

Position statement from the New Zealand Microbiology Network (NZMN) regarding female genital specimen processing

NZMN recommends that vaginal swabs from asymptomatic women submitted for routine bacterial and fungal culture should not be processed, with the exception of vaginal swabs collected from women with high risk pregnancies.

New Zealand Microbiology Network

The New Zealand Microbiology Network (NZMN) core membership comprises clinical microbiologists representing laboratories interested in and supporting public health microbiology testing in New Zealand, representatives of the Ministry of Health and Ministry for Primary Industries, and representatives of the Institute of Environmental Science and Research Limited (ESR).

The vision of the NZMN is to build national capability, optimise technical methods and collaborative processes in public health microbiology across New Zealand.

Relevance

This position statement from the New Zealand Microbiology Network (NZMN) contains information for relevant stakeholders including smear takers, GPs, midwives, practice nurses, sexual health services, family planning, and O & G specialists.

Introduction

Healthcare providers may routinely collect specimens for STI testing when they are doing a cervical smear. It is essential that clinical details are provided on the request form so that the medical laboratory scientists processing the specimen know if the swab has been collected from an asymptomatic patient, at the time of cervical screening, or if the patient is symptomatic. Without clinical information the interpretation of cultures is difficult and this may lead to over-reporting of the significance of the culture results. Micro-organisms such as *Candida* species, *Staphylococcus aureus, Streptococcus pyogenes* and Enterobacteriaceae may both colonise the genital tract and cause disease. Laboratories may choose not to process specimens from asymptomatic (non-pregnant) women.

Pregnant women with high-risk pregnancies may be screened for Group B streptococcus (*S. agalactiae*) in the absence of clinical symptoms. National and local guidelines should be followed when screening women in this situation.

Recommendation

It should not be routine to collect vaginal swabs for microscopy and culture, in the absence of clinical symptoms, for instance at the time of cervical screening. Pregnant women may be screened for Group B streptococcus carriage in keeping with national and local guidelines.

References

- Roberts CL, Morris JM, Rickard KR, Giles WB, Simpson JM, Kotsiou G, et al. Protocol for a randomised controlled trial of treatment of asymptomatic candidiasis for the prevention of preterm birth [ACTRN12610000607077]. BMC Pregnancy Childbirth. 2011 Mar 11;11:19.
- Hendler I, Andrews WW, Carey CJ, Klebanoff MA, Noble WD, Sibai BM, et al. The relationship between resolution of asymptomatic bacterial vaginosis and spontaneous preterm birth in fetal fibronectin-positive women. Am J Obstet Gynecol. 2007 Nov;197(5):488.e1-5.
- 3. Briery CM, Chauhan SP, Magann EF, Cushman JL, Morrison JC. Treatment of bacterial vaginosis does not reduce preterm birth among high-risk asymptomatic women in fetal fibronectin positive patients. J Miss State Med Assoc. 2011 Mar;52(3):72–5.
- 4. Bretelle F, Fenollar F, Baumstarck K, Fortanier C, Cocallemen JF, Serazin V, et al. Screenand-treat program by point-of-care of Atopobium vaginae and Gardnerella vaginalis in preventing preterm birth (AuTop trial): study protocol for a randomized controlled trial. Trials. 2015 Oct 19;16:470.
- 5. Roberts CL, Algert CS, Rickard KL, Morris JM. Treatment of vaginal candidiasis for the prevention of preterm birth: a systematic review and meta-analysis. Syst Rev. 2015 Mar 21;4:31.
- 6. Svare JA, Schmidt H, Hansen BB, Lose G. Bacterial vaginosis in a cohort of Danish pregnant women: prevalence and relationship with preterm delivery, low birthweight and perinatal infections. BJOG Int J Obstet Gynaecol. 2006 Dec;113(12):1419–25.

07 September 2017