



Leaflet: Bacterial Vaginosis

Bacterial Vaginosis

Bacterial vaginosis (BV) is the commonest cause of vaginal discharge in women of childbearing age. About 1 in 10 women will have BV at some time. The discharge is often greyish and fishy smelling. It may be heavier and most obvious before and after a menstrual period, or after having sex. BV does not usually cause much soreness or irritation. It is not usually a serious infection.

What causes bacterial vaginosis?

BV is thought to be caused by an overgrowth of bacteria in the vagina. A small number of harmless bacteria are normally found inside the vagina. They may act as a 'defence' against more nuisance germs such as thrush (candida). A change in the normal balance of these bacteria may cause the heavy vaginal discharge of BV. A variety of bacteria may be found in the discharge. Why the 'overgrowth' of bacteria occurs is not clear.

BV is not caused by poor hygiene. In fact, excessive washing or 'douching' the vagina may make things worse. Washing the vagina will alter its acidity. This may alter the balance of the normal bacteria of the vagina. This may possibly lead to an overgrowth of bacteria causing BV.

BV is more common in women with an intra-uterine contraceptive (IUD or 'coil') and those who smoke. Without treatment the discharge can come and go. It can clear completely for no apparent reason. Likewise, it can return for no apparent reason. BV is not a sexually transmitted disease. It can affect women who are not sexually active. However, sometimes BV develops after a change in a sexual partner. This may be due to a change in the 'balance' of the normal bacteria of the vagina rather than due to new infecting bacteria.

How is bacterial vaginosis diagnosed?

A sample of the discharge is sent to the laboratory to detect bacteria and other germs. The type of bacteria present, the absence of more harmful germs, the acidity of the discharge, the typical symptoms and the characteristic fishy smell of the discharge confirms the diagnosis.

What is the treatment for bacterial vaginosis?

Mild cases may get better without treatment as the normal balance of bacteria in the vagina corrects itself. A 'see how it goes' approach may be an option.

Antibiotic treatment

A short course of metronidazole is the usual treatment if the discharge persists. This antibiotic clears the overgrowth of bacteria. The discharge will clear in more than 7 in 10 affected women with this treatment. Some people feel sick and may vomit when taking metronidazole. This is reduced by taking the medication straight after food. A metallic taste is also a common side effect. Do not drink any alcohol while taking metronidazole and for at least 48 hours after stopping treatment. The interaction with alcohol can cause vomiting and other problems. Another antibiotic may be tried if metronidazole does not work.

Preventing further episodes of bacterial vaginosis

BV recurs within 3 months in about half of successfully treated women. Treatment can be repeated and will usually be successful. Although not proven, the following are thought to help prevent recurrences.

- ◆ Do not wash the vaginal area too often. Once a day is usually enough.

- ◆ Do not push water into the vagina to clean it (douching).
- ◆ Do not add bath oils, detergents, bubble bath, etc to bath water.
- ◆ Stop smoking if you are a smoker.

Are there any complications with bacterial vaginosis?

- ◆ *Pregnancy* - BV during pregnancy may be linked to some cases of early labour, miscarriage in late pregnancy and infection of the womb after childbirth. Therefore antibiotic treatment is usually advised if BV occurs in pregnancy.
- ◆ *Surgery of the uterus (womb)* - in women with BV there is an increased risk of infection of the pelvic organs after some operations to the uterus. Also after termination of pregnancy. Therefore antibiotics are usually given if BV is present before such operations.

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