

Validated Patient Infographic leaflet on vaginal discharge in Pregnancy - Quality Improvement Project

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Aims

To create a patient-friendly resource designed to reduce anxiety, educate and improve help-seeking, on vaginal discharge (vaginitis) during pregnancy.

Background

Patients have expressed anxiety associated with vaginal discharge -a common feature of Vaginitis - and difficulty with “starting the conversation” regarding this. This anxiety often carries on into pregnancy; resulting in difficulty to explore what is normal and seek help for what isn't, due to STI related stigma. Our aim is to “start the conversation”, empowering pregnant women with the knowledge to identify aetiology of their discharge and seek help appropriately. Moreso as pregnancy is a key time in a woman’s life when they must be vigilant in identifying changes in discharge. This led to the design of the patient Infographic leaflet (PIL).

Methods

A two-part survey was conducted, before and after reading the 1-paged PIL, to compare knowledge regarding vaginal discharge in pregnancy and confidence in knowing when to seek help. The independent use of online survey and peer-reviewed paper-based PIL- were distributed randomly in the outpatient areas of the maternity hospital at Hull Royal Infirmary over 2 weeks. Statistical analysis was done with Excel and in-app algorithms. The primary outcomes measured include self-reported knowledge of discharge in pregnancy, objective identification of what changes are ‘normal’, confidence in knowing when to seek medical help, and opinions on the readability of the PIL. Ethical permission was approved by the local Audit Committee.

How to know normal from abnormal

- Presence of pain
- Vulval irritation
- Colour



Abnormal discharge comes in a variety of colours, consistencies (creamy, chunky, watery), volumes and odour.

For example:

- Clear non offensive loss
- Egg white loss - thin to slightly elastic as you would see in the middle of menstrual periods, common in early trimesters
- Yellow thin discharge with a urine smell

Seek help if you have...

Red, cheese-like, thin green fishy loss or bleeding - May be thrush or bacterial vaginitis

- Need urgent medical checks (genital swabs, baby checks in some cases and treatment.)

Thick green loss after 20 -24 weeks, in the absence of previous STIs and sexual activity, might suggest foetal stool (meconium).

Pre-term rupture of membranes:

A sudden and persistent trickle or gush of clear fluid from the vagina, with or without tummy pain and soaking through pads is likely to be your waters breaking.

In this instance, You should contact your healthcare provider to check on baby's wellbeing.

Treatment

Normal discharge does not require treatment.

Discharge associated with an infection should be treated with medications targeting the specific infection.

If you are not sure whether your discharge is normal, talk to your health care provider. If you have a fever or pain as well as a discharge, seek care immediately, as this could mean a serious infection.

Vaginal discharge in pregnancy



Congratulations, you are pregnant!



The last thing you want to be worrying about is discharge...

Let's unravel the mystery behind pregnancy related discharge.

Definition

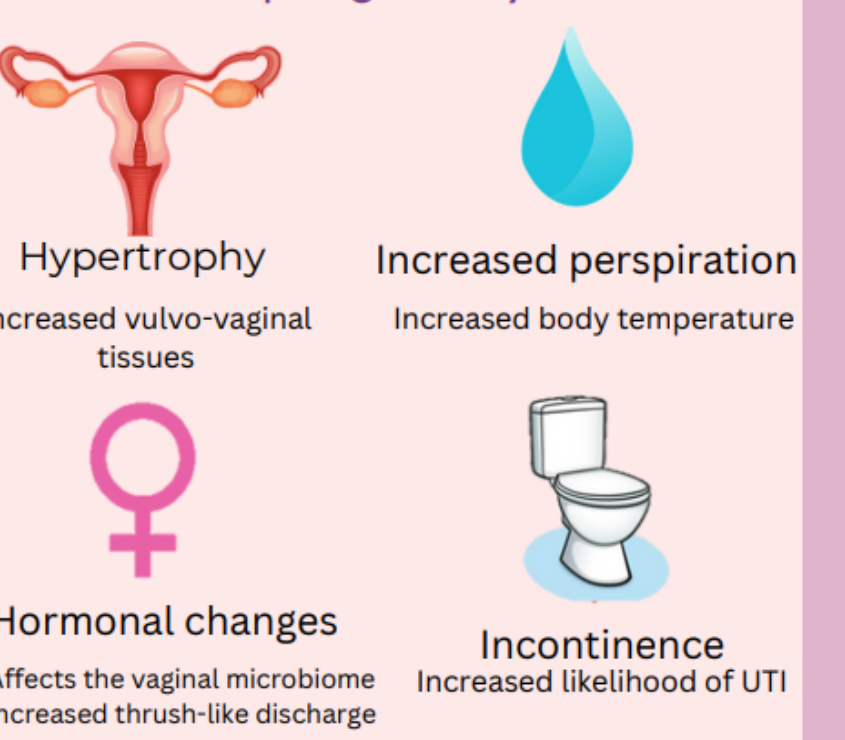
A pregnancy related vaginal discharge is some vaginal loss noted only and initially during pregnancy, commonly from the 2nd trimester onwards.

It can be normal or abnormal...

Normal discharge

- Normal discharge is caused by mucus produced by the cervix.
- A woman may notice changes in the amount of discharge throughout the menstrual cycle or different times of her life, like pregnancy.
- Sometimes the amount of mucus is greater than a person would like, especially during pregnancy, but this does not mean there is anything wrong.
- This discharge does not cause itching, but it may cause discomfort if the woman feels wet all the time.

Causes of normal discharge in pregnancy

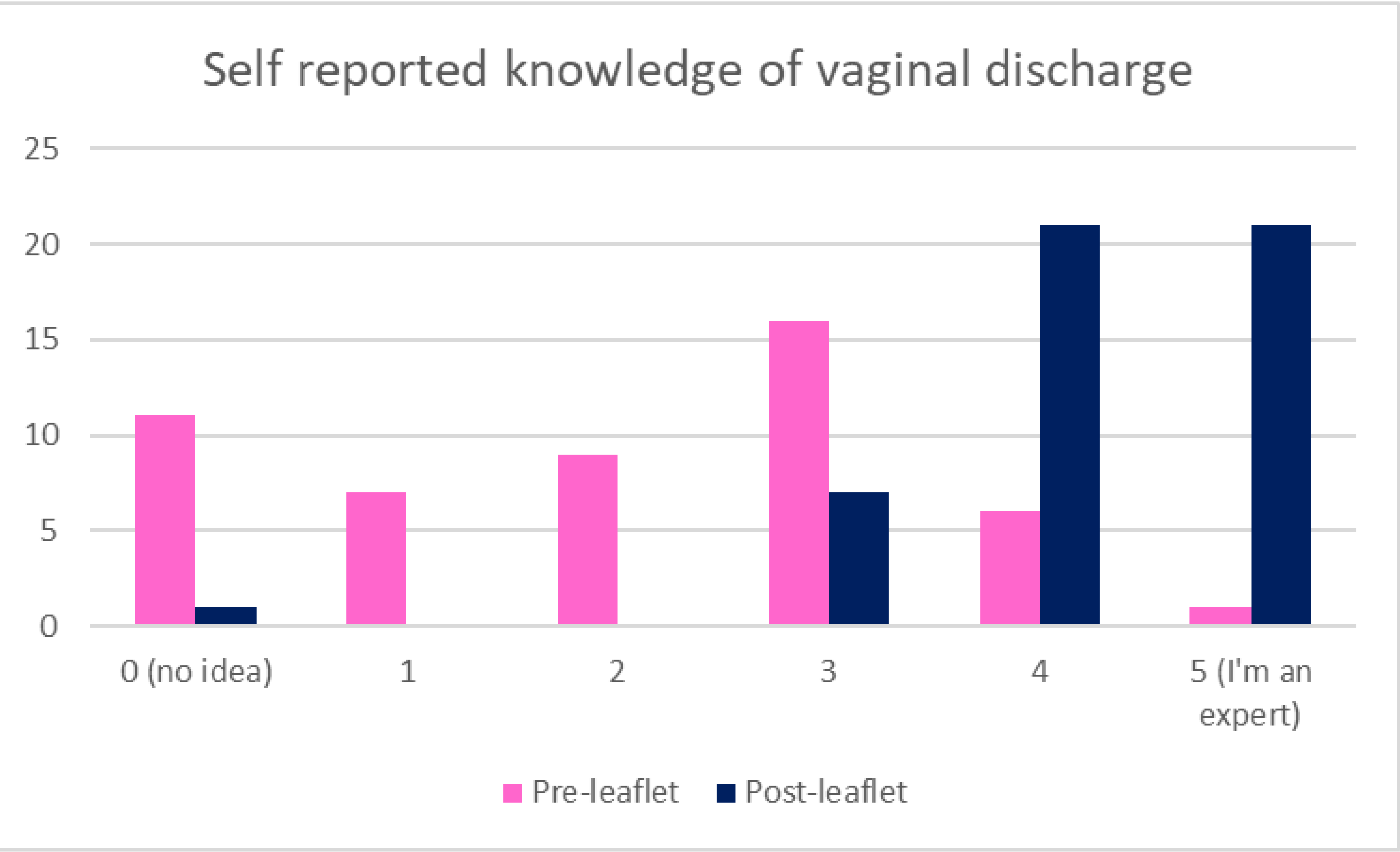


Causes of abnormal discharge in pregnancy

- Bacterial vaginosis**
Caused by normal bacteria when present in large numbers. (Not sexually transmitted).
- Candidiasis (Thrush)**
Caused by too much yeast. This is common and rarely sexually transmitted.
- Trichomoniasis**
Caused by a sexually transmitted parasite.
- Chlamydia & Gonorrhoea**
Sexually transmitted bacterial infections.
- Desquamative inflammatory vaginitis**
Rare condition that produces a pus-like discharge. The cause is unknown. It is not sexually transmitted.

Results

Of the 50 participants of reproductive age (~1% of yearly maternities); 66% were pregnant, 28% not pregnant and 6% post-partum. 78% of patients could not identify the normal changes in discharge during pregnancy from a multiple-choice list initially. But after PIL administration, 90% reported an improvement in knowledge on vaginal discharge-vaginitis, with a mean increase of 1.80 on a 0-5 rating scale (2.04 to 3.84). 74% felt more confident in knowing when to seek help regarding vaginal discharge, with a mean increase of 1.44 (from 2.76 to 4.20). Patient satisfaction of the readability and use of the resource was high, with 4.62 mean rating on the likelihood they would use it if included in the antenatal pack and 4.44 as mean rating of its readability.



Conclusion

This resource was seen to be a useful patient-friendly tool whilst significantly improving knowledge in 90%. Potential limitations include the small sample size, lack of randomisation and the requirement of participants to be proficient in English Language.