

UNIVERSITY STUDENT HEALTH SERVICES • Fact Sheet

BACTERIAL VAGINOSIS**WHAT IS IT?**

Bacterial vaginosis (BV) is the most common cause of abnormal vaginal discharge in women of childbearing age. It results from an overgrowth of bacteria normally found in the vagina. The acid-producing bacteria in the vagina (lactobacilli) are replaced by other species of bacteria (anaerobes) that are normally found in lesser concentrations. It is not known why the anaerobe bacteria overgrow and cause this problem.

WHAT ARE RISK FACTORS FOR BV?

- The most important risk factor for BV is sexual activity:
 - Studies show that having new or multiple sexual partners increases the risk of BV.
 - BV can also be transmitted via sex toys, oral-genital contact, and fingers.
 - Having other sexually transmitted infections (STIs) is associated with an increased risk of BV.
- Douching is a risk factor because it disrupts the natural bacterial balance of the vagina. Based on our clinical experience, we also discourage the use of scented vaginal products, Vagisil, and Summer's Eve for the same reasons.
- Studies show that cigarette smoking is another risk factor for BV.

WHAT ARE THE SYMPTOMS?

- Up to 75% of women with BV have no signs or symptoms.
- The most common symptom is an abnormal vaginal discharge that has an unpleasant "fishy" odor. The discharge is often watery and grayish-white, but characteristics can vary.
- There may be some mild vaginal itching and/or irritation.
- BV does not typically cause burning with urination, pain with intercourse, or significant vaginal pain/soreness.
- BV does not go away with bathing and can worsen after vaginal intercourse.

WHAT ARE POSSIBLE COMPLICATIONS?

BV itself is not harmful, but it has been associated with some health problems:

- BV is a known risk factor for acquiring and spreading HIV.
- BV is also associated with an increased risk for acquiring STIs, including chlamydia, gonorrhea, herpes, and trichomonas.
- BV can increase the risk of developing pelvic inflammatory disease (PID) if the bacteria invade the uterus or fallopian tubes. This is more likely to occur following a surgical procedure (eg. an abortion or hysterectomy) or vaginal delivery.
- BV can also increase the risk for preterm delivery in pregnant women.

HOW IS IT DIAGNOSED?

Your medical provider will perform a pelvic exam and examine a sample of the vaginal discharge under the microscope to diagnose BV and exclude other causes of abnormal vaginal discharge.

WHEN IS TREATMENT RECOMMENDED?

BV resolves without treatment in up to one-third of non-pregnant women and one-half of pregnant women. Treatment is recommended in:

- Women with symptoms, since treatment may decrease the risk of acquiring STIs.
- Women without symptoms who are planning an abortion or hysterectomy; these women should receive treatment for BV prior to the procedure.

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WHAT IS THE TREATMENT?

Antibiotics are used to decrease the overgrowth of anaerobes that results in the abnormal vaginal discharge. Metronidazole and clindamycin are the two most commonly used antibiotics for BV treatment. Both are available as pills taken by mouth or as a vaginal gel/cream.

- **Metronidazole (Flagyl)**
 - **In pill form**, metronidazole is taken by mouth as 500mg twice daily for 7 days. It should be taken with food as common side effects include nausea and/or a metallic taste in the mouth.
 - It is very important to avoid all alcohol while taking metronidazole and for 24 hours following its completion. Combining alcohol with metronidazole can cause severe nausea, vomiting, headache, and flushing. Even the small amount of alcohol in cough syrups can cause this reaction.
 - Metronidazole pills should not be taken with warfarin (Coumadin), a blood thinning medication, as it may increase the risk of bleeding.
 - **As a vaginal gel**, metronidazole is applied inside the vagina at bedtime for 5 days. This treatment has fewer side effects but may be less convenient than taking a pill.
 - Alcohol should be avoided during treatment and for one day after treatment with metronidazole vaginal gel.
 - Metronidazole vaginal gel can be used with warfarin (Coumadin) without an increased risk of bleeding.
- **Clindamycin**
 - **Clindamycin vaginal cream** inserted into the vagina at bedtime for 7 days is the preferred regimen for this antibiotic. However, clindamycin vaginal cream should not be used with latex condoms as it can increase the risk of condom breakage; non-latex barriers should be used instead.
 - **Other forms of treatment** include clindamycin 300mg pills taken by mouth twice daily for 7 days, a one-day vaginal cream, and a 3-day vaginal ovule. These forms of treatment may not be as effective as the 7-day vaginal cream.

WHAT ABOUT MY SEXUAL PARTNER(S)?

- Most studies show no benefit from treating male sexual partners.
- Female sexual partners with symptoms should be evaluated due to the high risk of concordant infection among female partners (25-50%). Treatment should be completed if a diagnosis of BV is made.

WHAT IF SYMPTOMS RETURN?

Recurrence of BV following treatment is common. The reason for this is unclear. About 30% of patients have a recurrence within 3 months, & more than 50% have a recurrence within 12 months.

- Treatment of recurrent BV is usually with another course of oral or vaginal antibiotics for 7 days. Often, a treatment regimen different from the previous one is recommended.
- Women with more than 3 documented episodes of BV over 12 months may be offered maintenance therapy with metronidazole vaginal gel twice a week for 3-6 months.
- Some experts recommend using boric acid vaginal suppositories in addition to oral antibiotic treatment for recurrent symptoms. Consult your medical provider for more information. Boric acid can cause death if swallowed. Therefore, it's important to store boric acid in a safe place that is out of reach of children.
- Probiotics have been used for both the prevention and treatment of BV. Thus far, studies are conflicting and more data is needed before probiotic use is recommended.

WHAT CAN I DO TO PREVENT BV?

- Use condoms regularly, or consider abstinence.
- Also use condoms with sex toys when possible. Clean sex toys after every use.
- Avoid having multiple sexual partners.
- Avoid using douches, scented vaginal products, Vagisil, and Summer's Eve.
- Do not smoke.
- Taking an estrogen-containing birth control pill may also be protective.

RECOMMENDED WEBSITES: www.cdc.gov, familydoctor.org