BACTERIAL VAGINOSIS

Clinical Features

Symptoms

Offensive fishy smelling vaginal discharge

Not usually associated with soreness, itching, or irritation

Many women (approximately 50%) are asymptomatic

DIAGNOSIS:

Hub/Satellite

- Examination and pH. If pH >4.5 and low risk of STI, treat for BV without microscopy.
- High vaginal swab to send to the lab is not required unless recurrent symptoms.
- If STI is suspected please see vaginal discharge protocol.

Sandyford Central

- Examination and pH
- Microscopy

Metronidazole 400mg BD for 5 days (95% response)

or

Metronidazole 2g STAT (85% response)

Advise to avoid alcohol for the duration of the treatment and for 48 hours afterwards.

Avoid a stat dose as above in pregnant and breast feeding women as short high dose regimens (stat) are not recommended.

Second line treatment:

- Clindamycin cream 2% once daily for 7 days (93% response). This is an expensive treatment and may mask co-existent gonorrhoea; weakens condoms).
- Metronidazole intravaginal gel 0.75% once daily for 5 days.
- Tinidazole 2g oral STAT.

All 70-80% four week cure rate.

NB High dose oral Metronidazole may affect the taste of breast milk in lactating mothers

Partner notification:

Not required. Male partners of women with BV can present with NSU.

Follow-Up:

No routine follow up necessary. Client should be encouraged to re-attend if symptoms persist.

Recurrences / Relapses:

Women with recurrent discharge are best managed at any of our clinics with lab facilities. This enables access to wet film and gram stain microscopy so that BV can be confirmed or differential diagnoses identified (see aerobic vaginitis below). They need an HVS indicating 'recurrent discharge'.

1 Confirm diagnosis and refer into a consultant clinic.
2 Advice on avoiding douching, shower gel, bath foam etc.
3 Possible strategies include:
   - Metronidazole 400mg bd for 3 days at start and end of period
   - Metronidazole gel 0.75% for 10 days then twice weekly for 3-6 months
   - Cyclical use of acidic gel as per pack instructions
4 No good evidence that treatment of male or female partners of value (although BV commonly found in female partners of women with BV).

Bacterial Vaginosis in Pregnancy

- A large meta-analysis has shown no evidence of teratogenicity from use of metronidazole in women during the first trimester but you should avoid high dose stat doses of metronidazole in pregnancy.
- If BV is identified in pregnancy it should be treated.
- BV is associated with late miscarriage, preterm labour, premature rupture of membranes, low birth weight and postpartum endometritis. BV is also associated with post-TOP endometritis and PID and there is RCT evidence that treatment of BV reduces TOP complications

AEROBIC VAGINITIS

Symptoms overlap with BV

Consider if vaginitis, high pH, strong odour

Diagnosed using Donder's Score on microscopy (Sandyford Central lab)

Send HVS in addition to microscopy

Clindamycin more effective than metronidazole

VAGINAL HEALTH:

Advice should be given to the client that some things may affect normal vaginal health causing a disruption to the normal healthy balance. Some causes of irritation include antibiotics, some types of clothing, over-washing, douching or the use shower gels, antiseptic agents and shampoo in the bath. Some women may find intravaginal acidic gel of benefit when symptoms are recurrent.

References:

British Association for Sexual Health & HIV. (2012). National Guideline for the Management of Bacterial Vaginosis. Clinical Effectiveness Group.

http://www.bashh.org/documents/4413.pdf

Faculty of Sexual & Reproductive Health Care Clinical Effectiveness Unit. (2012). FSRH and BASHH Guidance on the management of vaginal discharge in non-genitourinary medicine settings.

http://www.fsrh.org/pdfs/CEUGuidanceVaginalDischarge.pdf