BACTERIAL VAGINOSIS

Bacterial vaginosis (BV) is a common vaginal condition occurring in 12-40% of pregnant women. Up to 80% of these women may be unaware of the presence of bacterial vaginosis. When recognized, the most commonly reported symptoms are increased thin vaginal discharge, and a sharp or fishy odor. The odor is often especially noted after sexual intercourse or during menses. Bacterial vaginosis is not a sexually transmitted infection. However, it is considered sexually associated since it is more common among women who participate in vaginal intercourse with men and/or other women.

Bacterial vaginosis is not caused by a single bacteria. Rather it is a condition which occurs when the bacteria (Lactobacillus spps., especially hydrogen peroxide producing L. jensenini), which are normally present in high numbers in the vagina, are decreased, or absent, while potentially pathogenic bacteria, most notably Prevotella spps. (formerly Bacteroides spps.), Peptococcus, and Mobiluncus species, along with Gardnerella vaginalis, Mycoplasma hominis, and Ureaplasma urealyticum are present in high (10^8 or greater) concentrations. In addition, the biochemical properties of the bacterial vaginosis-associated vaginal fluid exhibit important alterations. These changes include elevated pH and increased vaginal fluid concentrations of enzymes and organic compounds. The increased levels of enzymes and compounds may overcome host defense mechanisms, and can also act directly on the cervical mucus amniochorion and decidua to facilitate the entrance of microorganisms into the upper reproductive tract. These misplaced microorganisms can contribute to the initiation of preterm labor.

Complications in Pregnancy

Bacterial vaginosis is consistently linked to adverse pregnancy outcomes in well controlled research studies. Adverse outcomes include: spontaneous late or second trimester miscarriage, preterm birth, preterm rupture of membranes, low birthweight, chorioamnionitis, postpartum endometritis, cesarean section wound infection, stillbirth, cerebral palsy and post abortion endometritis.

Figure 11. Microscopic Wet Prep view of vaginal epithelial “Clue Cell” (Left) used in clinical diagnosis of bacterial vaginosis and normal vaginal epithelial cells (right).
Diagnosis

The diagnosis of BV can be made using so called “point of care” tests, done within the exam room, or clinic or laboratory based tests. Some tests are more accurate than others.

For several decades, the clinical gold standard for diagnosing BV required observing 3 of 4 clinical criteria. These clinical criteria are:

- presence of a homogeneous, thin, grey or milky vaginal discharge that is adherent to the vaginal walls;
- vaginal fluid pH >4.5;
- release of amine (fishy) odor when vaginal fluid is mixed with a few drops of potassium hydroxide; and
- microscopic examination of vaginal fluid mixed with a few drops of saline to reveal the presence of bacterial coated vaginal epithelial or “clue“ cells (shown in figure 11). More than 20% of the vaginal epithelial cells should be “clue“ cells in order to be classified as positive for “clue“ cells.

A variety of other techniques have been developed for the diagnosis of bacterial vaginosis in order to decrease the subjectivity of the diagnosis. These include: gram stains of vaginal fluid with systematic microscopic examination and counts for specific types of bacteria, DNA probes for high concentrations of G. vaginalis, and biochemical analysis for sialidase levels. Gram stain interpretation is not readily available for clinical care. Commercially available diagnostic tests are described in Table 13.

Figure 12: Gram stain view of normal vaginal epithelial cells (left) with lactobacillus morphotypes present, and bacterial vaginosis “clue” cells (right). Note increased numbers of small bacteria and reduced or absent lactobacillus morphotypes on the right.
### Table 13 Bacterial Vaginosis Diagnostic Tests: Sensitivity & Specificity

<table>
<thead>
<tr>
<th>Test Type</th>
<th>BVBlue®</th>
<th>Affirm™ VPIL Microbial Identification Tests</th>
<th>pHem-Alert®</th>
<th>Wet Prep</th>
<th>Amsel Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sialidase Enzyme activity detector</td>
<td>DNA hybridization test</td>
<td>Vaginal PH indicator</td>
<td>Microscopic examination for Clue Cells</td>
<td>3 of 4 criteria:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• pH &gt;4.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Amine Odor</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Wet prep for Clue Cells</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Thin homogeneous discharge</td>
</tr>
<tr>
<td>Collection Site</td>
<td>Genzyme Diagnostics</td>
<td>Becton Dickerson</td>
<td>Gynex</td>
<td>Mid-lower vaginal wall</td>
<td>Mid-lower vaginal wall</td>
</tr>
<tr>
<td>Lower third of the vaginal wall</td>
<td>Mid-Lower vaginal wall</td>
<td>Outer third of the vagina</td>
<td>Mid-lower vaginal wall</td>
<td>Mid-lower vaginal wall</td>
<td></td>
</tr>
<tr>
<td>Sensitivity</td>
<td>90.3%*</td>
<td>95.1%*</td>
<td>90.3 %*</td>
<td>35-77.4%*</td>
<td>35-88%*</td>
</tr>
<tr>
<td>Specificity</td>
<td>96.6%*</td>
<td>83.3%*</td>
<td>65.1 %*</td>
<td>55- 85%*</td>
<td>55-96%*</td>
</tr>
<tr>
<td>Test Advantages</td>
<td>• Easy to use point of care test;</td>
<td>• Tests for BV, TV, yeast and GC simultaneously;</td>
<td>Easy to use</td>
<td>Quick and easy with skilled provider and working microscope.</td>
<td>Quick and easy with skilled provider and working microscope.</td>
</tr>
<tr>
<td></td>
<td>• Results in 10 minutes-color change;</td>
<td>• High sensitivity and specificity;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Can use self collected swabs;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• High sensitivity and specificity;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test Disadvantages</td>
<td>10 minute incubation at room temperature</td>
<td>• Laboratory based;</td>
<td>• Assists in the vaginal examination, but is not meant to be the sole basis for a therapeutic decision.</td>
<td>Requires a working microscope.</td>
<td>Inconsistent use of 3 of 4 criteria; or 2 of 3 criteria (omitting homogeneous discharge);</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Incubation time;</td>
<td>• Low Specificity for BV, but high Sensitivity.</td>
<td>Inconsistent training on identification of “clue” cells;</td>
<td>A working microscope is required.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Potentially low sensitivity and specificity depending on skill of individual reviewing slides.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Nitrazine paper is inappropriate for this use</td>
</tr>
<tr>
<td>Cost [may vary]</td>
<td>$159.85/ 25 test kits</td>
<td>$ 55.00/test</td>
<td>$36.00/ box of 12</td>
<td>Cost of wet prep, slides and cover slips</td>
<td>Cost of wet prep, pH paper, and KOH, slides and cover slips</td>
</tr>
</tbody>
</table>

*Sensitivity and Specificity are compared with Gram Stain
GUIDELINES FOR BACTERIAL VAGINOSIS

Women with symptoms of vaginal infections should be screened for bacterial vaginosis as well as other common causes of vaginal/cervical infections.

Recommendations for screening for BV among women without symptoms vary, largely because of differing results from clinical research studies. The various studies used different antibiotics, different dosing regimens of the same antibiotic, and different routes of delivery. Studies also varied according to the gestational age at time of treatment, and some of the studies examined the effect of antibiotic treatment among women with no evidence of bacterial vaginosis or other infections. The following consistent findings are noted:

- Research studies that screened all asymptomatic women and treated BV with clindamycin regimens early in pregnancy (before 20 weeks gestation) demonstrated reduced rates of preterm birth.7,8,55,56,57
- Intravaginal clindamycin later in pregnancy (after 20 weeks) was not associated with reduced rates of preterm birth, and in some studies increased rates of preterm birth. 49,57
- Most research studies among women with risk factors for preterm birth, which examined oral metronidazole regimens (given before 24-weeks gestation) showed reduced rates of preterm birth.58,59,60,61 However, the largest U.S. study that examined oral metronidazole after 20-weeks gestation, and other studies treating women in late second or third trimester, have not shown reduced rates of preterm birth in either low- or high-risk women.53,62,63

The CDC and the American College of Obstetricians and Gynecologists hold that there is insufficient evidence to support screening asymptomatic pregnant women.35 The U.S. Preventive Services Taskforce recommends against screening for bacterial vaginosis among asymptomatic pregnant women who are at low risk for preterm birth.64

Table 14 Key Principles of Best Practices for Screening, Treatment and Follow-up of Bacterial Vaginosis During Pregnancy.

<table>
<thead>
<tr>
<th>Screening</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Inform women about bacterial vaginosis and risks in pregnancy.</td>
<td>For bacterial vaginosis- (Figure 13) One week course of either:</td>
</tr>
<tr>
<td>• Screen vaginal pH; if &gt;4.5, then test using appropriate sensitive and</td>
<td>• Oral clindamycin (300 mg twice daily) OR</td>
</tr>
<tr>
<td>specific tests for vaginitis and bacterial vaginosis (BV); conducted</td>
<td>• Intravaginal clindamycin cream 2%, one applicator-full at bedtime for 7 days (if before 20 weeks gestation)</td>
</tr>
<tr>
<td>for all pregnant women. (BV: vaginal fluid pH &gt; 4.5; “whiff test”, “wet prep” for “clue” cells;</td>
<td></td>
</tr>
<tr>
<td>Amsel’s Criteria if microscope not available, use appropriate sensitive and specific bedside or laboratory test for BV)</td>
<td></td>
</tr>
<tr>
<td>➢ Test of cure 1-month following treatment</td>
<td>➢ Check vaginal pH at 20 wks and re-test for BV if pH &gt;4.5</td>
</tr>
<tr>
<td>➢ Check vaginal pH at 20 wks and re-test for BV if pH &gt;4.5</td>
<td></td>
</tr>
</tbody>
</table>

LA Best Babies Network recommends the following algorithm for detecting and managing bacterial vaginosis in pregnancy (Figure 13).
Screening, Treatment, Follow-up for Bacterial Vaginosis in Pregnancy

Screen all pregnant women the first prenatal physical exam

Options for Tests
Clinical Criteria:
• Wet Prep > 20% Clue Cells
• Whiff Test
• PH - Affirm BV - BV Blue

Treatment
1st Choice - Oral Clindamycin 300mg twice daily for 7 days
2nd Choice - Oral Metronidazole 250mg three times daily for 7 days OR Oral Metronidazole 500 mg twice daily for 7 days OR
Education on BV: potential impact on pregnancy, signs and symptoms, Medication risks/benefits

NOTE:

CDC-2010 STD Guidelines
• Treatment for pregnant women with symptomatic BV
• Insufficient evidence to recommend screening women at risk for preterm birth to reduced risk for preterm birth

Cochrane Review - Sangkomkamhang US. 2009—Evidence to support infection screening programs may reduce preterm birth.

Literature Review
9 studies providing recommended treatment regimens before 22 weeks demonstrate reduced preterm birth.
3 studies providing non-CDC recommended dosing regimens between 24-32 weeks did not reduce preterm birth and in one study increased rates were noted among treated women.

Test of Cure - 1 month after treatment retreat if positive. (CDC)

Updated for the Healthy Births Care Quality Collaborative – January 1, 2011
PATIENT EDUCATIONAL MATERIALS

In this section you will find examples of patient education materials for bacterial vaginosis in pregnancy.

Please also consult the links below for the most up-to-date patient education materials.

American Academy of Family Physicians:
Bacterial Vaginosis Fact Sheet

Centers for Disease Control and Prevention:
Patient Handout Bacterial Vaginosis—The Facts
Available in English and Spanish
http://www.cdc.gov/std/bv/the-facts/default.htm

Bacterial Vaginosis Fact Sheet
http://www.cdc.gov/std/BV/STDFact-Bacterial-Vaginosis.htm

STDs In Pregnancy Fact Sheet
http://www.cdc.gov/std/pregnancy/STDFact-Pregnancy.htm
What You Should Know About Bacterial Vaginosis

What’s the most common vaginal infection? Nope, it’s not a yeast infection! Bacterial vaginosis (BV) is the most frequent cause of abnormal vaginal discharge. But unlike the more familiar terms “vaginitis” or “yeast infection,” many women still do not recognize the term BV or understand the infection that it signifies.

All Vaginitis Is Not Alike
The word “vaginitis” is a general term meaning vaginal infection, or inflammation (irritation and swelling) of the vaginal tissue. Many bacteria live in your vagina. Most of them are good bacteria, including important ones called lactobacilli, but a few are bad. Sometimes conditions inside the vagina change, shifting the balance of good and bad bacteria. The result can be one of the following types of vaginitis: Yeast Infection.—This is caused by one of the usual vaginal residents, a fungus called Candida. Certain conditions, such as diabetes, pregnancy, or human immunodeficiency virus (HIV); or medications such as steroids or antibiotics, can cause these fungi to grow and multiply. The result is itching, irritation, and sometimes a discharge often described as looking like cottage cheese.

Trichomoniasis.—This is sometimes called “trich,” and is caused by the sexually transmitted parasite *Trichomonas vaginalis*. Women who have trichomoniasis often have a frothy, yellow discharge and irritation or burning.

Bacterial Vaginosis.—This is caused by a mixture of bacteria that come from your skin and bowel. When the balance of good and bad bacteria is altered by such things as douching, changing sexual partners, or sexually transmitted infections (STIs), conditions are right for these bacteria to flourish. Although BV is not considered an STI (the bacteria come from your own body, not from a sexual partner), it occurs more often in women who are having sex than those who are abstinent.

Although some women with BV don’t know they have it, many experience unpleasant symptoms such as itching, irritation, and a vaginal discharge with a bad odor, often described as “fishy.”

Bacterial vaginosis is treatable and curable. It is particularly important that pregnant women be tested and treated, since women with BV are more likely to have miscarriages or premature labor and birth. Bacterial vaginosis has been linked to pelvic inflammatory disease, which can cause scarring in the fallopian tubes. It may also make it more difficult to become pregnant and easier to acquire HIV.

Diagnosing Bacterial Vaginosis
There are many products available without a prescription to treat yeast infections. So when women develop vaginal discomfort, they may think they have a yeast infec-

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Bacterial Vaginosis

Treatment and simply use an over-the-counter (OTC) product. If you have a first-time vaginal infection, or if you have the symptoms described earlier, resist the temptation to do this. Remember, BV, not yeast, is the most common vaginal infection—and yeast infection treatments do not cure BV. Instead, call your health care provider and make it clear that you need an appointment within a few days. You may be advised to speak with your health care provider or office staff for a “telephone diagnosis.”

Because the symptoms of different vaginal infections can overlap, it’s hard for health care providers to know what you have just by asking questions over the phone. Tell the office staff you want to have your infection diagnosed in person.

At your appointment, your health care provider will ask about your symptoms and examine your vulva and vagina. This includes taking a sample of discharge to determine the pH (acid/base balance), or a DNA test; checking for the fishy odor which is characteristic of BV; and examining the sample under a microscope. Do not assume that your health care provider is taking a Papanicolaou (Pap) smear or testing you for STIs; these tests are not automatically done during an exam for vaginal infections. If you have recently changed sexual partners, or if you are aged 25 years or younger, request specific tests for STIs. If your health care provider doesn’t tell you exactly what tests are being done, ask her or him.

Treating Bacterial Vaginosis

Two antibiotics, clindamycin and metronidazole, can cure BV, and both are available either as oral tablets or as vaginal creams. Clindamycin also comes as a vaginal suppository. Pregnant women should take oral medications since creams and suppositories don’t work as well for preventing the harmful effects of BV during pregnancy. Neither antibiotic is considered harmful to the fetus.

If you take oral metronidazole you will be instructed not to drink alcohol during treatment because the combination causes severe nausea and vomiting. Oral clindamycin can cause severe persistent diarrhea; if you develop diarrhea while using it, notify your health care provider. Vaginal creams have fewer side effects, although some women find them a bit messy to use. Sexual partners do not need to be treated.

Bacterial vaginosis ordinarily goes away with treatment, but it may persist or return. If your symptoms do not clear up, or if they come back, you should return to your health care provider to verify the presence of BV. Using an extended regimen of twice weekly metronidazole vaginal cream may clear up persistent or recurrent BV.

You may have heard that eating yogurt, or using lactobacillus capsules or suppositories can help prevent vaginal infections, including BV; however, there is no good scientific evidence that this works. Using condoms, practicing sexual abstinence, having one rather than multiple sexual partners, and avoiding douching all help keep the vagina healthy and less prone to BV.

In Summary

Bacterial vaginosis, the most common vaginal infection, is not sexually transmitted, and it is treatable and curable. If you have symptoms, having an in-office examination, rather than buying an OTC product or having a telephone consultation is the best way to get an accurate diagnosis and the most appropriate treatment.

Resources

- The National Women's Health Information Center
  US Department of Health and Human Services
  Office on Women's Health
  http://4women.gov/faq/stdbv.htm
  1-800-994-9662

- American Social Health Association
  http://www.ashastd.org/learn/learn_vag_trich.cfm

This Patient Handout was prepared by Diane L. Judge, APN/CNP; using materials from Sexually Transmitted Diseases Guidelines 2002, MMWR Recommendations and Reports, May 10, 2002; 51(RR06).
Lo que Usted debe Saber sobre la Vaginosis Bacteriana

Cuál es la infección vaginal más común? ¡No, no es la candidiasis! La vaginosis bacteriana (VB) es la causa más frecuente de una secreción vaginal anormal. En contraste con los términos familiares como la "vaginitis" o la "infección candidiasis", muchas mujeres todavía no identifican el término VB ni entienden la infección que ésta representa.

Todas las Vaginitis no son Iguales
La palabra "vaginitis" es un término general que significa una infección vaginal o una inflamación (iritación y hinchazón) del tejido vaginal. Muchas bacterias viven en la vagina, la mayoría de ellas son bacterias benéficas incluyendo las lactobacilos, pero algunas de ellas, son perjudiciales. En ocasiones, la condición de la parte interior de la vagina cambia, lo cual modifica el balance de las bacterias benéficas y perjudiciales. Como resultado, la mujer puede padecer de uno de varios tipos de vaginitis:

- **Infección Candidiasis.** —Es causada por un hongo que vive generalmente en la vagina llamado Candida. Ciertas condiciones como la diabetes, el embarazo, el virus de inmunodeficiencia humana (VIH); o medicamentos tales como esteroides o antibióticos pueden causar que dicho hongo crezca y se multiplique. El resultado es comezón, irritación y a veces una secreción que es normalmente descrita como queso cottage.

- **Tricomoniasis.** —A veces es llamado "trich" y es causado por un parásito transmitido sexualmente llamado Trichomonas vaginalis. Las mujeres que padecen de tricomoniasis, frecuentemente padecen de una secreción espumosa y amarillenta y de irritación o ardor.

Vaginosis Bacteriana. —Es causada por una mezcla de bacterias que provienen de la piel y materia fecal. Cuando el balance de las bacterias benéficas y las bacterias perjudiciales es alterado por cosas como duchas vaginales, cambio de pareja sexual o enfermedades transmitidas sexualmente (ETS), las condiciones se vuelven ideales para que la bacteria se multiplique. Aunque la VB no está considerada como una ETS (la bacteria proviene del propio cuerpo, no de una pareja sexual), se presenta más frecuentemente en mujeres que tienen coito que en las que se abstienen.

Aunque algunas mujeres que padecen de VB no saben que la tienen, muchas sufran de síntomas incómodos tales como comezón, irritación y una secreción vaginal que huele mal la cual es normalmente descrita como "olor a pescado".

La vaginosis bacteriana puede ser tratada y curada. Es particularmente importante que las mujeres embarazadas sean evaluadas y tratadas, ya que las mujeres que sufren de VB tienen un riesgo mayor de padecer de un aborto espontáneo o dar a luz prematuramente. La VB está relacionada con la enfermedad inflamatoria pélvica la cual puede causar costras en las trompas de Falopio. También, puede causar que sea más difícil embarazarse y más fácil contraer el VIH.

**Diagnóstico y Tratamiento de la Vaginosis Bacteriana**
Existe un tratamiento aprobado por la FDA pero así como sucede con otras enfermedades del aparato genital, el paciente debe ser evaluada por un profesional de la salud. El tratamiento suele incluir medicamentos vaginales como térmicos, crema o ungüento. Se deben tomar en cuenta ciertos factores como la salud general de la mujer, la presencia de otras infecciones, el embarazo, la edad y las circunstancias de vida. Es importante que se sigan las instrucciones del médico.

**Precauciones**
- Evitar los productos que contengan químicos que pueden irritar la vagina.
- Lavar la ropa interior al menos una vez a la semana.
- Evitar las ropa interior estrecha.
- Evitar el uso de cremas que contengan ácido acetilcolínido, que pueden promover la vaginosis bacteriana.

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Vaginosis Bacteriana

curar las infecciones causadas por la Candida. Cuando las mujeres sienten incomodidad vaginal, creen que tienen una infección causada por la Candida y simplemente usan un medicamento sin receta médica. Si Ud. padece por primera vez de una infección vaginal o si padece de los síntomas anteriormente especificados, resista la tentación de recetarse a sí misma. Recuerde que la VB, no la candidiasis, es la infección vaginal más común y los tratamientos para la candidiasis no curan la VB. Hable con su proveedor de atención médica y aclárele que necesita de una cita dentro de unos días. Es posible que le aconsejen que hable con el médico o con el personal de la oficina para “diagnosticarla” por teléfono. Ya que los síntomas de las diferentes infecciones vaginales se pueden presentar simultáneamente, es difícil para los médicos diagnosticar la enfermedad al hacer sólo preguntas por teléfono. Comuníquelo al personal de la oficina que Ud. prefiere obtener un diagnóstico en persona.

Durante la cita, su médico le hará preguntas sobre sus síntomas y examinará su vulva y su vagina y tomará una prueba de la secreción para determinar el pH (balance acidez/base) o una prueba “ADN” y revisará si está presente el olor a pescado el cual es característico de la VB. También, observará la muestra bajo un microscopio. No suponga que su médico está haciendo la prueba del Papancolau o pruebas de ETS. Dichas pruebas no son automáticamente realizadas durante un examen para detectar infecciones vaginales. Si Ud. ha cambiado recientemente de pareja sexual o si Ud. tiene 25 años o menos, pida por las pruebas específicas para las ETS. Si su médico no le informa sobre las pruebas que está haciendo, pregúntele.

La vaginosis bacteriana es el tipo más común de infección vaginal, no es transmitida sexualmente y puede ser tratada y curada.

Tratamiento para la Vaginosis Bacteriana

Existen dos antibióticos que pueden curar la VB, la clindamicina y el metronidazol y ambos están disponibles ya sea como pildoras orales o cremas vaginales. La clindamicina está disponible como supositorio vaginal. Las mujeres embarazadas deben tomar medicamentos orales ya que las cremas o los supositorios no son tan eficaces en prevenir los efectos dañinos de la VB durante el embarazo. Ninguno de estos antibióticos están considerados dañinos al feto.

Si Ud. toma el metronidazol oral, no debe beber bebidas alcohólicas durante el tratamiento ya que dicha combinación causa una nausia y vómito severo. La clindamicina oral puede causar una diarrea severa y persistente; si Ud. padece de esto, avísele a su médico. Las cremas vaginales poseen menos efectos secundarios, pero algunas mujeres creen que son sucias. Sus parejas sexuales no necesitan tratamiento.

Generalmente, la VB desapaerece con el tratamiento pero es posible que persista o regrese. Si sus síntomas no desaparecen, o si regresan, vuelva a visitar a su médico para verificar la presencia de la VB. Un tratamiento extensivo de dos veces por semana de la crema metronidazol vaginal puede curar la VB persistente o recurrente.

Es probable que Ud. haya escuchado que el yogur o el uso de las cápsulas o supositorios de lactobacilos pueden ayudar a prevenir las infecciones vaginales, incluyendo la VB; sin embargo, no existe una evidencia científica sólida que confirme esto. El uso de los condones, el abstenerse de tener coito, el tener sólo una pareja sexual en vez de varias y el evitar las duchas vaginales, le ayudarán a mantener una vagina saludable y menos propensa a la VB.

En Conclusión

La vaginosis bacteriana es el tipo más común de infección vaginal, no es transmitida sexualmente y puede ser tratada y curada. Si Ud. padece de síntomas, lo mejor es visitar a su médico para ser examinada en vez de sólo comprar un medicamento sin receta médica o una consulta telefónica. Vea a su médico con el fin de obtener un diagnóstico preciso y el tratamiento más apropiado.

Fuentes Informativas


Este informe para la paciente fue redactado por Diane E. Judge, APN/CNP, usando contexto de: La Guía sobre las Enfermedades Transmitidas Sexualmente 2002, Recomendaciones e Informes “MMWR”, 10 de mayo de 2002; 51 (RR06).

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