware of their infection.

Some studies have found that bacterial vaginosis is more common among black women than white women.

How Many Women Have Bacterial Vaginosis?

The true number of cases of BV is unknown. Between 9 percent and 23 percent of the thousands of women studied in academic medical centers and public hospitals in the 1990s were

diagnosed with BV. These studies found that BV is more common among black women than white women.

What Problems Are Associated With Bacterial Vaginosis?

Pregnant women who have BV are at risk for delivering their babies prematurely. When babies are born too early, they are at risk for abnormalities that affect their lungs, their nervous system, and their development. Such abnormalities could result in the baby's long-term disability or death.

What Are the Benefits and Harms of Treating Bacterial Vaginosis?

Treating BV with antibiotics can relieve symptoms, but treatment does not always lead to cure and recurrences are common. A number of studies have examined whether treating pregnant

women with BV would improve the health of their babies. For women who have had a pre-term delivery in an earlier pregnancy, some studies found that BV treatment did reduce the number of babies born early. However, no benefit of BV treatment was found in the most recent and largest study. For women at average risk for pre-term delivery, BV treatment did not seem to improve the health of babies. Because BV is common, screening and treatment could subject a large number of women to the minor side effects (primarily nausea) of taking antibiotics during pregnancy. A few studies suggest that antibiotics might actually increase pre-term birth in some women, but this finding needs to be confirmed by additional studies.

Bacterial vaginosis puts pregnant women at risk for delivering their babies prematurely.

*What's New from the Third U.S. Preventive Services Task Force is a series of fact sheets based on work of the third U.S. Preventive Services Task Force (USPSTF). The USPSTF systematically reviews the evidence of effectiveness of a wide range of preventive services—including screening, counseling, and chemoprevention (the use of medication to prevent diseases)—to develop recommendations for preventive services in the primary care setting. **This fact sheet presents highlights of USPSTF recommendations on this topic and should not be used to make treatment or policy decisions.***

More detailed information on this subject is available in the Systematic Evidence Review, Summary of the Evidence, and USPSTF Recommendations and Rationale on the Agency for Healthcare Research and Quality (AHRQ) Web site (<http://www.ahrq.gov/clinic/uspstfix.htm>), through the National Guideline Clearinghouse (<http://www.guideline.gov>), in print through the AHRQ Publications Clearinghouse (1-800-358-9295), and in the April 2001 Supplement to the *American Journal of Preventive Medicine*.

Treatment for bacterial vaginosis can relieve symptoms but does not always lead to cure.

Who Should Be Screened for Bacterial Vaginosis?

The third USPSTF concludes that there is insufficient evidence to recommend either for or against regular BV screening for women who have had a previous pre-term delivery. Such screening is, however, an option that is up to the discretion of the clinician. Clinicians should consider the pregnant woman's history of pre-term delivery, other risk factors for pre-term delivery, and the stage of her pregnancy when deciding whether to screen for BV.

The third USPSTF recommends against regularly screening pregnant women who have no symptoms of BV and who have never had a pre-term delivery. Research is ongoing to see whether different treatments or earlier treatment is more effective than the treatments tested in previous studies.

This is the first time the USPSTF has considered the topic of screening pregnant women for BV.

The Take-Home Message

Bacterial vaginosis, a common condition in pregnant women, has been linked to pre-term delivery, an important problem for babies and parents. Nevertheless, the USPSTF concludes that existing scientific studies don't provide clear evidence that screening for and treating BV will have important health benefits for babies. More research is needed to determine which women might be most likely to benefit from BV treatment and which screening tests and treatments might be most effective. Although the third USPSTF does not recommend for or against regular BV screening for pregnant women at high risk for pre-term delivery, there may be cases in which screening pregnant women for BV may be beneficial.

For more information on screening and treatment for BV, contact the following organizations:

American Academy of Family Physicians

11400 Tomahawk Creek Parkway
Leawood, KS 66211-2672
Phone: 913-906-6000
<http://www.aafp.org>

American College of Obstetricians and Gynecologists

ACOG Resource Center
409 12th St. SW
Washington, DC 20024
Phone: 202-863-2518
Fax: 202-484-1595
<http://www.acog.org>

More research is needed to determine the effectiveness of screening pregnant women for bacterial vaginosis.

American Social Health Association

P.O. Box 13827
Research Triangle Park, NC 27709
Phone: 919-361-8400
Fax: 919-361-8425
<http://www.ashastd.org>

Center for Disease Control and Prevention (CDC)

Division of STD Prevention
1600 Clifton Rd. NE
Atlanta, GA 30333
Phone: 404-639-8063
Fax: 404-639-8609
<http://www.cdc.gov>

healthfinder™

<http://www.healthfinder.gov>



Agency for Healthcare
Research and Quality
www.ahrq.gov



U.S. Preventive Services
Task Force

The third USPSTF is an independent panel of experts who represent the fields of family medicine, obstetrics-gynecology, pediatrics, nursing, prevention research, and psychology. Members of the third USPSTF are:

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