No14 COMMUNITY CARE PATHWAY FOR VAGINAL DISCHARGE IN PREGNANCY

Consider the following when taking history

- Type - Watery, no smell normal
  - Thick white (cottage cheese like), no smell, itching - Thrush (Candidiasis)
  - White or grey with fishy smell - Bacterial Vaginosis
  - Green, yellow / frothy discharge - Trichomoniasis (STI) / GBS (non STI)
- Presence or absence of abdominal pain - consider preterm labour, PPROM (refer to obstetrics)
- Discharge with urinary symptoms (Chlamydia, Gonorrhoea, STIs)
- Bleeding (usually contact following sex): Chlamydia, Cervical Ectropion, Polyp, rarely Cervical Cancer (ask for smear history, any treatment to cervix)
- Painful red blisters / sores around Genitals – Herpes
- Consider LVS or HVS if doing a speculum

Normal
Refer back to routine antenatal care

Infection Confirmed
GP to treat infection and follow up
(Bacterial Vaginosis- metronidazole
Thrush- Clotrimazole
Trichomonas- metronidazole)

Advise to attend GUM if Chlamydia,
Trichomonas, Gonorrhoea or Genital Herpes proven or suspected, to exclude other STI & for contact tracing

Suspected SROM
- Usually a gush or a trickle of fluid that cannot be controlled
- May see fluid draining at introitus
- On speculum will see either fluid draining from cervix or pooling in vagina

Follow suspected SROM (pathway 7) /PPROM (pathway 16)

References:
Further resources: British Association for Sexual Health and HIV includes section on pregnancy - www.bashhguidelines.org
This guidance does not replace the need for application of clinical judgment by clinicians to each individual presentation and specifics of the situation. Pathways current at time of Publication.