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Comparing Screening and Treatment of Bacterial Vaginosis and Pregnancy Outcomes

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Abstract

- Evidence shows that bacterial vaginosis (BV) can lead to poor perinatal outcomes.
- The goal of this project is to answer the question of which test can be used for BV screening that takes place after the 14th week of gestation. A Cochrane review of BV positive women done by Brocklehurst and colleagues in 2015 showed that the treatment of BV can reduce preterm birth. The development of polymerase chain reaction (PCR) has the capability to reduce misdiagnosis. Due to variability in a multitude of factors, a generalized protocol for all pregnant women is unclear. This project proposes to answer how to screen for BV during pregnancy.

Literature Review

- The 2008 USPSTF and 2015 CDC guidelines recommend routine screening of pregnant women for BV based on lack of consistent benefit and possible harm.
- No study has been shown benefit of early screening and treatment of BV and the indication of predicting adverse pregnancy outcomes.

Discussion

- The consensus remains against a screening and treatment protocol for all pregnant women.
- Of the treatment trials used for USPSTF recommendations, no statistically significant adverse effects to pregnancy outcomes. 
- “Vaginal contents are in communication with the uterus until the fusion of the decidua capsularis with the decidua parietalis at 14-16 weeks of gestation.”
- A retrospective study done by McNamee et al. found no statistically significant adverse effects to pregnancy outcomes.

Applicability to Practice

- USPSTF guidelines are currently under revision.
- BV can now be diagnosed using polymerase chain reaction (PCR). It is predicted to have a sensitivity of 100% and specificity of 93%.

References