

Symptoms:

- Offensive fishy smelling vaginal discharge
- Less commonly vaginal irritation/burning

Signs:

- Thin grey/white discharge with pH >4.5.
- Clue cells on microscopy report

Complications:

- Associated with post-termination endometritis /PID
- In pregnancy associated with late miscarriage, pre-term birth & premature rupture of membranes, & postpartum endometritis

Treat if:

- Symptomatic.
- Pregnant woman with history of **recurrent** miscarriage/idiopathic preterm birth/second trimester loss.
- Woman having TOP/IUCD

Treatment:

- Metronidazole 400mg bd 5/7 or 2g stat (avoid stat high dose in pregnancy)

Alternatives:

- Intravaginal metronidazole gel (0.75%) od 5/7
- Intravaginal clindamycin cream (2%) od 7/7
- Clindamycin 300mg orally bd 7/7

If breast-feeding use intravaginal treatment
Clindamycin cream weakens condoms - don't use together

If recurs &/or difficult to manage: refer GU Medicine

Counsel regarding:

- Avoid vaginal douching/showergel/antiseptics/shampoo in the bath
- Not a sexually transmitted infection
- No contact tracing necessary

- Women who are asymptomatic (50%) may elect to take treatment if offered. They may report a beneficial change in their discharge following treatment
- If treatment is prescribed in pregnancy to reduce the risk of preterm birth, a test should be repeated after 1 month & further treatment offered if the BV has recurred