

JUNE NEWSLETTER

Last month, we noticed an uptick in the number of our patients reporting a concern for infection. We would like to take an opportunity to discuss one of the most common vaginal infections, bacterial vaginosis (BV). This infection is estimated to affect 30% of females in child-bearing age within the United States!

What is Bacterial Vaginosis (BV)?

BV is the result of an overgrowth of normal vaginal bacteria. Signs of a bacterial vaginosis infection include increased vaginal discharge with a fishy odor that seems worse after intercourse, pain with urination, and pain with intercourse. However, many affected women do not have any symptoms.

Though BV was previously attributed to *Gardnerella* bacteria, it is now represented by the overgrowth of any regularly occurring anaerobic bacteria in the vagina. Additionally, *Lactobacilli* quantity will be reduced in individuals with BV, though it is the most prominent bacteria in a balanced vaginal microbiome. It is important to note that bacterial vaginosis is not considered a sexually transmitted infection because BV stems from bacteria that already live in a healthy vaginal microbiome. In fact, BV has even been identified in patients who have never had intercourse!



How could I get BV?

Factors that may influence the development of BV include frequent bathing, douching, smoking, multiple sexual partners, use of intravaginal hygiene products, recent antibiotic use, lack of condom usage, use of an intrauterine device, high stress, and increased frequency of sexual activity. These factors have the potential to disrupt your normal pH and microbial balance. Some sources attribute sweaty exercise clothing to BV due to harboring bacteria that alters the vaginal microbiome.

What risks are associated with BV?

BV increases the risk of acquiring sexually transmitted infections since it weakens the immune system and promotes further bacteria growth. It can also lead to pelvic inflammatory disease and other issues within the reproductive system.

What should I do if I think I have a vaginal infection?

Contact our office and we can set you up for an appointment on the same day or the following day. Our doctor will likely perform a pelvic exam if you believe you have a vaginal infection. He may examine the discharge under a microscope to assess for other microorganisms. We also offer a swab to send for lab testing to identify the exact bacterial species causing the infection, as well as the concentration of all bacteria present in your vaginal microbiome. The lab even tests various antibiotics with the species identified, so we can be sure to address the infection with the most effective treatment option possible.

It is important to know that antibiotics are the treatment option for BV, but they are also a potential risk factor associated with BV because they reduce

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the concentration of *Lactobacillus*, the dominant bacteria in a balanced vaginal microbiome. This can cause recurrent BV infections. Some individuals have felt relief from BV after using Boric acid suppositories, but Boric acid is not safe to use during pregnancy.

Testing in individuals with NO symptoms isn't recommended since there is not sufficient evidence to support that treating asymptomatic BV reduces adverse outcomes. In fact, nearly 30% of these cases resolve without treatment.

I am pregnant. What should I know about BV?

Pregnant individuals diagnosed with BV have an increased risk of premature labor, premature rupture of membranes, and postpartum endometritis. There is also an increased risk of miscarriage in individuals diagnosed with BV in their first trimester. Remember, testing for BV in people without symptoms is not shown to prevent adverse outcomes, so it is not recommended that every pregnant individual seek testing for BV. Safe treatment options for pregnant individuals include clindamycin and metronidazole.

<https://www.ncbi.nlm.nih.gov/books/NBK459216/>

IMPORTANT: Dr. Rashti will be out of town from June 19th to July 5th.