Urinary Tract Infections

Urinary tract infections (UTIs) are also called bladder infections. UTIs are common, especially in women. More than half of women will have at least one UTI at some point in life. UTIs are serious and often painful. But most UTIs are easy to treat with antibiotics.

UTIs can happen anywhere in the urinary system (which includes the kidneys, ureters, bladder, and urethra), but they are most often caused by bacteria (germs) that get into the bladder.

Q: Who gets UTIs?

A: Women get UTIs up to 30 times more often than men do.

You may be at greater risk for a UTI if you:

- Are sexually active
- Use a diaphragm for birth control or use spermicides (creams that kill sperm) with a diaphragm or with condoms
- Are pregnant
- Have gone through menopause
- Have diabetes
- Have any condition, like a kidney stone
- Have or recently had a catheter in place

Q: How is a UTI treated?

A: Your doctor will prescribe antibiotics to treat a UTI.

You may feel better in one or two days. Make sure to finish taking all of the antibiotics as prescribed, even if you feel better after a day or two.

If treated right away, a UTI is not likely to damage your urinary tract. But if your UTI is not treated, the infection can spread to the kidneys and other parts of your body. The most common symptoms of kidney infection are fever and pain in the back where the kidneys are located. Antibiotics can also treat kidney infections.

Q: What are the symptoms of a UTI?

A: If you have a UTI, you may have some or all of these symptoms:

- Pain or burning when urinating
- An urge to urinate often, but not much comes out when you go
- Pressure in your lower abdomen
- Urine that smells bad or looks milky or cloudy
- Blood in the urine. This is more common in younger women. If you see blood in your urine, tell a doctor or nurse right away.
- Feeling tired, shaky, confused, or weak. This is more common in older women.
- Having a fever, which may mean the infection has reached your kidneys

Q: How can I prevent UTIs?

A: You can take steps to help prevent a UTI. But you may follow these steps and still get a UTI.

- Urinate when you need to. Don't go without urinating for longer than three or four hours. The longer urine stays in the bladder, the more time bacteria have to grow.
- Try to urinate before and after sex.
- Always wipe from front to back.
- Try to drink six to eight glasses of fluid per day.
- Clean the anus and the outer lips of your genitals each day.
- Do not douche or use feminine hygiene sprays.
- If you get a lot of UTIs and use creams that kill sperm (spermicides), talk to your doctor or nurse about using a different form of birth control instead.
- Wear underpants with a cotton crotch. Avoid tight-fitting pants, which trap moisture, and change out of wet bathing suits and workout clothes quickly.
- Take showers, or limit baths to 30 minutes or less.

Q: What should I do if I keep getting UTIs?

A: Your doctor will prescribe antibiotics to treat a UTI.

Women who get two UTIs in six months or three in a year have recurrent UTIs. Your doctor or nurse might do tests to find out why.

If the test results are normal, you may need to take a small dose of antibiotics every day to prevent infection.

Your doctor may also give you a supply of antibiotics to take after sex or at the first sign of infection.

Q: How do UTIs affect pregnancy?

A: Changes in hormone levels during pregnancy raise your risk for UTIs. UTIs during pregnancy are more likely to spread to the kidneys.

If you're pregnant and have symptoms of a UTI, see your doctor or nurse right away. Your doctor will give you an antibiotic that is safe to take during pregnancy. If left untreated, UTIs could lead to kidney infections and problems during pregnancy, including:

- Premature birth (birth of the baby before 39 to 40 weeks)
- Low birth weight (smaller than 5 1/2 pounds at birth)
- High blood pressure, which can lead to a more serious condition called preeclampsia

For more information

Please visit: https://www.womenshealth.gov/a-z-topics/urinary-tract-infections

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