Premature Conclusion Leads to Serious Legal Consequences

There appears to be confusion over the approach obstetricians should take in managing the pregnant patient with BV. Screening all patients for BV and treatment has not been shown to improve perinatal morbidity or mortality. Although current data are encouraging, a cause and effect relationship has not been established. Unfortunately, patients are led to believe that the presence of this condition (BV) can be easily corrected. A treatment modality has not been established that can prevent abortion or preterm birth. Recently a patient was awarded $1.7 million in a legal case because she had a positive Gardnerella culture and her physician did not treat her.

It is important that we, as obstetricians-gynecologists with a special interest in infectious disease, inform the pregnant woman of what is actually known concerning BV and pregnancy. The infectious diseases societies, IDSOG and IIDSOG, should issue position papers and recommendations with regard to BV. The position paper should make it very clear that at the present time no available treatment has been shown to prevent abortion or premature delivery. Such a position paper may allow pregnant patients with BV to understand the nature of this condition, what to expect from available treatment, and that recurrence is common. A position paper may also aid lawyers in understanding that BV is a disruption of the patient’s vaginal ecosystem and not an infection. Therefore, treatment cannot cure this condition but is directed at attempting to restore the vaginal ecosystem to a healthy state.

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