PERFORMING A VAGINAL EXAMINATION

AIMS

• To provide guidance on vaginal examinations, ensuring dignity and privacy for all patients.
• To minimise the risk of professional actions being misinterpreted.

KEY POINTS

1. A vaginal examination shall only be carried out if it will benefit the woman’s management and care.

2. All vaginal examinations shall be preceded by an abdominal palpation.

3. Vaginal examinations shall not be carried out if
   • Ruptured membranes in women who are not in labour.
   • Presence of active Herpes Simplex Virus (HSV) lesions in a woman with ruptured membranes unless the woman is in labour.
   • Unknown placental localisation.
   • Placenta praevia

4. Verbal consent shall always be obtained from the woman before an examination.

5. The woman shall be treated with dignity and respect at all times.

6. The woman shall be given the opportunity to ask for and have a chaperone. The woman’s personal preference shall be documented in the clinical record.

7. Health care providers also have the right to request a chaperone.

8. The chaperone shall be the woman or professionals choice. No assumptions should be made as to who is the most appropriate chaperone. It may not be acceptable to the woman for relatives to remain present during the examination.

9. The name and designation of the chaperone shall be documented in the medical notes.

10. The woman shall be informed of the need for the examination and be offered an explanation as to the procedure that is involved in a way that she can understand and communicate.

11. The woman shall be given privacy to undress and dress. Do not assist the woman in removing clothes unless it has been clarified with them or their carer that assistance is required.

12. During the examination
Keep discussion relevant and avoid unnecessary personal comments.
Avoid unnecessary discussion with other staff members.
Ensure the woman’s privacy and dignity is protected.
Remain alert to verbal and non-verbal indications of distress from the woman.
Any requests to discontinue the examination should be respected and documented in the medical record.

13. Vaginal examinations should not be carried out on Non English speaking women without an interpreter / advocate except in an emergency.¹

14. Hand hygiene shall be performed before and after the examination.

15. Gloves are worn on both hands for this procedure

PRIOR TO THE EXAMINATION

1. Check the woman understands the purpose of the examination.

2. Ask if she has had a vaginal examination before, and discuss any concerns regarding her previous experience.

3. Explain the procedure for the examination.

4. Inform the woman that the examination should not be painful but may be uncomfortable.

5. If using a speculum – see Clinical Guideline Speculum Examination
   • Offer to demonstrate the speculum.
   • Explain how the speculum is inserted
   • Select an appropriate sized speculum.
   • Warm the speculum if required.

PROCEDURE

1. Perform hand hygiene and put on gloves.

2. Inspect the external genitalia and note any
   a. Blood loss
   b. Evidence of amniotic fluid- noting colour
   c. Discharge- amount, colour, odour
   d. Lesions on the perineum
   e. Oedema
   f. Varicosities
   g. Scarring or evidence of Female Genital Mutilation (FGM). Record the type of FGM if present. See clinical guideline Female Genital Mutilation

3. While separating the labia with the non examining hand, gently insert lubricated fingers into the vagina. Avoid digital contact with the clitoris as this may be painful.


5. Locate the cervix and determine
   • Length
   • Position
   • Consistency
• Dilatation
• Application
• Presentation.

6. Assess the pelvis by palpating the ischial spines and assessing for undue prominence.
7. Note the angle of the suprapubic arch while withdrawing the fingers.
8. Give the woman a sanitary pad if necessary, change any soiled linen and assist her to become comfortable.
9. Auscultate the fetal heart.
10. Discuss the examination findings with the woman.
11. Document the findings in the medical notes.

REFERENCE