Vulvovaginitis is inflammation or irritation of the vagina and vulva (external female genital area). Mild vulvovaginitis is a very common problem, and some children will have vulvovaginitis many times. Once puberty has begun, vulvovaginitis usually occurs less often.

In most cases, vulvovaginitis is not a serious problem and it will usually improve with simple steps at home. Usually no medical treatment or tests are needed.

**Signs and symptoms of vulvovaginitis**

If your child has vulvovaginitis, they may have:

- itching in the vaginal area
- some discharge from the vagina
- redness of the skin between the labia majora (outside lips of the vagina)
- burning or stinging when they pass urine (have a wee).

**What causes vulvovaginitis?**

While your child is young, the lining of the vagina and vulva can be quite thin and this can lead to it being easily irritated. Moisture or dampness around the vulva can also lead to vulvovaginitis – this is made worse by tight clothing or being overweight. Another cause of vulvovaginitis is irritants, such as soap residue, bubble baths and antiseptics.

Threadworms sometimes cause or worsen vulvovaginitis. Children with threadworms often scratch a lot at night. If itching is a major symptom, then you may want to treat your child for threadworms. See our fact sheet [Worms](rch.org.au/kidsinfo/fact_sheets/Worms).

**Care at home**

In most mild cases of vulvovaginitis, you can care for your child at home without visiting a doctor. Reassure your child that they don’t need to worry, as vulvovaginitis is a common problem and a normal part of growing up.

Try avoiding the things that make vulvovaginitis worse:

- Wear loose cotton underwear and avoid tight jeans etc.
- If your child is overweight, seek advice on how to maintain a healthy weight with diet and exercise.
- Don’t use a lot of soap in the bath or shower, and make sure any soap is well rinsed from the vulva. Avoid bubble baths and antibacterial products.

Some people find vinegar baths helpful: add half a cup of white vinegar to a shallow bath and soak for 10 to 15 minutes. Do this daily for a few days and see if it helps.

Soothing creams (for example, soft paraffin, nappy-rash creams) may help reduce the soreness, as well as protect the skin from moisture or any discharge, which can be irritating.

You may have to repeat these simple measures if the problem comes back.

**When to see a doctor**

Take your child to the doctor if:

- The vulvovaginitis is upsetting your child – the doctor may advise a swab of the area be taken for testing, but the results are not always helpful.
- Your child has a more severe case of vulvovaginitis, blood-stained discharge, or other skin problems – the doctor may refer them to a paediatrician or other specialist for further management.
- Your child has a fever and pain when passing urine – the doctor may want to test for a urinary tract infection. See our fact sheet [Urinary tract infection](rch.org.au/kidsinfo/fact_sheets/Urinary_tract_infection_UTI).
Key points to remember

- Mild vulvovaginitis is a very common problem.
- It may recur now and then, but will improve as your child gets older.
- In most mild cases, no medical treatment or tests are necessary.
- Avoid the things that make vulvovaginitis worse, such as tight underwear and irritants like soap.

For more information

- Kids Health Info: [Worms](rch.org.au/kidsinfo/fact_sheets/Worms)
- Kids Health Info: [Vulval skincare for children](rch.org.au/kidsinfo/fact_sheets/Vulval_skin_care_for_children)
- Kids Health Info: [Vulval skincare for teenagers](rch.org.au/kidsinfo/fact_sheets/Vulval_skin_care_for_teenagers)
- Kids Health Info: [Urinary tract infection](rch.org.au/kidsinfo/fact_sheets/Urinary_tract_infection_(UTI))
- Kids Health Info: [Nutrition — school-age to adolescence](rch.org.au/kidsinfo/fact_sheets/Nutrition_older_children)
- See your doctor or paediatrician.

Disclaimer

This information should not replace discussion with your doctor or a healthcare professional. The RCH has made all reasonable efforts to ensure this information is accurate at the time of publishing. The RCH is not responsible for any mistakes, misunderstanding, or the success of any treatment outlined in these handouts. This information is updated regularly. Always check and make sure that you have the current version.