Screening for Asymptomatic Bacteriuria in Adults: Clinical Summary of a U.S. Preventive Services Task Force Recommendation Statement

<table>
<thead>
<tr>
<th>Population</th>
<th>All Pregnant Women</th>
<th>Men and Nonpregnant Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation</td>
<td>Screen with urine culture. Grade: A</td>
<td>Do not screen. Grade: D</td>
</tr>
</tbody>
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### Detection and screening tests

Asymptomatic bacteriuria can be reliably detected through urine culture. The presence of at least $10^5$ colony-forming units per mL of urine, of a single uropathogen, and in a midstream clean-catch specimen is considered a positive test result.

### Screening intervals

A clean-catch urine specimen should be collected for screening culture at 12–16 weeks' gestation or at the first prenatal visit, if later.

The optimal frequency of subsequent urine testing during pregnancy is uncertain.

Do not screen.

### Benefits of detection and early treatment

The detection and treatment of asymptomatic bacteriuria with antibiotics significantly reduces the incidence of symptomatic maternal urinary tract infections and low birthweight.

Screening men and nonpregnant women for asymptomatic bacteriuria is ineffective in improving clinical outcomes.

### Harms of detection and early treatment

Potential harms associated with treatment of asymptomatic bacteriuria include:

- Adverse effects from antibiotics
- Development of bacterial resistance

### Other relevant recommendations from the USPSTF

Additional USPSTF recommendations involving screening for infectious conditions during pregnancy can be found at www.ahrq.gov/clinic/cps3dix.htm#obstetric and www.ahrq.gov/clinic/cps3dix.htm#infectious.

For the full recommendation statement and supporting documents, please go to www.preventiveservices.ahrq.gov.