

This fact sheet explains the U.S. Preventive Services Task Force's (Task Force) draft recommendation statement on screening for bacterial vaginosis (BV) in pregnant people to prevent preterm delivery. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from October 8, 2019 to November 4, 2019. The Task Force welcomes your comments.

## Screening for Bacterial Vaginosis in Pregnant People to Prevent Preterm Delivery

The Task Force issued a **draft recommendation statement** on *Screening for Bacterial Vaginosis in Pregnant Persons to Prevent Preterm Delivery*. This draft recommendation statement is for pregnant people who do not have any signs or symptoms of BV. Based on its review of the evidence, the Task Force recommends against screening

pregnant people for BV who are not at increased risk for preterm delivery, because it does not help prevent babies from being born too early. The Task Force is calling for more research on whether BV screening among people at increased risk for preterm delivery can help prevent babies from being born too early.

What is bacterial vaginosis?

BV occurs when there is a shift in the natural balance of bacteria in the vagina, and there is less of the bacteria that help prevent infections.

What is preterm delivery?

Preterm delivery is when a baby is born before 37 weeks of pregnancy.

### Facts About Bacterial Vaginosis and Preterm Delivery

BV is a treatable condition that occurs in up to 20 percent of pregnant people in the United States. For most people, BV does not cause symptoms and can go away on its own. If a pregnant person has signs or symptoms of BV—such as vaginal discharge or bad odor—they should talk to their doctor. Medications are available to treat BV.

People who have BV while they are pregnant may be more likely to have a preterm delivery. Preterm delivery is linked to serious health problems for babies including bleeding in the brain, breathing issues, and even death.

Factors that increase the risk for preterm delivery include having a baby born earlier than 37 weeks in a previous pregnancy; having a shortened cervix during pregnancy; being pregnant with twins or multiples; and other factors such as age, weight, and race/ethnicity. A person is at increased risk for preterm delivery if they have one or more of these factors.

### Screening for Bacterial Vaginosis

To screen for BV, a clinician takes a sample using a swab during a pelvic exam, and the sample is then evaluated in a lab or under a microscope.

### Potential Benefits and Harms of Screening for Bacterial Vaginosis to Prevent Preterm Delivery

For pregnant people who are not at increased risk for preterm delivery and do not have signs or symptoms of BV, the Task Force found that there are no benefits of BV screening because it does not help to prevent babies from being born too early. For people who

are at increased risk for preterm delivery, it is unclear if there are benefits of screening for BV, and therefore more research is needed.

The harms of screening for BV during pregnancy are small. Harms can include false positives from screening and minor side effects from treatment with antibiotics, such as a yeast infection or upset stomach. Treatment for BV is not harmful to the baby.

## The Draft Recommendation on Screening for Bacterial Vaginosis in Pregnant People to Prevent Preterm Delivery: What Does it Mean?

Here is the Task Force's draft recommendation on screening for BV in pregnant people to prevent preterm delivery. It is based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. It is also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force recommends against screening (**D Grade**), it is because there is no overall benefit or there are more potential harms than potential benefits. When the Task Force issues an **I Statement**, it means there is not enough evidence to judge benefits and harms for or against screening.

Before you send comments to the Task Force, you may want to read the [draft recommendation statement](#). The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the scientific studies the Task Force reviewed.

- 1 The USPSTF recommends against screening for *bacterial vaginosis* in pregnant persons who are *not at increased risk for preterm delivery*. (**D Grade**)
- 2 The USPSTF concludes that the *current evidence is insufficient* to assess the balance of benefits and harms of screening for bacterial vaginosis in pregnant persons who are *at increased risk for preterm delivery*. (**I Statement**)

## Notes




- 1 *bacterial vaginosis*  
Occurs when there is a shift in the natural balance of bacteria in the vagina, and there is less of the bacteria that help prevent infections.
- not at increased risk for preterm delivery*  
Having no risk factors for a baby being born before 37 weeks of pregnancy.
- 2 *current evidence is insufficient*  
The Task Force did not find enough information in studies to determine the overall benefits and harms of BV screening.
- at increased risk for preterm delivery*  
Having one or more risk factors that could lead to a baby being born before 37 weeks of pregnancy, such as having a baby born earlier than 37 weeks in a previous pregnancy; having a shortened cervix during pregnancy; being pregnant with twins or multiples; and other factors such as age, weight, and race/ethnicity.

## What is the U.S. Preventive Services Task Force?

The Task Force is an independent, non-federal, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a [draft recommendation statement](#). All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force website](#).

### Click Here to Learn More About Bacterial Vaginosis and Preterm Delivery

-  **Bacterial Vaginosis**  
(Centers for Disease Control and Prevention)
-  **Bacterial Vaginosis**  
(Office on Women's Health, U.S. Department of Health & Human Services)
-  **Preterm Birth**  
(Centers for Disease Control and Prevention)

### USPSTF Recommendation Grades

Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

### [Click Here](#) to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received between October 8, 2019 and November 4, 2019



All comments will be considered for use in writing final recommendations.