Asymptomatic bacteriuria means that there are bacteria (germs) in the urine but that you are well and do not have a bladder infection (cystitis).

Your urine is made in your kidneys and then travels down to your bladder where it is held until you go to the toilet. Everyone has a low number of bacteria (germs) in the urine sitting in their bladder but some women have more than the usual number. For a few of these women, there will be symptoms such as burning or stinging when passing urine, or else passing small amounts of urine frequently. This is called cystitis or a urinary tract infection (UTI). These infections are usually treated with antibiotics.

On the other hand, for a number of women, about 5% of the female population, there is an increase in bacteria in the urine without any symptoms at all which means that the woman feels perfectly well. This is called asymptomatic (‘no symptoms’) bacteriuria. When the woman is not pregnant, asymptomatic bacteriuria doesn’t cause any problems. The best medical advice is that asymptomatic bacteria in non-pregnant women should generally be ignored. In particular, no antibiotics are usually needed; indeed they may do more harm than good.

The situation is quite different in pregnancy. We know that the hormones of pregnancy change the bladder and kidneys slightly and because of this, the bacteria sitting in the bladder can travel up to the kidneys. This happens in up to one third of women who have asymptomatic bacteriuria in pregnancy and it can cause a serious kidney infection (called pyelonephritis). It is also possible that a kidney infection can increase your chances of going into labour many weeks before the baby is due.

The reassuring news is that, if we treat asymptomatic bacteriuria in pregnancy, we can prevent most cases of kidney infection.

How do we check for asymptomatic bacteriuria?

At your first pregnancy visit your midwife or doctor will ask you to collect a clean-catch, midstream urine (MSU). The specimen will be sent to the laboratory and tested for infection. Because normal vaginal secretions/discharge contain a lot of bacteria while normal urine should contain only a few, it is important not to let any vaginal secretions accidentally drop into your sample. Otherwise the result might not be accurate.

It is therefore very important that you collect the urine carefully as follows.

- First, gently wash away any vaginal secretions or discharge.
- Second, use one hand to keep the labia (vaginal lips) separated while you pass the urine.
- Third, collect the only middle part of the urine into the container (not the first or last parts).

Diagram of the kidneys and bladder
**Fact Sheet**

**Asymptomatic bacteriuria in pregnancy**

womennewbornhealth.com.au

**What happens if my urine shows a lot of bacteria?**

If your urine test shows a large number of bacteria, you will be given a course of antibiotics. You must take the whole course of tablets to have the best chance of getting rid of the bacteria. About two weeks after you have finished the tablets, you will be asked to collect another urine sample to make sure the bacteria are no longer there.

In addition, because we know that asymptomatic bacteriuria may come back later on, we will continue to check your urine at your follow up pregnancy visits.

**What if the bacteria come back again?**

Don’t worry if your midwife or doctor says the bacteria have come back again – this is common. You will be treated with antibiotics once more. Sometimes, after the second course, you may be started on a low dose of antibiotics to take every night to try and prevent the problem from happening again. By keeping an eye on you and giving you the right treatment, we can usually protect you from getting a kidney infection.

Asymptomatic bacteriuria is quite common, being present in about 5% of non-pregnant and pregnant women. It usually causes no problems in non-pregnant women. In pregnancy, however, it can sometimes lead to kidney infection. Most kidney infections in pregnancy can be prevented by regular testing and taking antibiotics when necessary. The antibiotics given are safe for you and your baby. If you are worried about this information please discuss any concerns you may have with your midwife or doctor.

---

**We welcome further feedback on this brochure as a way of continually improving our service.**

**Send your feedback to:**

WSLHD-Get_Involved@health.nsw.gov.au

This written information is for guidance only and does not replace consultation and advice by your health care provider.