

POLICY

Physicians, Registered Midwives and competency validated Registered Nurses (RN) perform vaginal / pelvic examinations to assess cervical change.

Applicability: Vaginal examinations occur in the Diagnostic Ambulatory Program and in the Antepartum/ Postpartum and Birthing Program areas of the Acute Perinatal Program.

PROCEDURE

1.0 Consent

The indication and procedure is discussed with the woman and consent is obtained prior to a vaginal examination.

1.1 Criteria

A vaginal exam is only indicated if it will change the woman's management and care. Vaginal exams should be conducted as per guidelines in BC Women's Self Directed Learning Module.

Antepartum

A vaginal exam may be indicated:

- Prior to an induction (ie, administration of Prostaglandin, Cervidil, Oxytocin)
- When pre-term delivery is IMMEDIATELY suspected (contractions, pelvic/rectal pressure).
 - **NOTE: If there are no signs/symptoms of imminent delivery a sterile speculum examination should be done by the primary care provider**

Intrapartum

A vaginal exam may be indicated to/for:

- Confirm progress in labour/suspected dystocia of labour (See Decision Support Tool: Progress of Labour Dystocia, WW.03.17)
- Confirm full dilation
- Confirm presenting part
- FECG or IUPC application (Fetal Spiral Electrode, Intrauterine Pressure Catheter)
- Following spontaneous rupture of membranes (SROM), unless the presenting part is known to be firmly engaged
- Identify cord prolapse – for example, where there is bradycardia or recurrent variable decelerations of the fetal heart rate (FHR)
- Prior to Analgesia
 - Before the initial dose of epidural anesthesia
 - Before an epidural top-up, if indicated
 - Immediately before the administration of an opioid

Postpartum

A vaginal exam may be indicated to:

- assess a woman's source of bleeding (retained placenta or clots)

Contraindications

Vaginal examinations **are not** performed for a woman with the following conditions:

- Placenta previa
- Vasa previa
- Suspected or known low lying placenta
- Unknown placental location with bleeding

Women with the following conditions are at higher risk of developing an infection. Vaginal examinations should be **extremely limited** and duplicate exams for learning purposes are not appropriate.

- Group B Strep positive with ruptured membranes
- Prolonged rupture of membranes

DOCUMENTATION

Record the results of the vaginal examination:

Diagnostic Ambulatory Program

- Triage and Assessment Record (Inductions)
- Interprofessional Notes

Antepartum Program

- Antepartum Assessment Flow Sheet
- Interprofessional Notes
- Physician History and Progress Notes

Birthing Program

- Triage and Assessment Record
- British Columbia Labour Partogram
- Interprofessional Progress Notes
- Physician History and Progress Notes
- OB Trace View

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