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110 Ho Plaza,
Ithaca, NY
14853-3101

The overall health of your vagina is important regardless of your level of sexual activity. However, many women do not think about their genitals aside from specific reproductive or sexual health concerns. This sheet provides information all women (regardless of sexual activity) should have about ensuring the health of their vaginas.

What's normal?

A healthy vagina is rich with small, beneficial bacteria called lactobacilli. These bacteria help prevent other organisms from infecting the vagina and assist in maintaining the vagina's normal, mildly-acidic, environment. When the balance is maintained, the vagina will usually have a mild, slightly pungent or earthy odor (not unpleasant), and there will be occasional small amounts of clear-to-white discharge that may look yellow when it dries on underpants. Around the time of ovulation, usually about two weeks after the first day of a woman's period, there is often a noticeable increase in discharge for a few days, and this discharge (comprised of cervical mucous) may be very stretchy and copious.

What's not?

Unhealthy vaginal discharge may cause an unpleasant odor, burning, itching, or irritation of the vulva or vagina. There are many causes of these conditions, and a specific diagnosis is needed for appropriate treatment. If your discharge is associated with severe abdominal pain, pain with urination, or a fever, seek immediate medical care.

Vaginitis

Vaginitis is a term used to describe any inflammation of the vagina. Infections are the most common cause, but inflammation and irritation can also be caused by trauma or allergy to products such as latex, spermicide, and other vaginal preparations. Clinical examination is typically necessary to help determine the cause.

Common infections

The three most common vaginal infections are Candida vaginitis, bacterial vaginosis, and trichomoniasis. It is often not possible to determine which you have without an examination.

Yeast infection: Candida vaginitis, caused by several species of fungi, is often called a "yeast" or monilial infection. These fungi are normally present in the vagina in very small amounts and do not usually cause problems. On occasion, however, they can overgrow and cause symptoms, such as itching, redness on the vulva, and/or a thick white to yellow cottage cheese-

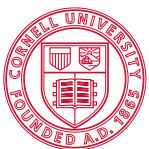
like discharge. A common trigger for Candida vaginitis is recent antibiotic use, as this can kill off the normal healthy lactobacilli and allow the fungi to overgrow. Anything that increases the warmth and moisture of the vulvar area can also encourage yeast growth, so it is important to keep the area as cool and dry as possible.

Treatment: Candidal infections are usually easy to treat with an over-the-counter vaginal antifungal cream, such as Monistat (clotrimazole). Various preparations are available. Some women may experience irritation or recurrence of their infection after using a one-day preparation, so a 5–7 day treatment regimen is usually safest and most effective. There is also an oral pill available by prescription (i.e., Diflucan) which is taken as a single dose and is usually highly effective. If you use a non-prescription remedy for a "yeast" infection and the symptoms do not resolve or they recur, please come in for a clinician visit. You may have a resistant candidal infection or perhaps a different type of infection altogether. Sexual partners rarely need to be treated for yeast unless they are symptomatic. Be aware that vaginal creams can weaken condoms and cause them to break.

If your period begins while using intravaginal medication (e.g., for yeast infections), continue using the medication, but do not use tampons until your treatment is complete. During the time that you are using these medications it is best to avoid sexual intercourse or other penetrative sex.

Bacterial Vaginosis: Like Candidal vaginitis, this infection is caused by an overgrowth of organisms that are usually present in the vagina in very small numbers, but in this case they are bacteria rather than fungi. These unhealthy bacteria tend to grow in numbers when the vaginal pH balance is upset to become more alkaline than normal. At a higher pH (less acidic), the normal lactobacilli cannot live, and these other bacteria take over, sometimes causing a fishy odor, vaginal irritation, burning with urination, and a thin whitish-gray discharge. The rise in pH can be caused by a primary loss of the lactobacilli, or exposure to alkaline fluids such as menstrual blood and semen.

Treatment: Bacterial vaginosis is treated with special antibiotics, either taken orally or via vaginal applicators. When taken orally, the antibiotic most commonly used to treat bacterial vaginosis can cause side effects such as a bad taste in the mouth and upset stomach. Alcohol cannot be consumed during the length of treatment. A vaginal gel, applied via applicator nightly for five days, has many fewer side effects and is absorbed easily by



the body (no messy discharge the next day). In rare cases, the sexual partner may need to be treated as well.

Trichomonas: Trichomonas vaginitis is a protozoan that can infect the vagina and urethra and, unlike Candida and BV, is typically sexually-transmitted. Male partners often do not have symptoms. In women, trich often causes a copious “frothy” yellow-gray discharge, an unpleasant odor, and vulvar irritation. Onset of symptoms from the time of infection can be from 2 days to several months, so it is sometimes difficult to know when the initial exposure occurred.

Treatment: This infection is easily treated with an oral antibiotic; partners should be treated, too.

Vaginitis & Sexually Transmitted Infections (STIs): One reason for concern about vaginal discharge is that it may be a symptom of an infection of the cervix and/or uterus. If you have symptoms of vaginitis, you need to consider your risk for STIs. Unprotected genital contact is one way infections are transmitted. If you or your partner have had any new sexual contacts, if you have more than one partner, or if you’re not sure about your risk for STIs, it’s best to schedule an appointment with a clinician.

If your partner is also having symptoms including a genital rash, itching, discharge, or burning with urination, your partner must be checked. Do not have sexual contact until STIs are ruled out. You both need to schedule appointments.

If your symptoms last for more than a week, do not respond to self-treatment, or are severe, you should see a clinician.

When you make an appointment to have your symptoms evaluated, do not put tampons or any medication into your vagina, or have intercourse or other penetrative sex for at least 24-48 hours before your clinic visit, as these can make test results less reliable.

Medication tips

Be sure to use all medication (prescription and non-prescription) as recommended by your clinician and/or package directions unless you have a negative reaction to it. If your symptoms

worsen while using the medication, stop the medication and consult with Cornell Health or another health care provider. If your symptoms do not go away, or recur, schedule an appointment with a clinician for evaluation.

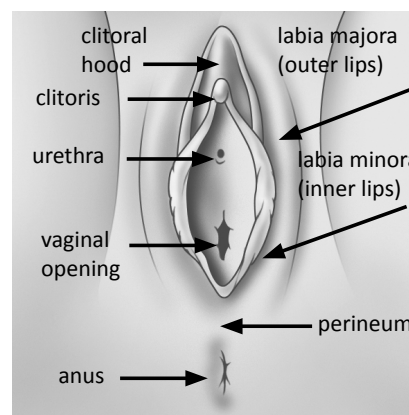
If you are pregnant at the time of an infection, consult a clinician before using ANY medicine.

Lubrication

Lubrication plays an essential role in facilitating safe and comfortable vaginal penetration, as it helps prevent irritation, chafing, or breakage of the skin around the labia and vagina. Vaginal lubrication occurs spontaneously when a woman is aroused, but sometimes it may not be sufficient for penetrative sex. To reduce friction, increase pleasure, and avoid trauma to the skin and vaginal tissues, use of an artificial lubricant is recommended. Lube can also be very helpful for women who engage in intercourse for the first time, and is required for safer anal sex, as that area of the body does not lubricate naturally. Do not use oil-based products (e.g., vaseline) as they damage latex condoms and may contribute to infections.

Many different types of lubricants are available at the Cornell Health Pharmacy. Please see the Cornell Health handout on condoms and lube, or our website, for more information.

Female sexual anatomy



Note: Variation in the size and shape of sexual anatomy is normal and natural.

Preventive Measures

The vagina and surrounding vulva are quite resilient but do require some special care. When showering or bathing, avoid using harsh soaps on the vulva, as these are alkaline and can upset the normal pH balance. Use gentle soaps (e.g., Dove) or even shampoo instead. Be sure to clean the areas around and between the labia majora and labia minora (see diagram, reverse side), but do not use soap or cleansers inside the vagina itself or around the vaginal and urethral openings, as these are very irritating and can set the stage for an infection. It is important to keep the vulvar area clean, cool and dry, and to avoid upsetting the normal balance of the vagina. Therefore:

- Avoid tight-fitting clothing.
- Choose cotton underwear.
- Wear only loose-fitting “boxers” or pajamas, and no underwear at night.
- Do not use feminine hygiene sprays, douches, or deodorants.
- Change out of wet swimsuits or sweaty workout clothing as soon as possible.
- Change pads and tampons regularly.
- Only use pads and pantliners when you have your period; they are not for everyday discharge, as they keep warmth and moisture close to the body.
- Wipe from front to back after a bowel movement (from your urethra toward your anus).
- Shower or bathe regularly, and encourage sexual partners to do the same.
- If sexually-active, use a new condom any time you switch from one area of penetration to another (oral, anal, or vaginal).