

Microorganism	Potential Acquisition	Routine Testing In Urine Culture	Routine Prenatal Testing	Symptomatic	Mechanisms Used to Cross Intact Membranes
<b>Group B Strep</b>	Naturally-occurring in gut; also sexually-transmissible	Yes	Yes @ 35-37 weeks	Not usually, but can cause vaginitis and UTI symptoms	Virulence factors Note: 60% to 80% prevention at birth to 1 week of age with universal screening & indicated IV ABX treatment during labor & delivery
<i>E. coli</i>	Naturally-occurring	Yes	No	Not usually	Presumed virulence factors
<b>Group A Strep</b>	Naturally-occurring	No	No	No	Virulence factors
<b>Beta-hemolytic streptococci</b>	Naturally-occurring	If indicated	No	No	Virulence factors
<i>Streptococcus faecalis</i> aka <b>Group D Strep</b>	Environment	Yes	No	Not studied	Not fully studied
<b>Staphylococci</b>	Naturally-occurring	Yes	No	No	Toxins and proteases
<b>Anaerobic cocci</b>	Naturally-occurring	No	No	No	Not fully studied
<i>Bacteroides fragilis</i>	Naturally-occurring	No	No	No	Not fully studied
<i>Candida albicans</i>	Naturally-occurring	Varies	No	Usually asymptomatic but can cause pruritis (itching), burning and white discharge	Not fully studied
<b>Herpes simplex virus</b>	Sexual contact and naturally-occurring	No	No	Usually asymptomatic but can cause burning and blistering sores	Not fully studied
<i>Clostridium perfringens</i>	Stool contact	No	No	No	Not fully studied
<i>Proteus</i>	Naturally-occurring	Yes; causes UTIs	No	No	Virulence factors
<i>Klebsiella</i>	Naturally-occurring	Yes; causes UTIs	No	No	Virulence factors
<i>Pseudomonas</i>	Naturally-occurring	Yes; causes UTIs	No	No	Virulence factors
<i>Chlamydia</i>	Sexual contact (STI)	Yes possible	No	Discharge	Not fully studied
<i>Trichomonas vaginalis</i>	Sexual contact (STI)	No	No; test of cure after treatment	Yes; itching and burning	Virulence factors
<b>Mycoplasmas/ Ureaplasmas</b>	Sexual contact	No	No	No symptoms	Not fully studied