Pelvic Inflammatory Disease

**Q: What is pelvic inflammatory disease (PID)?**

**A:** Pelvic inflammatory disease (PID) is an infection of a woman’s pelvic organs. The pelvic organs include the uterus (womb), fallopian (fuh-LOH-pee-uhn) tubes (tubes), ovaries, and cervix.

**Q: What causes PID?**

**A:** A woman can get PID if bacteria (germs) move up from her vagina and infect her pelvic organs. Many different types of bacteria can cause PID. But, most cases of PID are caused by bacteria that cause 2 common sexually transmitted infections (STIs) — gonorrhea (gah-nuh-REE-uh) and chlamydia (kluh-MI-dee-uh). It can take from a few days to a few months for an infection to travel up from the vagina to the pelvic organs.

You can get PID without having an STI. Normal bacteria found in the vagina and on the cervix can sometimes cause PID. No one is sure why this happens.

**Q: How common is PID?**

**A:** Each year in the United States, more than 1 million women have an episode of PID. More than 100,000 women become infertile each year because of PID. Also, many ectopic pregnancies that occur are due to problems from PID.

**Q: Are some women more likely to get PID?**

**A:** Yes. You’re more likely to get PID if you:

- Have had an STI
- Are under 25 years of age and are having sex
- Have more than 1 sex partner
- Douche. Douching can push bacteria into the pelvic organs and cause infection. It can also hide the signs of an infection.
- Have an intrauterine device (IUD). You should get tested and treated for any infections before getting an IUD. This will lower your risk of getting PID.

**Q: How do I know if I have PID?**

**A:** Many women don’t know they have PID because they don’t have any symptoms. For women who have them, symptoms can range from mild to severe. The most common symptom of PID is pain in your lower abdomen (stomach area). Other symptoms include:

- Fever (100.4˚F or higher)
- Vaginal discharge that may smell foul
• Painful sex
• Painful urination
• Irregular periods (monthly bleeding)
• Pain in the upper right abdomen

PID can come on fast with extreme pain and fever, especially if it’s caused by gonorrhea.

**Q:** Are there any tests for PID?

**A:** If you think that you may have PID, see a doctor right away. If you have pain in your lower abdomen (stomach area), your doctor will perform a physical exam. This will include a pelvic (internal) exam. Your doctor will check for:

• Abnormal discharge from your vagina or cervix
• Lumps called abscesses near your ovaries and tubes
• Tenderness or pain in your pelvic organs

Your doctor will also test you for STIs, including HIV and syphilis (SI-fuh-luhs), urinary tract infection, and if needed, pregnancy. If needed, your doctor may do other tests.

• **Ultrasound** (sonogram) — a test that uses sound waves to take pictures of the pelvic area.

• **Endometrial** (en-duh-MEE-tree-uhl) (uterine) **biopsy** — the doctor removes and tests a small piece of the endometrium (the inside lining of the womb).

• **Laparoscopy** (lap-uh-RAHS-kuh-pee) — the doctor inserts a small, lighted tube through your abdomen (stomach area) to look at your pelvic organs.

These tests will help your doctor find out if you have PID, or if you have a different problem that looks like PID.

**Q:** How is PID treated?

**A:** PID can be cured with antibiotics (drugs that kill bacteria). Most of the time, at least 2 antibiotics are used that work against a wide range of bacteria. Your doctor will work with you to find the best treatment for you. **You must take all your medicine, even if your symptoms go away.** This helps to make sure your infection is fully cured. You should see your doctor again 2 to 3 days after starting treatment to make sure the antibiotics are working.

Without treatment, PID can lead to severe problems like infertility, ectopic pregnancy, and chronic pelvic pain. Any damage done to your pelvic organs before you start treatment likely cannot be undone. Still, don’t put off getting treatment. If you do, you may not be able to have children. **If you think you may have PID, see a doctor right away.**

Your doctor may suggest going into the hospital to treat your PID if you:

• Are very sick
• Are pregnant
• Don’t respond to or cannot swallow pills. If this is the case, you will need intravenous (in the vein or IV) antibiotics.
• Have an abscess (sore) in a tube or ovary

If you still have symptoms or if the abscess doesn’t go away after treatment, you may need surgery. Problems caused by PID, such as constant pelvic pain and scarring, are often hard to treat. But, sometimes they get better after surgery.
Q: What if my partner is infected?
A: Even if your sex partner doesn't have any symptoms, she or he could still be infected with bacteria that can cause PID. Take steps to protect yourself from being infected again.
- Encourage your sex partner(s) to get treated, even if she or he doesn't have symptoms.
- Don't have sex with a partner who hasn't been treated.

Q: My friend was told she can't get pregnant because she has PID. Is this true?
A: The more times you have PID, the more likely it is that you won't be able to get pregnant. When you have PID, bacteria infect the tubes or cause inflammation of the tubes. This turns normal tissue into scar tissue. Scar tissue can block your tubes and make it harder to get pregnant. Even having just a little scar tissue can keep you from getting pregnant without infertility treatment.

Q: How can I keep myself from getting PID?
A: PID is most often caused by an STI that hasn't been treated. You can keep from getting PID by not getting an STI.
- The best way to prevent an STI is to not have sex of any kind.
- Have sex with 1 partner who doesn't have any STIs.
- Use condoms every time you have vaginal, anal, or oral sex. Read and follow the directions on the package. Condoms, when used the right way, can lower your chances of getting an STI.
- Don't douche. Douching removes some of the normal bacteria in the vagina that protect you from infection. This makes it easier for you to get an STI.
- If you're having sex, ask your doctor to test you for STIs. STIs are easier to treat if they are found early.
- Learn the common symptoms of STIs. If you think you might have an STI, see your doctor right away.

Q: What should I do if I think I have an STI?
A: If you think you may have an STI, see a doctor right away. You may feel scared or shy about asking for information or help. Keep in mind, the sooner you seek treatment, the less likely the STI will cause you severe harm. And the sooner you tell your sex partner(s) that you have an STI, the less likely they are to infect you again or spread the disease to others.

To learn about STIs or get tested, contact your doctor, local health department, or an STI and family planning clinic. The American Social Health Association (ASHA) keeps lists of clinics and doctors who provide treatment for STIs. Call ASHA at 800-227-8922. You can get information from the phone line without leaving your name.
For more information

For more information about pelvic inflammatory disease, call womenshealth.gov at 1-800-994-9662 or contact the following organizations:

**Centers for Disease Control and Prevention**
National Prevention Information Network
Phone Number: 800-458-5231
Internet Address: http://www.cdcnpin.org

**American Social Health Association**
Phone Number(s): 919-361-8400; Toll-Free: 800-227-8922
Internet Address: http://www.ashastd.org

**National Institute of Allergy and Infectious Diseases**
Phone Number(s): 301-496-5717; Toll-Free: 866-284-4107
Internet Address: http://www.niaid.nih.gov

**National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention**
Phone Number: 800-232-4636
Internet Address: http://www.cdc.gov/nchhstp/

**American College of Obstetricians and Gynecologists**
Phone Number(s): 202-638-5577; Toll-Free: 800-762-2264
Internet Address: http://www.acog.org

Reviewed by:
Songhai Barclift, M.D.
Lieutenant Commander
HIV/AIDS Bureau
Health Resources and Services Administration
U.S. Department of Health and Human Services

All material contained in this FAQ is free of copyright restrictions, and may be copied, reproduced, or duplicated without permission of the Office on Women's Health in the Department of Health and Human Services. Citation of the source is appreciated.

Content last updated May 18, 2010.