SOGC CLINICAL PRACTICE GUIDELINE

No. 211, August 2017

This guideline was peer-reviewed by the SOGC's Infectious Disease Committee in March 2015, and has been reaffirmed for continued use until further notice.

No. 211-Screening and Management of Bacterial Vaginosis in Pregnancy

This guideline has been prepared by the Infectious Diseases Committee* and approved by the Executive and Council of the Society of Obstetricians and Gynaecologists of Canada.

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Key Words : Bacterial vaginosis, pregnancy, screening, treatment

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Abstract

Objective: To review the evidence and provide recommendations on screening for and management of bacterial vaginosis in pregnancy.

Options: The clinical practice options considered in formulating the guideline.

Outcomes: Outcomes evaluated include antibiotic treatment efficacy and cure rates, and the influence of the treatment of bacterial vaginosis on the rates of adverse pregnancy outcomes such as preterm labour and delivery and preterm premature rupture of membranes.

Evidence: Medline, EMBASE, CINAHL, and Cochrane databases were searched for articles, published in English before the end of June 2007 on the topic of bacterial vaginosis in pregnancy.

Values: The evidence obtained was rated using the criteria developed by the Canadian Task Force on Preventive Health Care.

Benefits, Harms, and Costs: Guideline implementation will assist the practitioner in developing an approach to the diagnosis and treatment of bacterial vaginosis in pregnant women. Patients will benefit from appropriate management of this condition.

Validation: These guidelines have been prepared by the Infectious Diseases Committee of the SOGC, and approved by the Executive and Council of the SOGC.

Sponsors: The Society of Obstetricians and Gynaecologists of Canada.

Recommendations

There is currently no consensus as to whether to screen for or treat bacterial vaginosis in the general pregnant population in order to prevent adverse outcomes, such as preterm birth.

1. In symptomatic pregnant women, testing for and treatment of bacterial vaginosis is recommended for symptom resolution. Diagnostic criteria are the same for pregnant and non-pregnant women (I-A).

2. Treatment with either oral or vaginal antibiotics is acceptable for achieving a cure in pregnant women with symptomatic bacterial vaginosis who are at low risk of adverse obstetric outcomes (I-A).
3. Asymptomatic women and women without identified risk factors for preterm birth should not undergo routine screening for or treatment of bacterial vaginosis (I-B).
4. Women at increased risk for preterm birth may benefit from routine screening for and treatment of bacterial vaginosis (I-B).
5. If treatment for the prevention of adverse pregnancy outcomes is undertaken, it should be with metronidazole 500 mg orally twice daily for seven days or clindamycin 300 mg orally twice daily for seven days. Topical (vaginal) therapy is not recommended for this indication (I-B).
6. Testing should be repeated one month after treatment to ensure that cure was achieved (III-L).