

## Bacterial vaginosis – the basics

Bacterial vaginosis (BV) is the most common cause of an abnormal vaginal discharge in women of child bearing age.

Women with BV have an imbalance amongst the normal bacteria that are found in the vagina.

It is not a sexually transmitted infection (STI).

It can be easily treated with antibiotics.

In a few women BV recurs and further treatment may be needed.

Having BV makes it easier for your body to be infected with a sexually transmitted infection, so we recommend that you should have routine tests for all STIs including chlamydia, gonorrhoea, trichomonas, syphilis and HIV.

## How common is BV?

BV is common - any woman can get it, including women in same sex relationships and women who have never had sex.

It is estimated that one in ten women will get BV at some point in their life. It is common in pregnant women.

## How do you get BV?

The cause of BV is not fully understood –it is not caught from a sexual partner but sexual activity may play a part.

The vagina normally contains mostly 'good' bacteria (called lactobacilli) which keep the vaginal fluid mildly acidic, and fewer 'bad' bacteria (called anaerobes).

BV develops when there is an increase in the number of 'bad' bacteria and the chemistry of the vaginal fluid is disturbed and becomes more alkaline.

Although we do not understand why some women get BV and others don't we do recognise that some activities can upset the normal balance of bacteria in the vagina and put women at increased risk. These include:

- Having a new sex partner or multiple sex partners.
- Douching (rinsing inside the vagina) or using vaginal washes or deodorants.
- Smoking
- Oral sex (licking of the vulva)

BV is not caught from toilet seats, swimming pools or Jacuzzis.

## What would I notice if I had BV?

An abnormal vaginal discharge which may be:

- Smelly – sometimes described as ‘fishy’ and often worse after sex.
- Thin and either white or pale grey in colour.

BV is not associated with soreness, itching or irritation unless there is another condition such as thrush as well.

However 50% women with BV do not notice anything wrong.

## How do I get tested for BV?

A doctor or nurse will perform an internal examination to examine the vagina for signs of BV and take a sample of vaginal fluid to analyse in the laboratory.

The pH (acid/alkali balance) of the vaginal fluid is measured or it may be examined under the microscope for bacteria associated with BV.

The results are usually available during your first visit to the clinic.

## How is BV treated?

BV is easily treated with an antibiotic called metronidazole either as a single dose or spread over 5 to 7 days.

Vaginal treatments by inserting either metronidazole gel or clindamycin cream are also available.

Your doctor or nurse will discuss which treatment is best for you. They are all equally effective.

There is no good evidence at the moment that probiotic lactobacilli, lactic acid or live yoghurt preparations are helpful in treating or preventing BV.

## Important information about your treatment

- Metronidazole tablets or vaginal gel: you should avoid alcohol whilst taking the treatment and for 48 hours afterwards. Alcohol interacts with metronidazole and may make you feel nauseated and sick.
- Intravaginal clindamycin cream: weakens latex condoms so they may break – best to avoid sex or use non-latex condoms such as ‘Avanti’.

The treatment does not interfere with your contraception (with the exception of clindamycin cream and condoms as already described).

## Bacterial Vaginosis

If you are breast feeding it may be preferable to use a vaginal treatment such as metronidazole gel or clindamycin cream as treatments by mouth may affect the taste of breast milk.

### What happens if my BV is left untreated?

BV may clear up without any treatment.

For most women there are no complications from BV so treatment is only recommended if:

- it's bothering you or
- you are having a surgical procedure which involves passing an instrument through the neck of the womb (cervix) – such as a surgical abortion.

### What about my partner?

Men do not get BV. Studies have shown that treating men does not prevent BV in their female partners.

Female partners of lesbians with BV frequently have BV too. Treatment of both partners may help to prevent recurrences.

### When can I have sex again?

BV is not sexually transmitted so you do not need to avoid sex. However some women find their symptoms clear up more quickly if they do.

### BV in pregnancy

If you are pregnant and found to have BV that is bothering you, it is safe to take any of the recommended treatments even in the first trimester (1<sup>st</sup> twelve weeks).

There is some evidence to suggest that BV may increase the risk of premature delivery in women who have had a previous miscarriage, premature or low birth weight baby. For these women treatment in early pregnancy (preferably before 20 weeks) is advised.

### BV and abortion

BV may increase the risk of a bacterial infection spreading from the vagina or cervix into the womb during a surgical abortion. This can lead to a condition called Pelvic Inflammatory Disease (PID) – see leaflet on PID.

To prevent this some units may offer either screening or treatment for BV prior to your abortion.

### Does BV recur?

Yes it can.

In most women recurrences will respond to the standard treatments described.

### How can BV be prevented?

Some women may experience repeated bouts of BV.

In these situations we recommend a full sexual health screen if you have not had one recently to make sure there are no additional infections including STIs and thrush. The best ways of preventing BV are not known but avoiding anything that upsets the natural balance of bacteria in the vagina may help. This includes avoiding:

- Douching
- Frequent washing or bathing
- Bubble baths, scented soaps, antiseptics such as DETTOL and feminine washes

We recommend using a soap substitute such as aqueous cream for the genital area (available from any pharmacy).

If these simple measures do not work then your doctor may recommend preventative treatment with antibiotics.

### More information:

<http://www.bashh.org/guidelines>

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