

Bacterial Vaginosis (BV)

I. INTRODUCTION

Bacterial Vaginosis (BV) is a polymicrobial clinical syndrome. BV is the most prevalent cause of malodorous vaginal discharge. Although BV is associated with having multiple sex partners or a new sex partner, women who have never been sexually active can also be affected. Treatment of male sex partners has not been beneficial in preventing the recurrence. Douching, and lack of vaginal lactobacilli is also associated with BV.

II. HISTORY AND EVALUATION

- A. History may include:
 - 1. Recent change in sexual partner
 - 2. Partner symptoms of STIs
 - 3. Multiple partners
 - 4. Lack of STI protection (lack of condom use)
- B. Symptoms may include:
 - 1. Abnormal vaginal discharge: foul “fishy” odor that intensifies after intercourse
 - 2. Vulvar/vaginal pruritis, burning, irritation
- C. Physical exam findings:
 - 1. Vulvar inflammation
 - 2. Homogeneous, thin, white discharge that smoothly coats vaginal walls
 - 3. Amine odor

III. DIAGNOSIS

Clinical criteria can be used to make diagnosis and require three of the following symptoms or signs:

- A. Homogeneous, thin, white discharge that smoothly coats the vaginal walls
- B. “Clue cells” on microscope exam
- C. Positive “whiff” test when discharge is mixed with 10% KOH
- D. pH of vaginal fluid >4.5

Note: Pap screening tests have no clinical utility for the diagnosis of BV

IV. TREATMENT

Provide treatment if client has above signs or symptoms following the most recent CDC STD Treatment Guidelines found at:

<http://www.cdc.gov/std/treatment/default.htm>

V. SPECIAL TREATMENT CONSIDERATIONS

- A. Allergy or intolerance to the recommended therapy:
Intravaginal clindamycin cream is preferred in case of allergy/intolerance to metronidazole or tinidazole. Intravaginal metronidazole gel can be considered for women who do not tolerate systemic metronidazole. Intravaginal metronidazole should **NOT** be administered to women allergic to metronidazole.
- B. Infection in pregnancy: All pregnant women who have symptomatic disease require treatment due to association of adverse pregnancy outcomes including premature rupture of membranes, preterm birth, intra-amniotic infection, and postpartum endometritis.

VII. CLIENT EDUCATION/COUNSELING

- A. Avoid alcohol during treatment with Metronidazole and Tinidazole for 24 hours after completion: interaction may produce symptoms including abdominal cramps and vomiting.
- B. Clindamycin cream (oil based) may weaken latex condoms and diaphragms for 5 days after treatment
- C. Sexual partner treatment is not recommended
- D. Provide the client with a copy of the site medication information sheet
- E. Provide STI education information
- F. Discourage douching: does not treat or relieve symptoms
- G. Provide current educational information on Bacterial Vaginosis
- H. Provide contraceptive information
- I. Encourage correct and consistent condom use to prevent STIs

VIII. FOLLOW-UP

- A. Unnecessary if symptoms resolve after medication treatment
- B. If symptoms continue, client needs to be seen

IX. REFERRAL/REPORTING

- A. Clients with multiple recurrences: refer to GYN specialist
- B. Clients who are pregnant: refer to prenatal care
- C. Mandated state reporting is **not** required

REFERENCES

1. CDC: Sexually Transmitted Disease Treatment Guidelines, 2010.
2. DHMH Infectious Disease and Environmental Health Administration: Diseases, Conditions, Outbreaks, & Unusual Manifestations Reportable by Maryland Health Care Providers <http://ideha.dhmh.maryland.gov/what-to-report.aspx>
3. Hatcher RA et al. Contraceptive Technology. 19th Revised Edition. Ardent Media, Inc., New York, 2007