

SUMMARY OF CONSENSUS RECOMMENDATIONS

Asymptomatic Bacteriuria

Diagnosis

Clinicians should screen for ASB with a urine culture once at a visit early in prenatal care. There is insufficient evidence to recommend for or against repeat screening during pregnancy after a negative initial culture result.

Treatment

Clinicians should prescribe a 5–7-day course of targeted antibiotics to treat ASB with colony counts of 100,000 CFU/mL or higher. There is insufficient evidence to recommend for or against repeat screening after appropriate treatment of an initial episode of ASB.

Acute Cystitis

Diagnosis

Clinicians should evaluate patients with symptoms of acute cystitis with a urine culture. UTI should be suspected based on the presence of symptoms, may be supported by a positive urinalysis result, and is confirmed by urine culture showing 100,000 CFU/mL or more.

Treatment

Clinicians should treat acute cystitis in pregnant individuals with a 5–7-day course of a targeted antibiotic. If empiric therapy is started before culture and sensitivity results are available, amoxicillin or ampicillin regimens should be avoided due to high rates of resistance in *Escherichia coli* to these antibiotics in most areas.

There is insufficient evidence to guide management after acute cystitis treatment in pregnancy. Clinicians may consider repeating a urine culture 1–2 weeks after completing treatment for acute cystitis or evaluating only if symptoms recur.

There is insufficient evidence to guide management after recurrent UTI in pregnancy. After treating a recurrent acute infection, clinicians may consider initiating antimicrobial urinary suppression for the remainder of the pregnancy, preferably using a lower single daily dose of an antibacterial drug to which the bacterium isolated was susceptible.

Pyelonephritis

Diagnosis

Pyelonephritis should be suspected in the presence of fever of 38.0° C or higher and urine studies suggesting UTI, with additional symptoms of upper genitourinary tract infection (such as flank pain or costovertebral angle tenderness) supporting the diagnosis.

Treatment

Clinicians initially should manage pyelonephritis in pregnancy in the inpatient setting. Empiric antibiotic therapy should have adequate renal tissue penetration and be targeted against the most likely pathogens. Antibiotic therapy should be adjusted as needed based on urine culture and sensitivity. Parenteral antibiotics should be continued until the patient is clinically improving. Patients should complete a total of 14 days of antibiotic therapy.

There is insufficient evidence to guide management after treatment of pyelonephritis in pregnancy. Clinicians may consider suppressive therapy for the remainder of the pregnancy, as for recurrent UTI.

Abbreviations: ASB, asymptomatic bacteriuria; UTI, urinary tract infection.

second trimester, though a significant proportion of cases are reported in the first trimester, especially among patients who have not yet been screened for ASB (16, 17). It is prudent to collect the screening urine sample at a visit early in prenatal care, though there is insufficient evidence to recommend a specific gestational age at which screening should be performed.

Routine urine dipstick testing for infection at each prenatal visit does not have benefit and is not sufficiently sensitive to detect ASB (18, 19). A midstream urine culture is recommended for ASB screening. Providing instructions in perineal cleaning ("clean catch") during a midstream

collection has not been shown to reduce the rate of vulvo-vaginal bacterial contamination of the urine (20). Both mid-stream and midstream clean catch specimens commonly have at least moderate levels of contamination in pregnant patients, as evidenced by epithelial cells on Gram stain and mixed bacterial flora on culture. In one-third of pregnant patients, urine cultures by either collection method show growth of skin flora at colony counts up to 10,000 (10^4) CFU/mL. There is no evidence specifically addressing whether to repeat a sample that demonstrates vulvovaginal bacterial contamination. Given the high rates of contaminated urine specimens, as well as increasing rates of

