

Evidence-based criteria for urinary infection testing | Pregnancy

⚠ Do NOT test urine for infection for: • changes in colour, cloudiness, & smell alone • catheter insertion or change

👤 Order urine culture once during the first trimester (target 14-16 weeks) or at first prenatal visit

Asymptomatic Patients (no UTI symptoms):

Urine culture result is:

- negative
- low colony count (< 10 x 10⁷ CFU/L)
- or
- not a pathogen*

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Nonsignificant bacteriuria
No treatment

→ **🚫 No further screening required**

📌 NOTE: Any detection of Group B Streptococcus (GBS) is considered GBS colonization.

Follow GBS antibiotic guidelines at time of labour or rupture of membranes.

Urine culture **positive (significant bacteriuria ≥10 x 10⁷ CFU/L)**

Presence of one or more species of pathogenic bacteria (including Group B Streptococcus)

*** Urine cultures contaminated with normal vulvovaginal or skin flora should NOT be treated, including: *Lactobacillus* spp., coagulase-negative staphylococci, viridans group streptococci, *Corynebacterium* spp.**

📌 Repeat screening culture in cases of vulvovaginal bacterial contamination is not routinely recommended

Start empiric therapy

For treatment recommendations refer to: **Bugs & Drugs**

When urine culture results are available ensure targeted therapy

📌 Test of Cure is optional - insufficient evidence to recommend for or against

Who should be re-screened?

📌 Screen: Recurrent UTIs

- Two uncomplicated infections in the past 6 months

📌 Repeat urine culture in each trimester

⚠ CONSIDER RE-SCREENING:

- Sickle cell or sickle cell trait
- Polycystic kidney disease
- Other congenital renal anomalies

📌 Reasonable to screen more often and request post treatment test of cure. But there is insufficient evidence to specify a screening frequency.

🚫 DO NOT RE-SCREEN:

- Diabetes

Additional screening NOT recommended

Evidence that the harms of screening outweigh potential benefits

My patient has signs of a symptomatic UTI:

Initial episode or recurrence:

- Acute cystitis
- or
- Pyelonephritis

→ **📌 Order urinalysis and urine culture**

📌 Obtain a good quality sample

→ **Start empiric therapy to treat acute infection**

For treatment recommendations refer to: **Bugs & Drugs**

🔔 When urine culture results are available ensure targeted therapy

→ **Repeat urine culture:**

- 1-2 weeks after completing treatment
- or
- If UTI symptoms recur

📌 Insufficient evidence to guide definitive management after acute cystitis or recurrent UTI treatment in pregnancy

⚠ For patients with 2 or more UTI recurrences, patient initiated urine collection and therapy recommended in pregnant women, rather than continuous prophylaxis.

📌 Ensure patient collects sample prior to starting therapy

For more information visit www.ahs.ca/asab
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