



CLINICAL GUIDELINE

Vaginal Discharge

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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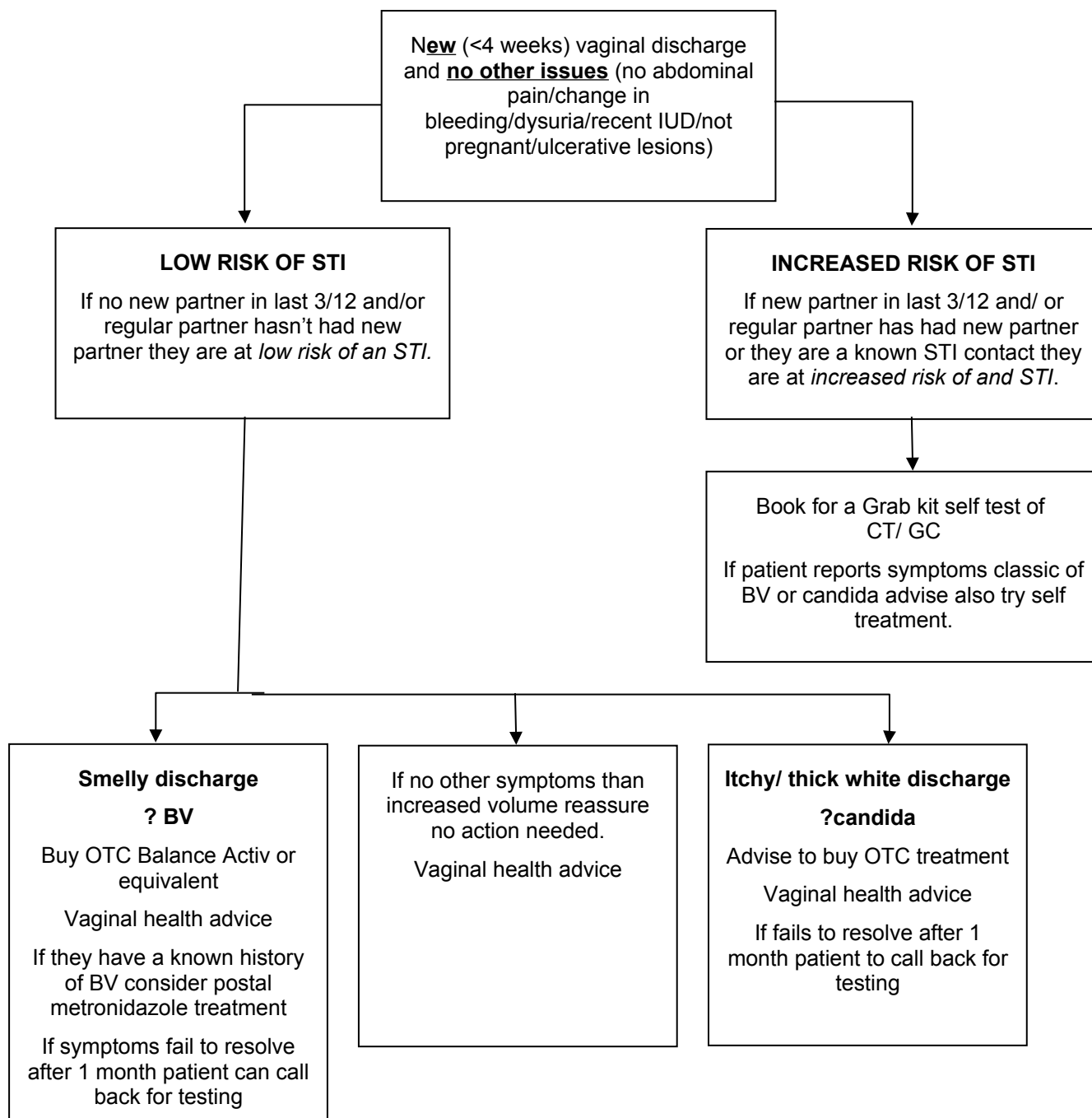
Important Note:

The online version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

VAGINAL DISCHARGE

Please see the individual guidelines for the specific treatments for
**Vulvovaginal Candida, Trichomoniasis, Mycoplasma Genitalium and
Bacterial Vaginosis.**

New Vaginal discharge <4 weeks



Persistent (>4 weeks) or recurrent vaginal discharge symptoms, symptoms of PID, postpartum or post abortion, post gynaecological instrumentation or pregnant - Offer face to face appointment in an appropriate clinic, i.e. Urgent Care / TOPAR/ GU Complex. Advise post partum women to attend their postnatal check if this is due.

Investigations

- Examination and pH
- Microscopy (*dry slide for Gram staining and **wet prep)
- Endocervical GC culture (if plates available)
- High Vaginal Swab (HVS)
- Vulvovaginal CT/GC NAAT

Management of results (please refer to appropriate guidelines)

- Trichomonas Vaginalis (TV) seen – TV
- pH >4.5 +/- Clue cells and abnormal flora – BV
- pH <4.5 +/- Yeast cells – Candida
- Gram Negative Diplococci (GNDC) seen – GC
- High AV score: discuss with senior

*Dry slide (vaginal and cervix) for Gram stain.

**Wet prep taken from the vaginal posterior fornix. In connects an HVS is taken using a charcoal swab for wet prep.

□ HVS – taken from lateral vaginal wall. Stored at 4°C for maximum 48 hours.

Microscopy venue: Sandyford Central.

CONNECT: If microscopy requested please leave the registration form of client with the Connect nurse to follow up client with result.

Aerobic Vaginitis (AV)

Defined as “*Disruption of the lactobacillary (LB) flora, accompanied by signs of inflammation and the presence of predominantly aerobic microflora composed of enteric commensals or pathogens.*”

Vaginal Flora Grade – Modified Hay-Ison Score

Grade	Description
0	No flora
I	Normal vaginal flora (LB alone)
II	Mixed
III	Abnormal
IV	Gram positive cocci only

AV Donder’s Score

This is calculated from a WET film. Not all people who can read slides are trained to do this assessment please confirm on the day. It is based on the following criteria, each given a score from 0-2.

1. Lactobacillary (LB) flora
2. Number of leucocytes
3. Proportion of toxic leucocytes
4. Background flora
5. Proportion of parabasal cells (epithelial damage)

Severity

- Mild 1-4
- Moderate 5-6
- Severe 7-10
- Scores above 5-6 (moderate) or 7 or higher (severe) require clinician to consider AV as well as other causes for an inflammatory vaginitis, including TV and Group A streptococcus.
- Always take a HVS culture swab (self-taken is fine) if moderate or high AV score.
- No clear evidence base for treatment. Discuss with senior clinician. Consider using clindamycin vaginal cream (covers aerobic organisms) instead of metronidazole.

Advice on vaginal health

Advice should be given to the client that some factors may affect normal vaginal health causing a disruption to the normal flora and pH.

Some causes of irritation include:

- Antibiotics
- Some types of clothing (tightly fitted/synthetic material)
- Over-washing/bathing douching or the use of shower gels or antiseptic agents, bath oils

- Avoid using feminine hygiene sprays, perfumes or wipes
- Avoid using daily pads or fragranced sanitary products
- Avoid use of flavoured/coloured condoms or lubricant
- Avoid using fabric conditioner and biological washing powder
- Advise to wash with water or a soap substitute. Offer and prescribe soap substitutes such as aqueous cream or emulsifying ointments.
- Consider providing a Sandyford genital skin information leaflet via SMS

References

[BASHH CEG UK National Guideline on the Management of Bacterial Vaginosis 2012](#) / [accessed Mar 2025]

Sherrard J, Wilson J, Donders G, Mendling W, Jensen JS. 2018 European (IUSTI/WHO) International Union against sexually transmitted infections (IUSTI) World Health Organisation (WHO) guideline on the management of vaginal discharge. Int J STD AIDS. 2018 Nov;29(13):1258-1272. <https://iusti.org/wp-content/uploads/2019/12/Vagdx2018.pdf> [accessed Mar 2025]

Donders G, Bellen G, Rezeberga D. Aerobic vaginitis in pregnancy. BJOG 2011. <https://pubmed.ncbi.nlm.nih.gov/21668769/> [accessed Mar 2025]

