

USPSTF urges asymptomatic bacteriuria screening in pregnancy

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[significant difference](#) was seen in infant mortality. In five randomized controlled trials of asymptomatic bacteriuria treatment in nonpregnant adults, no significant differences were seen in risk for infection, morbidity, or mortality. There was limited evidence on harms of screening or treatment, with no significant differences. Based on these findings, the USPSTF concludes with moderate certainty that for pregnant persons, screening for and treatment of asymptomatic bacteriuria has a moderate net benefit for reducing perinatal complications. There was no net benefit for screening and treatment among nonpregnant adults.

"The [task force](#) recommends that clinicians screen all pregnant people for asymptomatic bacteriuria at their first prenatal visit," task force member Melissa A. Simon, M.D., M.P.H., said in a statement.

The U.S. Preventive Services Task Force (USPSTF) recommends using a urine culture to screen pregnant persons for asymptomatic bacteriuria (Grade B recommendation) but does not recommend screening nonpregnant adults. These findings form the basis of a final recommendation statement published in the Sept. 24 issue of the *Journal of the American Medical Association*.

Jillian T. Henderson, Ph.D., M.P.H., from Kaiser Permanente Research Affiliates Evidence-Based Practice Center in Portland, Oregon, and colleagues systematically reviewed the benefits and harms of asymptomatic bacteriuria screening and treatment in adults, including during pregnancy.

The researchers found that based on 12 trials of asymptomatic bacteriuria screening and treatment during pregnancy, there were reduced rates of pyelonephritis and [low birth weight](#) in the intervention versus the control group. No

More information: [Evidence Report](#)
[Final Recommendation Statement](#)
[Editorial 1](#)
[Editorial 2](#)
[Editorial 3](#)
[Editorial 4 \(subscription or payment may be required\)](#)

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