

# USPSTF against bacterial vaginosis screening to prevent preterm delivery

8 April 2020



Based on these findings, the USPSTF concludes with moderate certainty that there is no net benefit in terms of preventing preterm delivery with screening for asymptomatic [bacterial vaginosis](#) in pregnant persons not at increased risk for preterm delivery. The evidence is conflicting and insufficient for pregnant persons at increased risk for preterm delivery, and the balance of benefits and harms cannot be determined.

"Preterm delivery can cause serious problems for newborns and their families, so more research is needed in this population," task force member Melissa A. Simon, M.D., M.P.H., said in a statement

**More information:** [Evidence Report](#)  
[Final Recommendation Statement](#)  
[Editorial \(subscription or payment may be required\)](#)

(HealthDay)—The U.S. Preventive Services Task Force (USPSTF) recommends against screening for bacterial vaginosis in pregnant women not at increased preterm delivery risk, and more research is needed for those at increased risk. These findings form the basis of a final recommendation statement published in the April 7 issue of the *Journal of the American Medical Association*.

Leila C. Kahwati, M.D., M.P.H., from the University of North Carolina at Chapel Hill, and colleagues updated the evidence on screening and treatment of asymptomatic bacterial vaginosis in pregnancy. Data were included from 44 studies, none of which assessed the benefits or harms of screening. No significant association was seen between treatment and spontaneous [delivery](#) before 37 weeks or any delivery before 37 weeks in trials reporting findings from general obstetric populations. Findings were inconsistent among five trials reporting findings among women with a prior preterm delivery.

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