

## **Urinary Tract Infections During Pregnancy**

### **Asymptomatic Bacteruria**

Urinary tract infections (UTIs) are quite common during pregnancy and are most often caused by the bacteria *E. coli*.

Asymptomatic bacteruria (ASB) is a bacterial urinary tract infection that occurs without symptoms. Because 20-30% of pregnant women with untreated asymptomatic bacteruria go on to develop symptomatic UTI, such as cystitis or pyelonephritis, these UTIs represent a significant risk to both mother and baby. There is evidence that suggests UTIs may play a role in the onset of preterm labor as well.

It is advisable to do a urinalysis test at each prenatal as well as monitor urine amounts, color, etc. throughout your pregnancy. This helps you catch potential problems early when it is possible to treat them with less invasive options such as cranberry juice and fluid flushing.

If the infection persists or recurs, you will want to determine if any dietary changes may be contributing, make sure that you urinate after intercourse, etc. Antibiotics may become necessary if other solutions do not resolve the issue.

### **Cystitis**

If you have any combination of the following symptoms, you may have a bladder infection (cystitis):

- pain, discomfort, or burning when urinating (and possibly during sexual intercourse)
- pelvic discomfort or lower abdominal pain (often just above the pubic bone)
- frequent or uncontrollable urge to pee, even when there's very little urine in the bladder
- unpleasant-smelling urine
- cloudy urine
- blood in the urine (usually hard to see with the naked eye)

Since the frequent urge to pee is common during pregnancy, it may be hard to tell whether you have cystitis, especially if your symptoms are mild. If you think you might have an infection, be sure to follow up on it right away. Untreated cystitis puts you at high risk for getting a kidney infection, especially while you're pregnant, so it's important not to delay treatment.

### **Acute Pyelonephritis**

This is a serious problem if it occurs during pregnancy. It can progress to maternal sepsis, preterm labor and premature delivery. The diagnosis is definitive when there is bacteria in your urine and you have symptoms such as fever, chills, nausea, vomiting and hip pain. Symptoms of lower tract infection, such as frequency and lack of urination, may or may not be present.

Early treatment is very important in preventing complications. Hospitalization may or may not be necessary. It is indicated for women who exhibit signs of sepsis, who are vomiting and unable to stay hydrated, and who are having contractions. You will be treated with either oral or intravenous antibiotics until your condition clears.

It is vastly better to never let a UTI advance to full-blown pyelonephritis.

### **To help minimize your chances of getting a UTI, follow these steps:**

- drink plenty of water - at least eight 8-ounce glasses a day
- don't ignore the urge to pee, and empty your bladder completely when you urinate
- after a bowel movement, wipe yourself from front to back to prevent bacteria in the stool from getting near the urethra. Keep your genital area clean with mild soap and water
- clean your genital area and pee before and after sexual intercourse
- drink cranberry juice. Studies show that cranberry juice can reduce bacteria levels and discourage new bacteria from taking hold in the urinary tract

- avoid feminine hygiene products (sprays or powders) and strong soaps that can irritate your urethra and genitals and make them a better breeding ground for bacteria. And don't use douches during pregnancy
- wear all-cotton underwear