

Bacterial Vaginosis

What is bacterial vaginosis (BV)?

BV is a condition that happens where there is too much of a certain bacteria in the vagina. This changes the normal balance in the vaginal flora.

BV is not the same thing as a yeast infection. Some symptoms might be similar, but the treatment is different.

How common is BV?

Bacterial vaginosis is the most common vaginal infection in women ages 15-44.

How is it spread?

Researchers do not know the exact cause of BV or how some people get it. We do know that the infection typically occurs in sexually active individuals with a vagina. It is linked to an imbalance of “good” and “harmful” bacteria. Having a new sex partner or multiple sex partners, as well as douching (a type of vaginal wash), can upset the balance of bacteria in the vagina. This places a female-assigned at birth individual at increased risk for getting BV.

We do not know how sex contributes to BV. There is no research to show that treating a sex partner affects whether or not a person gets BV again.

BV rarely affects people who have never had sex.

You cannot get BV from toilet seats, bedding, or swimming pools.

What are the symptoms?

The symptoms of BV can vary widely, and for some it is very mild or unnoticeable.

Symptoms can include:

- increased milky vaginal discharge
- fishy odor, especially after sex

How is BV diagnosed and treated?

In order to diagnose a bacterial vaginosis infection, your clinician will perform a pelvic exam and use a cotton swab to collect a sample of the discharge for testing.

BV is treatable with either topical or oral antibiotics. It is recommended to abstain from sexual activity during the treatment course since continued vaginal irritation can prolong the healing process. You can also soothe some of the symptoms by using petroleum jelly to the areas of irritation which may provide temporary relief.

How do I prevent BV?

Approximately 30% of patients will experience a recurrence within three months of the initial treatment, and more than 50% will experience recurrence within one year. It is not entirely understood why recurrence is so common.

Using condoms with male partners and avoiding douching has shown to reduce the risk of recurrence.

If you experience more than three BV episodes in one year, you may benefit from a longer treatment regimen, which you can discuss with your primary care provider.

Though the evidence is limited, some research studies show that specific probiotics may play a beneficial role in preventing recurrent BV. If you have experienced multiple bouts of BV, “Fem Dophilus” or “RepHresh Pro B” oral probiotics may be helpful in restoring normal vaginal flora.

If you still have symptoms after you complete the course of antibiotics, please come back for another exam.

For an appointment visit www.uhs.berkeley.edu or call 510-642-2000
Clinic Nurse 510-643-7197 for advice