

## I think I have BV, now what?

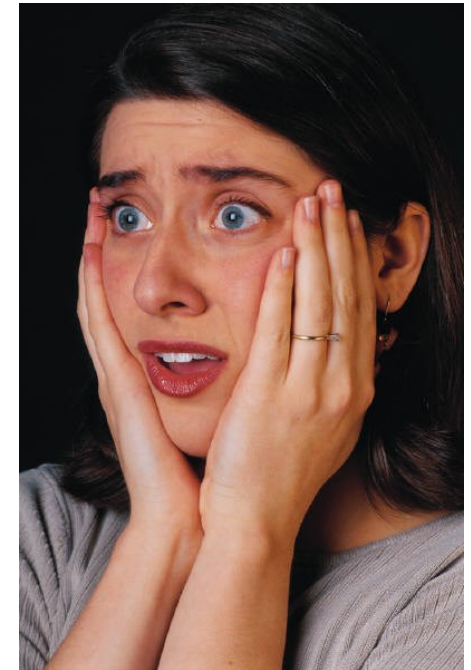
Arrange a visit with Student Health Services they are able to provide preventative care and diagnose and treat general health concerns related to women's health issues:

- Annual Women's Health Exams
- Birth Control
- "Peace of mind" STD testing

Please call (770) 423-6644 and choose option #2 to make an appointment at the [House #52 Appointment Clinic](#) for a gynecologic exam. We will ask for a telephone number and a KSU ID# to book the appointment. After setting up an appointment, please go to your [Owl Express Account](#) to fill out the preliminary women's health questionnaire.



## Bacterial Vagi-*WHAT?*



A Guide on Bacterial  
Vaginosis

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A Guide on  
Bacterial  
Vaginosis  
(BV)





## What is it?

**Bacterial vaginosis** (vaj-uh-NOH-suhs) (BV). BV is more common in lesbian and bisexual women than in other women. The reason for this is unknown. BV often occurs in both members of lesbian couples.



The vagina normally has a balance of mostly "good" bacteria and fewer "harmful" bacteria. BV develops when the balance changes. With BV, there is an increase in harmful bacteria and a decrease in good bacteria.

Sometimes BV causes no symptoms. But over one-half of women with BV have vaginal itching or discharge with a fishy odor. BV can be treated with antibiotics.

***BV can increase a woman's susceptibility to other STDs, such as herpes simplex virus (HSV), chlamydia, and gonorrhea.***

## How do I know if I have BV?

Many women with bacterial vaginosis do not have any symptoms. Bacterial vaginosis does not typically cause itching. But it does cause:

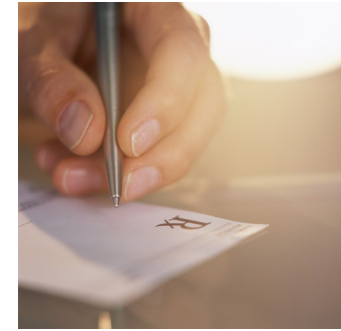
An excessive grayish white vaginal discharge, unlike normal vaginal discharge (1 out of 3 women who have bacterial vaginosis describe the discharge as yellow).<sup>1</sup>

A bothersome "fishy" odor, which is usually worse after sex (intercourse).

The most common method of diagnosis is the Amsel criteria, which include the following:

1. A white, homogenous discharge that is adherent to the vaginal walls;
2. A vaginal pH of greater than 4.5;
3. A positive amine "whiff" test; and
4. Presence of clue cells.

If at least 3 of the criteria are present, the patient has a positive BV diagnosis.



## How is it treated?

Although BV will sometimes clear up without treatment, all women with symptoms of BV should be treated to avoid complications. Male partners generally do not need to be treated. However, BV may spread between female sex partners.

BV is treatable with antibiotics prescribed by a health care provider. Two different antibiotics are recommended as treatment for BV: metronidazole or clindamycin. Either can be used with non-pregnant or pregnant women, but the recommended dosages differ. Women with BV who are HIV-positive should receive the same treatment as those who are HIV-negative. BV can recur after treatment.

## How can I minimize my risk of getting BV?

- Partner management: reduce the number of partners;
- Use of condoms or dental dams;
- Avoidance of douching; and
- Education regarding BV signs and symptoms.