SYMPTOM

Child vaginal itching and discharge

This is itching around a child's vaginal opening, sometimes with fluid or staining.

WHAT IT FEELS LIKE
Itchy, sore skin with wetness or staining

WHERE IT IS FELT
Vulva and vaginal opening

MOST COMMON CAUSES
Soap irritation, trapped moisture, everyday skin and bowel bacteria

WHEN IT IS URGENT
Unexplained bleeding, or fever with lower belly pain

USUALLY LASTS
Several days, depending on irritation or infection

SEE A DOCTOR IF
Symptoms persist, recur, smell bad, or hurt during urination

Overview

Vaginal itching and discharge can affect children of any age. Itching is usually on the vulva, the external skin around the vaginal opening. Discharge is fluid from the vagina that may appear on underwear or toilet paper.

Before puberty, vulval skin is thin and easily irritated. Soap, moisture, tight clothing, wiping, and small amounts of urine or stool can cause symptoms.

Most cases involve irritation or mild inflammation, called vulvovaginitis. This does not mean the child is unclean. Ongoing, painful, bloody, or unusual discharge should be assessed. Clear or white discharge without itching, pain, or a strong smell can be normal as puberty approaches.

What it may feel or look like

A child may report itching, burning, soreness, or stinging. Younger children may scratch, avoid wiping, or seem uncomfortable when sitting or walking.

You may notice:

Pain during urination may come from external irritation or a urinary tract infection. Vaginal

bleeding, rather than minor bleeding from an obvious surface scratch, needs prompt medical advice.

- Red or irritated skin around the vaginal opening
- Clear, white, yellow, or greenish staining
- An unpleasant smell
- Burning when urine touches sore skin
- Symptoms that are worse at night
- Small cracks or spots of blood from scratching

Common causes

Everyday irritation and vulvovaginitis are most common before puberty. Bubble bath, fragranced soap, shampoo, wet swimsuits, tight clothing, sweat, and laundry products can irritate the skin. Wiping from back to front may move bowel bacteria toward the vulva.

Moisture and hygiene difficulties can keep the area damp. Urine may collect around the vulva and leak after the child stands, while remaining stool may irritate the skin. This can happen despite normal washing.

Pinworms , or threadworms, can cause intense anal and vulval itching, particularly at night.

Skin conditions include eczema and, less commonly, lichen sclerosus. Lichen sclerosus can cause severe itching, pale patches, bruising, or skin splits and needs medical assessment.

Infections can cause redness, pain, or discharge. Yeast infection, or thrush, is uncommon before puberty unless the child wears diapers, recently took antibiotics like amoxicillin or doxycycline , or has another relevant condition.

A foreign object , often toilet paper, may cause persistent, bloody, brown, or strong-smelling discharge. Do not try to remove an object that cannot be seen and easily reached.

Rarely, symptoms may relate to injury or an infection transmitted through sexual contact. These require careful assessment by child-health clinicians. Symptoms or infection alone do not establish how they happened.

When to seek medical care

Arrange a routine appointment if symptoms last more than a few days despite gentle care, recur, or disrupt sleep or daily activities. Seek advice for strong-smelling discharge, painful

urination, unusually pale or damaged skin, or possible pinworms.

Seek same-day medical care for:

Go to an emergency department for heavy bleeding, severe pain after an injury, or if the child appears very unwell, unusually sleepy, faint, or difficult to wake.

If a child says someone touched or hurt their genital area, stay calm, listen without pressing for details, and seek prompt professional help. Use emergency services if the child is in immediate danger.

- Any unexplained vaginal bleeding
- Fever with lower abdominal pain
- Significant swelling, worsening pain, or pus-like discharge
- Bloody or foul-smelling discharge that may suggest a trapped object
- Difficulty passing urine
- A possible genital injury

How the cause is found

A clinician will ask when symptoms began; what the discharge looks and smells like; and whether there is pain, bleeding, fever, nighttime itching, constipation, or painful urination. They may ask about soaps, baths, swimming, clothing, antibiotics, and puberty.

An external examination is often enough. The clinician may gently inspect the vulva and vaginal opening with the child in a comfortable position. An internal examination is rarely needed before puberty.

Discharge may be sampled near the opening if infection is suspected. A urine test can check for a urinary tract infection. Pinworm testing or referral to pediatric gynecology may sometimes be needed.

Treatment and self-care

Treatment depends on the cause. Mild irritation often improves when triggers are removed and the area is kept dry.

Wash the vulva gently with plain lukewarm water. Avoid scrubbing, fragranced soap, bubble bath, antiseptics, deodorizing products, and vaginal washes. Pat dry. A plain barrier ointment can protect external skin.

Use loose cotton underwear and breathable clothing, and change promptly after swimming or exercise. Encourage front-to-back wiping, regular toilet visits, and sitting with knees apart so urine does not collect around the opening.

Do not insert creams, medicines, cotton swabs, or other items into the vagina. Do not use over-the-counter thrush treatment unless a clinician thinks yeast is the cause; it may irritate the skin and will not treat other causes.

A clinician may prescribe antibiotics for confirmed bacterial infection, pinworm treatment, or anti-inflammatory ointment for a skin condition. A trapped object may need removal by an experienced clinician.

What to expect

Simple irritation often improves within several days after reducing soap, moisture, and friction. Redness may settle before itching stops.

Continuing or returning symptoms need reassessment. An irritant, skin condition, or trapped object may remain. Follow up if prescribed treatment does not help as expected.

Near puberty, clear or milky discharge may be normal but should not cause marked itching, pain, bleeding, or a strong unpleasant smell.

Common questions

Is vaginal discharge normal before puberty?

Small amounts of clear or white discharge may occur, especially near puberty. Discharge with itching, pain, blood, strong smell, or unusual colour should be discussed with a clinician.

Does itching mean the child has thrush?

Not usually. Irritation and nonspecific vulvovaginitis are more common before puberty. Do not use thrush treatment automatically.

Can poor wiping cause symptoms?

Urine or stool on sensitive skin can contribute, but symptoms are not a sign of blame or poor parenting. Children may need calm reminders and practical help.

Should the child stay home from school?

Mild irritation usually does not require staying home. Seek advice if there is fever, significant pain, bleeding, or the child feels unwell.

Sources

- Royal Children's Hospital Melbourne. Clinical Practice Guideline: Vulval and Vaginal Conditions
- Royal Children's Hospital Melbourne. Kids Health Info: Vulvovaginitis
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- Joishy M, Ashtekar CS, Jain A, Gonsalves R. Do we need to treat vulvovaginitis in prepubertal girls? BMJ. 2005;330:186-188
- Canadian Paediatric Society. The medical evaluation of prepubertal children with suspected sexual abuse