



Longer-treatment regimen more effective for asymptomatic bacteriuria during pregnancy

Clinical question

What is the most effective duration of treatment for asymptomatic bacteriuria during pregnancy?

Bottom line

In terms of cure rate (negative culture after treatment), a 1-day regimen was significantly less effective than a 7-day regimen. There was no statistically significant difference in the recurrence rate of asymptomatic bacteriuria between treatment and control groups. Slight differences were detected for preterm births and pyelonephritis, although, apart from 1 trial, the sample size of the trials was inadequate. Single-dose treatment was associated with a decrease in reports of “any side effects”.

Caveat

In general, the trials lacked evidence of sufficient rigour in the design, conduct and analysis of results. The poor methodological quality of these trials may obscure any important clinical and laboratory differences between duration of treatment regimens.

Context

Asymptomatic bacteriuria is common in pregnancy. A Cochrane systematic review has shown drug treatment of asymptomatic bacteriuria in pregnant women substantially decreases the risk of pyelonephritis and reduces the risk of preterm delivery.¹ However, it is not clear whether single-dose therapy is as effective as longer, conventional, antibiotic treatment.

Cochrane Systematic Review

Widmer M et al. Duration of treatment for asymptomatic bacteriuria during pregnancy. Cochrane Reviews, 2011, Issue 12. Article No. CD000491. DOI: 10.1002/14651858.CD000491.pub2. *This review contains 13 studies involving 1622 participants.*

Reference

1. Smaill FM, Vazquez JC. Cochrane Database of Systematic Reviews 2007, Issue 2. Article No. CD000490. DOI: 10.1002/14651858.CD000490.pub2.

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