Screening for Bacterial Vaginosis

The IIDSOG-USA has advocated antepartum screening for bacterial vaginosis (BV) in all pregnant women in an attempt to prevent premature delivery. The point is well made that there are a number of screening tests routinely performed during pregnancy that may or may not be beneficial.

The question of whether or not routine screening for BV has merit with regard to prevention of premature labor and delivery remains to be answered. McDonald et al. published the results of a double-blind study of metronidazole versus placebo treatment of pregnant women known to have BV. They found no difference between metronidazole and placebo with regard to preterm birth or spontaneous preterm birth. However, they did find that, in a subset of women who had a previous preterm birth, metronidazole was effective in reducing preterm birth when compared with placebo.

Perhaps the group to focus on is those individuals who have had a previous preterm birth and are found to have BV in the current pregnancy. Often, recommendations for treatment are put forth without a sufficient knowledge base regarding cause and effect. The infectious disease societies should not be quick to embrace a treatment; rather, they should encourage the pharmaceutical industry to fund studies that are directed at explaining the pathophysiology. In this way, treatments can be developed that actually address the problem. Bacterial vaginosis represents an entity that investigators consider to be a disruption in the vaginal microflora. However, the pharmaceutical industry approaches BV as an infection treatable by the administration of an antibiotic. The fact that there is a significant recurrence rate has not been addressed. It is time that the investigators address the total management of the patient with BV.

REFERENCES

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