Pathological vaginal discharge in pregnant women: scope review

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ABSTRACT

Introduction: Most women complain of vaginal infections, which account for 40% of gynecological consultations. During pregnancy, vulvovaginitis is associated with unfavorable obstetric outcomes. **Objective:** The objective of this study was to recognize the scientific evidence on the relationship between pathological vaginal discharge and the risk of complications during pregnancy. **Methodology:** This is a scoping review guided by the question: What is the scientific evidence on pathological vaginal discharge and complications in pregnancy? Scientific articles were collected from the *PubMed,* BVS, and *SciELO* databases*.* **Results:** Of the 35 articles analyzed, 10 were selected to compose the final sample. It was evident that pathological vaginal discharge is a very common occurrence in pregnancy and that treatment is necessary whenever diagnosed in order to prevent harm to the mother and baby. **Conclusion:** It can therefore be seen that the studies addressed in this scoping review provide scientific evidence of a relationship between pathological vaginal discharge and the risk of complications during pregnancy.

Keywords: Pregnancy; Leucorrhea; Complications; Infections**.**

INTRODUCTION

Vaginal discharge is a common problem that affects women throughout their lives, especially those of reproductive age. Most women report complaints related to vaginal infections, which account for 40% of gynecological consultations and are characterized by leukorrhea, itching, burning, and odor[1,2] .

During pregnancy, vulvovaginitis is associated with unfavorable obstetric outcomes such as preterm labor, premature chorioamnionitis, low birth weight, and

puerperal infection. It is important to note that complications from preterm birth are the leading cause of neonatal mortality, with genital tract infections playing a major role in this situation.[3] There is also a widespread willingness to prevent neonatal deaths from sepsis, a rapidly progressing disease caused by untreated pathogens that affect the female genital tract of pregnant women.[4]

Therefore, care related to changes in the vaginal microbiota during pregnancy is extremely important, as it can lead to unfavorable outcomes for the mother and fetus. Thus, the objective of this study was to recognize the scientific evidence on the relationship between pathological vaginal discharge and the risk of complications during pregnancy.

METHODOLOGY

This is a scoping review, which is a research methodology that explores the existing literature on a topic, identifying gaps in knowledge and priorities for future research. It uses search criteria and was guided by the question: "What is the scientific evidence on pathological vaginal discharge and complications in pregnancy?" The review was conducted by surveying scientific articles obtained from electronic searches in the *PubMed,* Virtual Health Library (BVS), and *SciELO* databases*.* The articles were selected using the Health Sciences Descriptors (DeCS): "PREGNANCY," "VAGINAL DISCHARGE," "COMPLICATIONS"; and crossing these using the Boolean operator "AND."

In the first search, 163 articles were found in the databases, of which 35 were selected for title and abstract analysis to determine inclusion or exclusion. The eligibility criteria were: articles that addressed the topic, in the period from 2014 to 2024, with free online access, full texts, and in Portuguese and English. After excluding duplicate articles, incomplete articles, or those that did not correspond to the research objective, 10 articles were analyzed.

RESULTS

A total of 10 studies were included in the final sample. Of these, 4 are literature reviews, 4 are literature reviews with meta-analysis, 1 is a cohort study, and 1 is a

double-blind randomized trial. The articles analyzed cover the years 2015 to 2022, with half in Portuguese and half in English.

It became evident that pathological discharge is a fairly common occurrence during pregnancy, given that hormonal changes predispose women to this condition. Five of the articles analyzed reinforced the need for treatment until cure is achieved[4-7,9.] In addition, it was clear that the treatment of candidiasis reduced the number of premature births compared to untreated pregnant women[13.] One of the studies analyzed also emphasizes the importance of adding vaginal pH measurement, amine testing (Whiff test), KOH test, fresh examination (Gram staining), and secretion culture to the investigation of vaginal discharge complaints in order to choose the most appropriate treatment[4].

A cross-sectional cohort study of 299 pregnant women found that more than 30% of the women studied had complaints of abnormal genital discharge. Of these, almost 15% were due to bacterial vaginosis, more than 18% to candidiasis, and no cases of trichomoniasis[7].

In addition to the risk of vertical transmission of vaginal infections, as in the case of gonorrhea and candidiasis, other changes are noted[5,6]. These include: increased chance of premature birth, premature rupture of membranes, and low birth weight[8,10-13]. In order to avoid sequelae in both pregnant women and newborns, it is extremely important to provide quality prenatal care, in which a thorough investigation of any vaginal changes should be carried out so that diagnosis and treatment can be provided in a timely manner[4,9.]

Finally, it is essential to highlight that the randomized trial showed that oral probiotic supplementation does not alter the vaginal microbiota and, therefore, its use is not recommended for the prevention or treatment of pathological discharge in pregnant women[11].

CONCLUSION

It can therefore be seen that the studies reviewed in this scoping review provide scientific evidence of a relationship between pathological vaginal discharge and the risk of complications during pregnancy. Namely, the occurrence of premature birth, premature rupture of membranes, and low birth weight. It is confirmed that the earlier

any change in vaginal discharge is diagnosed and treated, whether of infectious origin or due to an imbalance in the resident microbiota, the better the outcome of the pregnancy.

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