

Standard Operating Procedure (SOP)

Department:	Maternity/ Family & Therapies
SOP Ref No:	ABUHB/F&T/1334
SOP Title:	Midwives Performing Premature Speculum Examinations (20 weeks' gestation to <37 weeks gestation) SOP

	NAME	TITLE	SIGNATURE	DATE
Author/ Reviewer:	Lauren Adams	Maternity Triage Lead Midwife	Lauren Adams	19/3/ 26
Approved by:	Clinical Effectiveness Forum (CEF)	Clinical Effectiveness Forum (CEF)	Clinical Effectiveness Forum (CEF)	30/03 /2026
Issued to:	ABUHB Maternity Services			

Effective Date:	27/04/2026
Review Date:	27/04/2029

Change / Amendment History

Version No	Effective Date	Brief Summary of Changes	Author
Version 1	27/04/2026	New document.	Lauren Adams



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

1 Introduction

The purpose of this Standard Operating Procedure (SOP) is to outline guidance and competency assessment for midwives undertaking speculum examinations for birthing people between 20 weeks' gestation and less than 37 weeks' gestation. These examinations may be performed to support the assessment of suspected preterm labour, possible rupture of membranes, or minimal per vaginal bleeding. This SOP aims to support safe, consistent clinical practice, promote patient safety, and facilitate effective patient flow.

This document applies to all people who are pregnancy and may use the term 'woman' but recognises that not all people having babies within Aneurin Bevan University Health Board identify as women.

If you have difficulty understanding any part of this SOP- including due to learning, sensory, or communication needs- please speak with your Line Manager or contact the authors of this guideline for support or clarification.

2 Scope

This SOP applies to all midwives within Aneurin Bevan University Health Board (ABUHB) who undertake speculum examinations for birthing persons prior to term gestation.

Midwives undertaking these examinations are expected to practise in accordance with ABUHB clinical guidelines and uphold the standards of practice, conduct, and professionalism set out in the Nursing and Midwifery Council (NMC) Code (2018).

3 Roles & Responsibilities

Status: Issue 1

Approved by: Clinical Effectiveness Forum

Owner: ABUHB Maternity Services

Issue date: 27/04/2026

Review by date: 27/04/2029

Ref Number: ABUHB/Corporate/001B

Midwives working in accordance with this SOP remain professionally accountable for their own practice and are required to practise in line with the Nursing and Midwifery Council (NMC) Code (2018). This includes a responsibility to maintain competence, work within individual scope of practice, and keep knowledge and skills up to date. Midwives should identify and raise any training needs, limitations in competence, or concerns regarding practice through appropriate professional and governance channels.

4 Definitions

Term	Definition
PPROM	Prolonged Premature Rupture of Membranes
SROM	Spontaneous Rupture of Membranes
TPTL	Threatened Preterm Labour
ABUHB	Aneurin Bevan University Health Board
MTU	Maternity Triage Unit
PVB	Per Vaginal Bleeding

5 Procedure

Speculum examination may be clinically indicated to support the assessment or exclusion of preterm prelabour rupture of membranes (PPROM), threatened preterm labour (TPTL), or to review minimal per vaginal bleeding (PVB).

The examination may include the use of diagnostic investigations such as high vaginal swabs (HVS), Actim Partus or Actim PROM testing, where clinically indicated.

Pre-Procedure

Prior to commencing the procedure, informed consent must be obtained for the examination and for any associated diagnostic tests. The [consent process](#) should include consideration of the individual's legal capacity to consent, discussion regarding the use of a chaperone, and confirmation that consent may be withdrawn at any time. Young people under the age of 16 may consent to their own treatment where they are assessed as having sufficient understanding, intelligence, and competence to fully appreciate what the examination involves (Gillick competence). In general, speculum examinations for individuals under the age of 16 should be undertaken with medical involvement.

Privacy and dignity should be maintained throughout the procedure. Women should be offered the opportunity to undress in private and provided with appropriate coverings prior to the examination commencing.

The procedure and the reason for positioning should be clearly explained, and the birthing person supported to adopt a comfortable and appropriate position for examination. This is usually a semi-prone position, with feet together and drawn towards the buttocks, allowing the knees to gently fall to the sides of the bed, while respecting individual comfort and needs.

Where diagnostic testing such as Actim Partus or Actim PROM is required, the birthing person should be informed that lubricating gel must not be used, as this may affect test accuracy. Sterile water may be used to facilitate speculum insertion if required.

Prior to commencing the procedure, the midwife should ensure the following equipment is available, as clinically indicated:

- Sterile gloves
- Adequate light source
- Appropriate-sized speculum

- Sterile water or lubricating gel (depending on whether diagnostic testing is being undertaken)
- Diagnostic tests (e.g. HVS, Actim Partus, Actim PROM)
- Chaperone, in line with local policy

Procedure

- Prior to insertion, obtain consent and explain each stage of the procedure. If required, the labia may be gently separated digitally, with consent, to minimise discomfort during insertion.
- Insert the speculum gently into the vagina using either lubricating gel or sterile water, depending on whether diagnostic testing is planned.
- The speculum should be introduced with the handle orientated towards either thigh, using a slightly downward angle toward the sacrum. Once inserted, rotate the speculum so the handle is positioned either towards the mons pubis or the perineum, as appropriate for visualisation.
- Gently open the speculum to allow visualisation of the cervix.
- Ensure an adequate light source is used at all times.
- If visualisation is suboptimal, the woman may be asked to cough or adjust position (for example, placing clenched fists under each buttock).
- If necessary, remove and reinsert the speculum to improve positioning and visualisation.
- Once a clear view of the cervix is achieved, the speculum should be stabilised or fixed in position for the duration of the examination.
- The midwife should assess and document the appearance of the cervix, including:
 - Colour
 - Size and position
 - Appearance and texture

- Cervical length and degree of dilatation (if visible)
- Any vaginal or cervical secretions should be noted, and indicated diagnostic tests (e.g., HVS) undertaken at this stage.
- Immediate escalation is required if any of the following are identified:
 - Ongoing or unexplained bleeding
 - Cervical polyps or abnormal appearance
 - Unexpected cervical dilatation
 - Visible forewaters
 - Visualisation of cord, placenta, or fetal limbs
- Findings of concern should be escalated promptly to a senior obstetrician or gynaecologist and communicated to the triage lead midwife or labour ward coordinator. Management and escalation should be undertaken in accordance with the local [Maternity Triage Guideline](#) (ABUHB, 2026), using the Birmingham Symptom Specific Obstetric Triage System (BSOTS©).

Post-Procedure

- Once visualisation and any required diagnostic testing are complete, the speculum should be gently closed and removed.
- All equipment should be disposed of in accordance with local infection prevention and control policy.
- The woman should be offered privacy to dress.
- During this time, any point-of-care diagnostic tests (e.g., Actim PROM or Actim Partus) should be processed as per manufacturer and local guidance.
- The midwife must complete full, clear, and contemporaneous documentation via the Badgernet system of:
 - The examination undertaken
 - Any diagnostic tests performed
 - Findings observed
 - Any escalation, advice given, or actions taken

- The woman should be informed of examination findings, including the results of any immediate diagnostic tests.
 - Where results are not immediately available (e.g., HVS), the expected timeframe for review and follow-up should be explained.
- The method of communicating results should be clarified, and contact details confirmed prior to discharge.
- Any follow-up arrangements or clinical management plans should be clearly formulated and discussed with the woman. These discussions should be documented in full via the Badgernet system.
- Where indicated, onward referral, admission, or transfer to an appropriate care setting (e.g., Antenatal Ward) should be undertaken in line with local pathways.

6 Competency Assessment Tool

- Midwives wishing to undertake speculum examinations for women between 20 weeks' gestation and less than 37 weeks' gestation within ABUHB must undergo a competency assessment.
- Competency must be assessed by a practitioner who is already competent in undertaking premature speculum examinations. This may include:
 - A consultant obstetrician or senior obstetrics and gynaecology registrar
 - An approved practice assessor with appropriate competence
 - A minimum of five supervised speculum examinations must be completed prior to final assessment and formal sign-off of competence.
- Once competency has been confirmed and documented, the midwife is expected to:
 - Maintain competence through ongoing clinical practice



- Support junior or less-experienced colleagues in developing confidence with the procedure
- Progress, where appropriate, to supervising and contributing to the assessment of other midwives' competence in line with local governance arrangements
- Further supervised assessments should be requested where the assessing midwife or the practitioner being assessed identifies the need for additional support or development.
- Where a midwife has a period of absence from practice (for example maternity leave, long-term sickness, or a career break), a reassessment of competence should be undertaken prior to resuming independent practice of this procedure.
- Learning outcomes will be reviewed at each assessment to ensure sustained competence and safe practice.
- Assessment should be documented using the Competency Assessment Record (Appendix 1). The completed Competency Assessment Record must be stored securely on the designated SharePoint system in accordance with ABUHB information governance policies, data protection legislation, and General Data Protection Regulation (GDPR) requirements. Access should be restricted to authorised personnel only.

7 Appendices

Appendix 1:

The Learning Outcome (LO) Key

L01	Prepares the environment/Equipment
L02	Prepares the birthing person/ Gains consent
L03	Performs speculum examination appropriately
L04	Interprets findings correctly and identifies needs
L05	Provides clear and accurate results
L06	Provides holistic information/advice/support
L07	Maintains clear and accurate documentation
L08	Seek Obstetric/Gynaecological Input when needed

COMPETENCY ASSESSMENT RECORD

NAME OF PRACTITIONER: _____

ROLE: _____

AREA OF WORK: _____

ASSESSMENT PERIOD: FROM ___/___/___ **TO** ___/___/___

Assessment No.	Date	Gestation	L01	L02	L03	L04	L05	L06	L07	L08
1										



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

2										
3										
4										
5										

Please tick each LO if appropriately met

Assessment No.	Supervisor	Comments	Signature
1			
2			
3			
4			
5			

Overall Competence Met: Y/N

Final Assessor Name: _____ **Signature:** _____

Final Assessor Role: _____ **Date:** _____

8 References

Maternity Services in Aneurin Bevan University Health Board [ABUHB]. (2026) *Guideline Maternity Triage* [Online]. Aneurin Bevan University Health Board [ABUHB] Last Updated: March 2026. Available at: https://nhs.wales365.sharepoint.com/sites/ABB_Pulse_Policies/Families%20%20Therapies/Forms/All%20Staff%20Documents.aspx?id=%2Fsites%2FABB%5FPulse%5FPolicies%2FFamilies%20%20Therapies%2FMaternity%20Triage%20Guidelines%2Epdf&parent=%2Fsites%2FABB%5FPulse%5FPolicies%2FFamilies%20%20Therapies (Accessed 27/04/2026).



Nursing and Midwifery Council [NMC] (2018). *The Code*. [Online]. The Nursing and Midwifery Council [NMC]. Last Updated: 10th October 2018. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>

Royal College of Obstetricians & Gynaecologists (2015). *Obtaining Valid Consent* [Online]. Available at: <https://www.rcog.org.uk/media/pndfv5qf/cga6.pdf> (Accessed 27/04/2026)