

*Figure.* Screening for bacterial vaginosis in pregnancy to prevent preterm delivery: clinical summary of a U.S. Preventive Services Task Force Recommendation.

## Annals of Internal Medicine



### Screening for Bacterial Vaginosis: Clinical Summary of U.S. Preventive Services Task Force Recommendation

Population	Asymptomatic Pregnant Women without Risk Factors for Preterm Delivery	Asymptomatic Pregnant Women with Risk Factors for Preterm Delivery
Recommendation	Do not screen Grade: D	No recommendation Grade: I [Insufficient Evidence]

Risk assessment	<p><b>Risk factors for preterm delivery include:</b></p> <ul style="list-style-type: none"> <li>• African-American women</li> <li>• Pelvic infection</li> <li>• Previous preterm delivery</li> </ul> <p>Bacterial vaginosis is more common among African-American women, women of low socioeconomic status, and women who have previously delivered low-birthweight infants.</p>
Screening tests	<p>Bacterial vaginosis is diagnosed by using the Amsel clinical criteria or Gram stain. When using the Amsel criteria, 3 of 4 criteria must be met to make a clinical diagnosis:</p> <ol style="list-style-type: none"> <li>1. Vaginal pH &gt;4.7</li> <li>2. The presence of clue cells on wet mount</li> <li>3. Thin homogeneous discharge</li> <li>4. Amine "fishy odor" when potassium hydroxide is added to the discharge</li> </ol>
Screening intervals	Not applicable.
Treatment	<p>Treatment is appropriate for pregnant women with symptomatic bacterial vaginosis infection.</p> <p>Oral metronidazole and oral clindamycin, as well as vaginal metronidazole gel or clindamycin cream, are used to treat bacterial vaginosis. The optimal treatment regimen is unclear.*</p>

For a summary of the evidence systematically reviewed in making these recommendations, the full recommendation statement, and supporting documents, go to [www.preventiveservices.ahrq.gov](http://www.preventiveservices.ahrq.gov). \*The Centers for Disease Control and Prevention recommends 250 mg oral metronidazole 3 times daily for 7 days as the treatment of bacterial vaginosis in pregnancy.

**Table 1. What the U.S. Preventive Services Task Force Grades Mean and Suggestions for Practice\***

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer/provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer/provide this service.
C	The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is moderate or high certainty that the net benefit is small.	Offer/provide this service only if other considerations support offering or providing the service in an individual patient.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of the USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

\* USPSTF = U.S. Preventive Services Task Force.

**Table 2. U.S. Preventive Services Task Force Levels of Certainty Regarding Net Benefit**

Level of Certainty*	Description
High	The available evidence usually includes consistent results from well-designed, well-conducted studies in representative primary care populations. These studies assess the effects of the preventive service on health outcomes. This conclusion is therefore unlikely to be strongly affected by the results of future studies.
Moderate	The available evidence is sufficient to determine the effects of the preventive service on health outcomes, but confidence in the estimate is constrained by such factors as: <ul style="list-style-type: none"> <li>the number, size, or quality of individual studies</li> <li>inconsistency of findings across individual studies</li> <li>limited generalizability of findings to routine primary care practice</li> <li>lack of coherence in the chain of evidence.</li> </ul> As more information becomes available, the magnitude or direction of the observed effect could change, and this change may be large enough to alter the conclusion.
Low	The available evidence is insufficient to assess effects on health outcomes. Evidence is insufficient because of: <ul style="list-style-type: none"> <li>the limited number or size of studies</li> <li>important flaws in study design or methods</li> <li>inconsistency of findings across individual studies</li> <li>gaps in the chain of evidence</li> <li>findings that are not generalizable to routine primary care practice</li> <li>a lack of information on important health outcomes.</li> </ul> More information may allow an estimation of effects on health outcomes.

\* The U.S. Preventive Services Task Force (USPSTF) defines *certainty* as “likelihood that the USPSTF assessment of the net benefit of a preventive service is correct.” The net benefit is defined as benefit minus harm of the preventive service as implemented in a general, primary care population. The USPSTF assigns a certainty level based on the nature of the overall evidence available to assess the net benefit of a preventive service.