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

## 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 menstrual period, there is often a noticeable increase in discharge for a few days, and the discharge (comprised of cervical mucus) 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, and a specific diagnosis is needed for appropriate treatment. If your discharge is associated with severe abdominal pain, pain with urination, back pain, or a fever, seek immediate medical care.

## What is Vaginitis?

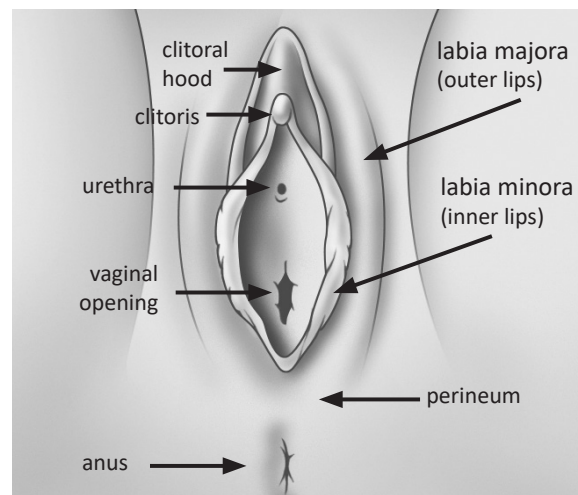
Vaginitis is a term used to describe any inflammation of the vagina. Infections are the most common cause, but inflammation and irritation can also be caused by trauma or allergy to products such as latex, spermicide, hygiene products, and other vaginal preparations. Clinical examination is typically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

## Common infections

The most common vaginal infections are Candida vaginitis, bacterial vaginosis, and trichomoniasis. It can be challenging to determine which you have without an examination.

### Yeast infections

**Causes:** 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



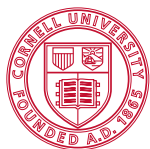
*Note: Variation in the size and shape of sexual anatomy is normal and natural. And most adults have pubic hair.*

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 bacteria and allow 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 people may experience irritation or recurrence of their infection after using a one-day preparation, so a 3–7 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 schedule a medical clinician visit. You may have a resistant infection or perhaps a different type of infection altogether. Sexual partners rarely need to be treated. Be aware that vaginal creams can weaken condoms, causing 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 penetrative sex.



## Bacterial Vaginosis

**Causes:** 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. This bacterial overgrowth can happen when the vaginal pH balance is upset and becomes 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 vaginally. 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).

## Trichomonas

**Causes:** Trichomonas vaginitis (“Trich”) is a protozoan that can infect the vagina and urethra and, unlike Candida and BV, is typically sexually-transmitted. 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 need to be treated, too, even if they don’t have symptoms.

## 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 medical 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 medical clinician.

## Medication tips

Be sure to use all medication (prescription and non-prescription) as recommended by your medical 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 may occur spontaneously with sexual arousal but often it is not sufficient for penetrative sex. To reduce friction, increase pleasure, and avoid trauma to the skin and vaginal tissues, use of an a lubricant is recommended. Lube is very helpful when engaging in intercourse for the first time, and is important 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.

## 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. Simply cleaning with water is sufficient. If you like, use a gentle soap (e.g., Dove). 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 this can be irritating and can set the stage for 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 or pantliners when you have your period; they are not for everyday use, 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; 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).