

Bacterial Vaginosis

Bacterial Vaginosis, Bacterial Vaginitis or 'BV' is the common vaginal infection of women of childbearing age. It results from an overgrowth of bacteria in the vagina following a disruption of the normal balance of bacteria.

Causes

The causes of BV are not fully understood. It seems to arise when there is a surplus of harmful bacteria over good bacteria, which protects the womb from infection, or when there is a disruption in the pH of the vagina resulting in higher levels of alkali. The presence of multiple bacteria is necessary for the problem to develop thus it is a difficult condition to identify and eradicate.

- You are at more risk of contracting BV when you have engaged in vaginal sex, particularly when you have had a new sex partner or have multiple sex partners.
- Not using a condom whilst having sex, or using an intrauterine device can also put you at risk. However, this is not a sexually transmitted infection as women who are not engaging in sexual intercourse can also contract BV.
- E. coli which inhabits the rectum can cause BV if it is spread to the vaginal area, so poor hygiene can often be the culprit.
- Excessive vaginal douching, the use of antiseptic liquids, scented soaps and perfumed bubble bath can also put one at risk of BV. They may damage the sensitive lining of the vagina and change its acidity.
- Hot weather, poor health, and smoking, may be contributing factors.
- Women who have experienced the menopause and women with diabetes are said to also be at greater risk.

Symptoms and effects

BV sufferers may experience an abnormal thin and watery vaginal discharge that may develop a strong, unpleasant odour and a milky white/grey hue, especially after sexual intercourse. BV is not usually associated with irritation or itching so if these are experienced it may be the sign of another infection. Some women may experience no symptoms of BV whatsoever, or be unaware of any symptoms.

However, if it isn't properly treated, BV can cause miscarriage, premature labour, low birth weight and infection after delivery and pelvic inflammatory disease if it is contracted after surgical procedures such as hysterectomy, for example. It is even said to increase susceptibility to sexually transmitted infections such as Chlamydia, gonorrhoea and even HIV if one is exposed to the virus.

Diagnosis

If abnormal vaginal discharge is reported to a doctor, s/he will usually ask a series of questions to determine the severity of the condition. S/he may collect samples of the discharge from the wall of the vagina and affected areas using a swab or a small plastic loop, a quick and painless test. S/he will then test the pH of the discharge and examine it under a microscope to check for BV – the result may come immediately or within a week if it is sent to a laboratory. A sign of BV is the presence of an unusual vaginal cell or a 'clue' cell from the surface of the vaginal area coated liberally with bacteria. There will also be a lack of the normal vaginal bacteria, lactobacilli. This is the best indicator for BV. The doctor may also perform a 'whiff' test where potassium hydroxide is brought into contact with the discharge – if Bacterial Vaginosis is present, a fishy odour can result.

A test can be done as soon as symptoms or signs are found at a GUM or sexual health clinic, sometimes a contraceptive clinic or a young person's clinic and often at a GP's surgery.



Treatment

The treatment for Bacterial Vaginosis is fairly simple – a course of antibiotics for use in a single dose or as a course lasting up to a week is usually prescribed. This may consist of a pill or a gel/cream such as clindamycin cream; if the drug 'metronidazole' is prescribed it may cause side effects but is the most effective treatment. It should not be used by nursing mothers or those in early pregnancy and alcohol should not be consumed during the treatment or 48 hours afterwards. The doctor/nurse administering the medication should be informed if you are using contraception as some creams weaken latex condoms and caps whilst hormonal contraception such as the contraceptive pill containing oestrogen and progesterone may interact with the antibiotics. Symptoms may disappear before the course of medicine is finished but it should be completed in any case. If recurrent symptoms are experienced, a second course of antibiotics is usually prescribed.

Useful contacts

Family Planning Association

Helpline: 0845 122 8690 (Mon-Fri 9am–6pm)

Website: www.fpa.org.uk

BUPA

Website: www.bupa.co.uk

Sources

<http://www.patient.co.uk/showdoc/23068687/> [accessed June 2007]

http://www.fpa.org.uk/information/leaflets/documents_and_pdfs/detail.cfm?contentid=172 [accessed June 2007]

<http://www.embarrassingproblems.co.uk/bacterialvaginosis.htm> [accessed June 2007]

<http://www.condomessentialwear.co.uk/infections/bacterial-vaginosis-long-term-effects> [accessed June 2007]

This factsheet has been produced by Women's Health Concern and reviewed by members of our Medical Advisory Panel.

It is for your information and advice and should be used in consultation with your own medical practitioner. **Updated: November 2007.**