

If your symptoms (pain/fever/sickness) get worse or do not get better within 2–3 days then you should come back to the clinic, see your GP or attend the emergency department (A&E). The treatment does not interfere with your contraception.

What about my partners?

As PID can be caused by a sexually transmitted infection it is important that all current partners are tested for STIs and are treated with antibiotics too (even if their STI tests are negative). Sometimes previous partners will need to be tested too – you will be advised about this.

When can I have sex again?

As PID can be caused by a sexually transmitted infection it is best you don't have sex at all (not even with a condom and not even any oral sex) until you and your partner(s) have finished your antibiotics.

What happens if my PID is left untreated?

Untreated PID can cause serious problems:

- Persistent or recurrent bouts of pelvic pain
- Infertility
- An ectopic pregnancy (this is a serious condition requiring urgent surgery)
- Pelvic abscess
- Persistent or recurrent bouts of pelvic or abdominal pain

However, prompt treatment of PID can minimise these risks and most people with PID can go on to get pregnant in the future if they wish.

Can you get PID again?

The infections that can cause PID include chlamydia and gonorrhoea. You can get these infections again after they have been treated. They are sexually transmitted and so it is important to use condoms to prevent against these infections.

PID in Pregnancy

PID is less common when someone is pregnant, but if they do have it there is thought to be a risk to the health of both mother and baby. Because of this, your doctor or nurse will explain treatment options and often will recommend treatments given by injection rather than by tablets.

How common is PID?

It is most frequent in young sexually active people with a uterus (womb). Those under 25 years are most at risk as the cervix is immature and more likely to be infected with chlamydia or gonorrhoea. Current estimates suggest that 10% of people with a uterus (womb) with untreated chlamydia infection may develop PID within a year.



This leaflet was produced by the Clinical Effectiveness Group of the British Association for Sexual Health and HIV (BASHH). The information in the leaflet is based on the '2018 United Kingdom National Guideline for the Management of Pelvic Inflammatory Disease' published by BASHH.

For more information regarding BASHH:
www.bashh.org/guidelines

The leaflet was developed following The Information Standard principles developed by NHS England.

For more information:
www.england.nhs.uk

If you would like to comment on this leaflet, e-mail us at: admin@bashh.org.uk. Please type 'PID PIL' in the subject box.

Copyright BASHH. This leaflet was first published 11/2021.
Revision date 11/2026.



Pelvic Inflammatory Disease (PID)

The basics

Pelvic Inflammatory Disease (PID)

The basics

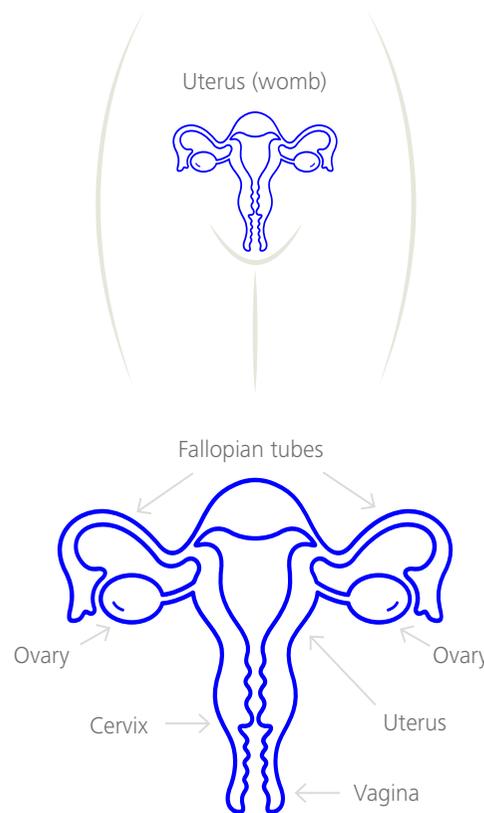
PID is the name given to inflammation (painful swelling) of the reproductive organs: the womb (or uterus), fallopian tubes, ovaries and surrounding tissues. It is usually caused by a bacterial infection that spreads from the cervix (neck of the womb) up into the womb, fallopian tubes and ovaries. In about a quarter of people it is caused by a sexually transmitted infection (STI) such as chlamydia or gonorrhoea. Symptoms of PID can vary from very mild to severe – sometimes requiring treatment in hospital.

Early signs of PID include bleeding between periods or after sex and lower abdominal pain particularly during or after sex. PID is easily treated with antibiotics but if not treated promptly can lead to scarring of the fallopian tubes and serious problems such as infertility, ectopic pregnancy (a pregnancy growing in an abnormal place outside the womb), abscess formation and persistent pain in the lower abdomen.

If you have PID we recommend that you should have routine tests for all sexually transmitted infections including chlamydia, gonorrhoea, mycoplasma genitalium, trichomonas, syphilis and HIV.

What causes PID?

- An untreated STI (usually chlamydia or gonorrhoea, less commonly mycoplasma genitalium) that spreads from the cervix to inside the womb and tubes. Individual patient information leaflets on each of these infections can be found online at bashh.org/guidelines.
- A bacterial infection that spreads from elsewhere in the abdomen e.g. acute appendicitis.



- Occasionally after a surgical abortion (or other surgery where an instrument is passed into the womb). Most people in the UK are treated with antibiotics at the time of surgery to prevent this.
- Rarely, within 3 weeks of fitting an intrauterine device (IUD or coil) – but the risk is greatly reduced by testing and treating for any infection or STI beforehand.

What would I notice if I had PID?

In the early stages you may not notice anything wrong. Most people have mild symptoms that may include one or more of the following:

- Lower abdominal pain or aching – a bit like a period pain
- Pain deep inside during sex
- Bleeding between periods or after sex
- A change in your usual vaginal discharge
- A few people become very ill with severe lower abdominal pain, a high temperature and nausea and vomiting. In this situation you need to seek urgent medical attention – either attend a sexual health clinic or emergency department (A&E)

How do I get tested for PID?

PID is diagnosed by a medical assessment/examination and STI screening. There is no one simple test. You can still have PID even if your STI screen is negative. If your doctor suspects PID you will be advised to have a course of antibiotics. This is because the consequences of leaving PID untreated or not treating immediately (see below) can be serious. We also need to make sure you are not pregnant – please tell the medical professional if you think you could be pregnant.

How is PID treated?

It is important to get treated quickly to reduce the risk of complications. PID is treated with a mixture of antibiotics to cover the most likely infections and usually includes an injection as well as tablets. The treatment course is usually for 2 weeks. The treatment is free and issued to you directly in the clinic or their linked pharmacy.

Important information about your treatment

Completing the full two week course of treatment will minimise your risk of developing the serious complications of PID. Make sure you also rest and take pain killers such as ibuprofen (do not take if you are allergic to aspirin) or paracetamol if required.