

Screening for bacterial vaginosis in pregnancy not advised

October 10 2019



(HealthDay)—The U.S. Preventive Services Task Force (USPSTF)

recommends against screening for bacterial vaginosis in pregnant women who are not at increased risk for preterm delivery; for pregnant women at increased risk for preterm delivery, the balance of benefits and harms cannot be determined. These findings form the basis of a draft recommendation statement published online Oct. 8 by the USPSTF.

Leila C. Kahwati, M.D., M.P.H., from RTI International-University of North Carolina at Chapel Hill in Research Triangle Park, and colleagues reviewed the evidence for screening for bacterial vaginosis during pregnancy to prevent [preterm delivery](#). Data were included for 44 studies.

The researchers found that none of the studies directly assessed the health benefits or harms of screening. In 13 randomized controlled trials comparing oral metronidazole or oral or intravaginal clindamycin with placebo or no treatment, there was no difference in the incidence of preterm delivery and related outcome in general obstetric populations. For women with a prior preterm delivery, the evidence was inconclusive. Based on these findings, the USPSTF concludes that there is no net benefit for preventing preterm delivery for screening for asymptomatic [bacterial vaginosis](#) in pregnant persons not at increased risk for preterm delivery and recommends against the practice (D recommendation). For pregnant persons at increased risk for preterm delivery, the balance of benefits and harms of screening cannot be determined (I statement).

The draft recommendation statement and draft evidence review have been posted for public comment. Comments can be submitted from Oct. 8 to Nov. 4, 2019.

More information: [Draft Evidence Review](#)
[Draft Recommendation Statement](#)
[Comment on Recommendation Statement](#)

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