CONDITION

Vaginal yeast infection

A vaginal yeast infection is an overgrowth of Candida yeast that causes itching, soreness, and changes in vaginal discharge.

WHAT IT IS
Candida overgrowth causing vaginal and vulvar inflammation

BODY SYSTEM
Reproductive system and external genital skin

MAIN SYMPTOMS
Itching, soreness, redness, thick discharge

WHAT CAUSES IT
Overgrowth of Candida yeast

HOW IT IS DIAGNOSED
Vaginal fluid microscopy or yeast culture

MAIN TREATMENT
Antifungal medicine

CAN IT BE CURED?
Yes, most episodes clear with antifungals

IS IT AN EMERGENCY?
No, but severe pain or fever needs urgent assessment

LONG-TERM OUTLOOK
Usually clears; recurrences may need longer-term management

Overview

A vaginal yeast infection happens when yeast called Candida grows more than usual in the vagina. The medical name is vulvovaginal candidiasis. "Vulvovaginal" means that it can affect both the vagina and the vulva, the external skin around the vaginal opening.

Small amounts of Candida can live in the vagina without causing problems. An infection develops when the usual balance of yeast and other microorganisms changes, allowing the yeast to multiply and cause inflammation.

The condition is usually uncomfortable rather than dangerous. It can cause strong itching, burning, soreness, and discharge. These symptoms can resemble bacterial vaginosis, sexually transmitted infections, skin conditions, or irritation from personal care products. For that reason, symptoms alone do not always identify the cause.

A vaginal yeast infection is not generally considered a sexually transmitted infection. Sexual activity can sometimes trigger symptoms, but the infection commonly occurs without sexual contact.

Symptoms

Symptoms may be mild or quite uncomfortable. Common symptoms include:

Not everyone has the typical thick discharge. It may be thin, watery, or unchanged. Severe inflammation can cause marked redness, swelling, and skin breaks.

A strong fishy smell is more typical of bacterial vaginosis than a yeast infection. Yellow or green discharge, sores, bleeding unrelated to a period, fever, or lower abdominal pain also suggests that another condition may be present.

- Itching or irritation around the vaginal opening
- Burning, especially during urination or sex
- Redness, swelling, soreness, or small cracks in the vulvar skin
- Thick, white vaginal discharge, sometimes described as cottage cheese-like
- Vaginal discharge with little or no strong odor

Causes and risk factors

Most vaginal yeast infections are caused by Candida albicans . Other Candida species can also cause symptoms and may respond differently to common treatments.

The yeast may multiply when the vaginal environment or the body's defenses change. Factors associated with yeast infections include:

Antibiotics like amoxicillin or doxycycline can reduce bacteria that normally help keep yeast growth under control. Do not stop a prescribed antibiotic because of yeast symptoms without discussing it with the prescriber.

Some people have repeated infections without an obvious risk factor. This does not necessarily mean that they have poor hygiene or a serious health problem.

Yeast infections are not caused by being "unclean." Washing inside the vagina, known as douching, is unnecessary and can disrupt the normal vaginal environment. Scented soaps, sprays, and wipes may also irritate already-sensitive skin, although irritation itself is not always a yeast infection.

- Recent antibiotic use
- Pregnancy or other hormonal changes
- Diabetes, especially when blood sugar is not well controlled
- Medicines or health conditions that weaken the immune system
- Higher estrogen exposure, including some hormonal treatments
- A previous history of vaginal yeast infections

Diagnosis

A clinician will usually ask about the symptoms, previous infections, recent medicine use, pregnancy, and the possibility of exposure to a sexually transmitted infection. An examination may be offered to look for inflammation and the type of discharge.

To confirm the diagnosis, a sample of vaginal fluid can be examined under a microscope for yeast. The sample may also be sent for a fungal culture, which allows yeast to grow in a laboratory. Some clinics use molecular tests that detect genetic material from Candida .

A culture or another laboratory test is particularly useful when symptoms keep returning, treatment has not worked, or a less common Candida species may be involved.

The vaginal pH, a measure of acidity, usually remains in its normal acidic range during a yeast infection. A higher pH can point toward other causes, but pH alone cannot confirm the diagnosis.

Finding Candida without symptoms does not always mean treatment is needed. Yeast can normally be present in the vagina without causing inflammation.

Treatment and management

Vaginal yeast infections are treated with antifungal medicine. Depending on the circumstances, this may be a cream, ointment, or vaginal product placed inside the vagina. An oral antifungal may be appropriate for some nonpregnant people.

Short courses often treat uncomplicated infections. More severe infections, infections caused by certain Candida species, and repeated infections may need a longer or different approach. Testing can help guide treatment when standard antifungals like fluconazole or terbinafine have not worked.

Some vaginal creams and suppositories are oil-based and may weaken latex condoms or

diaphragms for a period after use. Check the product information for specific instructions.

Oral fluconazole is not recommended for treating a vaginal yeast infection during pregnancy under current US Centers for Disease Control and Prevention guidance. Topical azole antifungals used for seven days are the recommended approach during pregnancy. A pregnant person with symptoms should confirm the diagnosis and discuss treatment with a healthcare professional.

Over-the-counter antifungal products are available in many places. Self-treatment may be reasonable when you have previously had a confirmed yeast infection and the symptoms are the same. However, using an antifungal for symptoms caused by something else can delay the correct diagnosis.

Arrange an assessment if this is your first suspected infection, you are unsure of the cause, symptoms remain after treatment, or they return within two months. Medical review is also important if infections happen repeatedly.

There is not enough strong evidence to show that probiotics or home remedies treat vaginal yeast infections. Products such as vinegar, essential oils, yogurt, or garlic can irritate vaginal and vulvar tissue and should not be inserted into the vagina.

Sex partners do not usually need treatment. A partner who develops genital redness, itching, or irritation should seek their own assessment.

Complications

Most vaginal yeast infections clear without lasting effects. They do not usually affect fertility or damage the uterus or ovaries.

Intense scratching and inflammation can cause raw skin, cracks, or small areas of bleeding. Damaged skin may become more painful and, occasionally, develop a secondary bacterial infection.

Some people develop recurrent vulvovaginal candidiasis, generally defined as three or more symptomatic episodes within a year. Recurrent symptoms can interfere with sleep, sex, exercise, work, and emotional well-being. Longer-term antifungal management may control recurrences, but symptoms can return after it ends.

Persistent symptoms are not always caused by treatment-resistant yeast. Eczema, allergic irritation, vulvar skin conditions, bacterial vaginosis, and sexually transmitted infections can produce similar symptoms. Repeat testing and examination may be needed.

Vaginal yeast infection is different from invasive candidiasis, a serious infection affecting the

bloodstream or internal organs. An ordinary vaginal infection does not normally spread through the body in an otherwise healthy person.

Prevention

Vaginal yeast infections cannot always be prevented. Candida normally lives on the body, and many episodes occur without a clear avoidable cause.

You can reduce unnecessary irritation by washing the vulva gently with water or a mild, unscented cleanser and avoiding douches, perfumed sprays, and deodorizing vaginal products. The vagina cleans itself and does not need internal washing.

Use antibiotics only as prescribed. Antibiotics are important when needed, but taking them for illnesses they cannot treat may disturb the vaginal environment as well as cause other harms.

If you have diabetes, keeping blood sugar within the target range agreed with your care team may reduce yeast overgrowth and has broader health benefits.

There is limited evidence that changing underwear, avoiding particular foods, or taking probiotics prevents infections. Breathable clothing may feel more comfortable when the vulva is irritated, but it cannot guarantee prevention.

Living with it and what to expect

With effective treatment, symptoms often begin to improve within a few days, although soreness and irritation may take longer to settle fully. Complete the treatment according to its instructions even if you feel better sooner.

During an active infection, tight clothing, sex, tampons, and scented products may worsen discomfort. There is no medical requirement to avoid sex in every case, but waiting until soreness has settled may be more comfortable. Remember that some vaginal treatments can weaken latex barrier contraception.

A single infection usually has no long-term effect. Having one episode does not mean that infections will continue or that you have an immune system problem.

Repeated infections may require confirmation with a culture and a longer treatment plan. A clinician may also consider diabetes, medicine use, immune conditions, or another cause of the symptoms. Even after maintenance treatment, some people have further episodes, while others have long symptom-free periods.

If symptoms continue despite negative yeast tests or several antifungal treatments, further

antifungal use may not help. Assessment for another vaginal or vulvar condition is then important.

When to get medical help

Arrange routine medical care if:

Seek urgent medical assessment for fever, chills, vomiting, significant lower abdominal or pelvic pain, or rapidly worsening swelling. These are not typical features of a straightforward yeast infection and may have another cause.

Call emergency services for trouble breathing, faintness, or swelling of the face, lips, tongue, or throat after using a medicine. These may be signs of a severe allergic reaction.

- This is your first suspected vaginal yeast infection
- You are pregnant or may be pregnant
- You are younger than 16 or older than 60 and have new symptoms
- Treatment has not cleared the symptoms
- Symptoms return within two months or occur several times a year
- You have diabetes, a weakened immune system, or take immune-suppressing medicine
- The discharge has a strong odor or an unusual yellow, green, or bloody appearance
- You have sores, blisters, or possible exposure to a sexually transmitted infection

Common questions

Is a vaginal yeast infection an STI?

Usually not. Candida can overgrow without sexual contact, and routine partner treatment is not recommended. Sex can sometimes trigger irritation or symptoms, and partners can occasionally develop genital redness or itching.

Because several sexually transmitted infections cause similar symptoms, testing may be appropriate if you have a new partner, possible exposure, sores, pelvic pain, or unusual discharge.

Can a yeast infection go away on its own?

A mild episode may sometimes settle, but symptoms can also continue or worsen. It is difficult to distinguish yeast from other causes based only on symptoms. Persistent, first-time, or

unusual symptoms should be assessed rather than repeatedly treated at home.

Why does my yeast infection keep coming back?

Repeated infections may be linked to antibiotics, diabetes, immune suppression, hormonal factors, or a less common Candida species. However, many people with recurrent infections have no clear underlying cause.

Laboratory confirmation matters because repeated itching may be due to a skin condition or another type of vaginal infection rather than yeast.

Can I use an over-the-counter yeast treatment?

You may be able to if you have had a confirmed infection before and recognize the same symptoms. Follow the package directions. Seek medical care if you are pregnant, unsure of the diagnosis, do not improve, or have symptoms again within two months.

Is yeast infection discharge always thick and white?

No. Discharge may be thick, thin, watery, or barely changed. A strong odor is uncommon with a yeast infection and may suggest another cause. Discharge appearance alone cannot confirm the diagnosis.

Can I have a yeast infection while pregnant?

Yes. Hormonal changes during pregnancy can make yeast overgrowth more likely. Symptoms should be checked because other infections can look similar. Current CDC guidance recommends a seven-day topical azole treatment during pregnancy and advises against oral fluconazole for this purpose.

Sources

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