

Bacterial Vaginosis

- Bacterial vaginosis (BV) is the most common cause of vaginal discharge in women of childbearing age. It occurs when there is a complex change in the number and types of bacteria in the vagina.
- Risk factors for BV include multiple or new sexual partners, douching, and cigarette smoking. Although sexual activity is a risk factor for the condition, BV can occur in women who have never had vaginal intercourse. BV is not thought to be a sexually transmitted infection.
- Approximately 50 to 75 percent of women with BV have no symptoms. Those with symptoms often note an unpleasant, "fishy smelling" vaginal discharge that is more noticeable after sexual intercourse. Vaginal discharge that is off-white and thin may also be present.
- A woman with concerns about excessive or foul-smelling vaginal discharge, abnormal bleeding, or vulvar irritation is advised to see a healthcare provider. Self-treatment with over-the-counter products (eg, yeast creams, deodorants) is not recommended without a definite diagnosis.
- BV is diagnosed with a physical examination and laboratory testing. The physical examination usually includes a pelvic examination, which allows the healthcare provider to observe and test vaginal secretions during or immediately after the examination.
- Antibiotic treatment is usually recommended for women who have bothersome symptoms from the infection and those preparing for abortion or hysterectomy. Treatment of BV may also reduce the risk of acquiring other STDs, including HIV. For this reason, some experts now support the concept of treating all women with BV.
- There are two prescription antibiotic medications used for the treatment of BV: metronidazole and clindamycin. Both medications can be taken in pill form by mouth, or with a treatment inserted inside the vagina. Oral medication may be more convenient, but has a higher rate of side effects. Follow-up testing is not needed if symptoms resolve.
- It is not necessary to treat the sexual partners of a woman with BV. BV is more common in women having sex with women, but routine screening is not recommended. Treatment of asymptomatic female partners is also not recommended. There is no evidence that the woman's symptoms or risk of relapse is improved if her sex partner(s) is treated.
- Approximately 30 percent of women who initially improve with standard treatment have a recurrence of BV symptoms within three months, and more than 50 percent experience a recurrence within 12 months. Relapse can be treated with a prolonged course of oral or vaginal metronidazole or clindamycin for 10 to 14 days. Most women with recurrent BV benefit from suppressive therapy. A long-term maintenance regimen that includes vaginal metronidazole gel twice weekly may be of benefit, although secondary yeast infection can develop with this regimen.
- Pregnant women with signs or symptoms of BV infection are usually treated to relieve symptoms. Oral treatment with seven days of metronidazole is preferred over shorter oral regimens or vaginal treatments.

In an emergency go to Mount Nittany Medical Center or call 911 for an ambulance.

Test Results and Advice Nurse

Send secure message to advice nurse via the UHS website or call 814- 863-4463.

Appointments

Appointments can be made online via the UHS website, by phone 814-863-0774, or in person. If you are unable to keep your appointment, please call or go online to cancel. Otherwise you will be charged for the visit.

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