

## Task Force Issues Final Recommendation Statement on Screening for Bacterial Vaginosis to Prevent Preterm Delivery

*Task Force recommends against screening pregnant people who are not at increased risk for preterm delivery; more research is needed on screening those who are at increased risk*

WASHINGTON, D.C. – April 7, 2020 – The U.S. Preventive Services Task Force (Task Force) today published a final recommendation statement on screening for bacterial vaginosis (BV) in pregnant people to prevent preterm delivery. Based on its review of the evidence, the Task Force recommends against screening for BV in pregnant people who are not at increased risk for preterm delivery. **This is a D grade.** The Task Force is calling for more research on whether BV screening among people at increased risk for preterm delivery can help prevent babies from being born too early. **This is an I statement.** This recommendation is for pregnant people who have no signs or symptoms of BV.

### Grades in this recommendation:

**D:** Not recommended.

**I:** The balance of benefits and harms cannot be determined.

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BV occurs when there is a shift in the natural balance of bacteria in the vagina, leading to less of the bacteria that help prevent infections. People with BV during pregnancy may be more likely to have a preterm delivery, but it is unclear whether BV causes preterm delivery.

Preterm delivery, or delivering before 37 weeks of pregnancy, is linked to serious health problems for babies, including bleeding in the brain, breathing issues, and even death. A major risk factor for preterm delivery is having delivered a baby before 37 weeks in a previous pregnancy. Other risk factors during pregnancy include age, weight, race/ethnicity, having a shortened cervix, and being pregnant with more than one baby.

“We looked at whether BV screening can help prevent preterm deliveries so that more babies are born healthy,” says Task Force member Chien-Wen Tseng, M.D., M.P.H., M.S.E.E. “We do not recommend BV screening in pregnant people who are not at increased risk for delivering their babies early because the evidence shows it does not prevent preterm delivery.”

For pregnant people who are at increased risk for preterm delivery, current evidence on BV screening is limited and does not show consistent results in preventing preterm delivery. More research is needed for this population.

“The evidence is not clear about whether screening for BV prevents preterm delivery in pregnant people at increased risk for delivering their babies too early,” says Task Force member Melissa A. Simon, M.D., M.P.H. “Preterm delivery can cause serious problems for newborns and their families, so more research is needed in this population.”

This recommendation applies to all pregnant people who do not have signs or symptoms of BV. If a pregnant person has signs or symptoms—such as vaginal discharge or bad odor—they should talk to their doctor. Antibiotics are available to treat BV.

The Task Force’s final recommendation statement and corresponding evidence summary have been published online in the *Journal of the American Medical Association*, as well as on the Task Force

website at <http://www.uspreventiveservicestaskforce.org>. Draft versions of the recommendation statement and evidence review were available for public comment from October 8, 2019, to November 4, 2019.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Tseng is the Hawaii Medical Service Association endowed chair in health services and quality research, a professor, and the associate research director in the Department of Family Medicine and Community Health at the University of Hawaii John A. Burns School of Medicine.

Dr. Simon is the George H. Gardner professor of clinical gynecology, the vice chair of clinical research in the Department of Obstetrics and Gynecology, and a professor of preventive medicine and medical social sciences at the Northwestern University Feinberg School of Medicine.

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