

Speculum Examinations by Midwife Below 37 weeks	1 of 9	Approval date: 28 March 2024
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Speculum Examinations by Midwives below 37 weeks	
Introduction and Aim	
The purpose of this document is to provide guidance and assessment of competence to those midwives who wish to undertake speculum examinations on pregnant women below 37 weeks.	
Scope	
Local guideline for all midwives working in Cardiff and Vale University Health Board	
Equality Health Impact Assessment	<i>An Equality Health Impact Assessment (EHIA) has not been completed.</i>
Documents to read alongside this Procedure	<i>Admission of mother and babies to first floor; Anti-D administration; Babies don't bounce leaflet; Born before arrival (BBA); Bedsharing; Bladder care; Breastfeeding; Guidelines for obstetric anaesthesia; Hypertension disorders in pregnancy; Identification of babies; Management of babies requiring transitional care; Management of hypoglycaemia on the postnatal ward; Maternity TTH procedure; Neonatal Jaundice; Obstetric haemorrhage; Perineal care; Postnatal contraception; Sepsis in maternity services; Sticky eyes in babies; Tongue tie; Vitamin K; VTE in pregnancy and puerperium.</i>
Approved by	<i>Maternity Professional Forum</i>

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<p><u>Disclaimer</u> If the review date of this document has passed, please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.</p>	

Speculum Examinations by Midwife Below 37 weeks	2 of 9	Approval date: 28 March 2024
Ref no. UHBOBS105		Review date: 28 March 2027
Version number: 6	Approved by Maternity Professional Forum	

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	Dec 2016	Dec 2016	
2	March 2024	March 2024	

Speculum Examinations by Midwife Below 37 weeks	3 of 9	Approval date: 28 March 2024
Ref no. UHBOBS105		Review date: 28 March 2027
Version number: 6	Approved by Maternity Professional Forum	

Contents

1 Aim of document.....	4
2. Professional requirements.	4
3. Which midwives can undertake speculum examinations?	4
4. Reasons for speculum examinations in maternity	5
5. How to undertake a Speculum examination.	5
5.1 Gaining consent	5
5.2 Ensuring the woman understands the procedure / reducing anxiety.	5
5.3 Prepare the patient.....	6
5.4 The procedure:.....	6
6. Following the examination	7
7. What to do next ?.....	Error! Bookmark not defined.
8. Assessment of competence.....	Error! Bookmark not defined.
8.1 Learning outcomes.....	8
8.2 Evidence of competence.	8

Speculum Examinations by Midwife Below 37 weeks	4 of 9	Approval date: 28 March 2024
Ref no. UHBOBS105		Review date: 28 March 2027
Version number: 6	Approved by Maternity Professional Forum	

The words woman and women have been used throughout this document as this is the way that the majority of those who are pregnant and having a baby will identify. For the purpose of this document, this term includes girls. It also includes people whose gender identity does not correspond with their birth sex or who may have a non-binary identity'

1 Aim of document.

The purpose of this document is to provide guidance and assessment of competence to those midwives who wish to undertake speculum examinations on pregnant women below 37 weeks.

2. Professional requirements.

Midwives act in accordance to The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates and as professional, autonomous practitioners should always act in the best interests of women, newborn infants and in accordance with relevant legal, regulatory and governance requirements and policies. They are required to maintain effective communication with interdisciplinary teams and colleagues in challenging and emergency situations and should escalate concerns related to the health or well-being of women and families (NMC, 2019)

There is no single recognised training programme required to achieve competence to perform vaginal or genital examinations.

3. Which midwives can undertake speculum examinations?

Within Cardiff and Vale UHB, it is considered acceptable for **any midwife** to undertake a speculum examination on a pregnant woman over **37 weeks** gestation who is a possible spontaneous rupture of membranes (SRM), if they have been assessed as competent to do so.

Midwives in **specific clinical areas** may also undertake speculum examinations on women who are **under 37 weeks** gestation and for other reasons. These midwives include Band 7 midwives, research midwives who have undergone training and experienced midwives on the Obstetric Assessment Unit (OAU) & Ante natal clinic. These midwives should be assessed as competent to undertake the procedure before doing so.

Speculum Examinations by Midwife Below 37 weeks	5 of 9	Approval date: 28 March 2024
Ref no. UHBOBS105		Review date: 28 March 2027
Version number: 6	Approved by Maternity Professional Forum	

4. Reasons for speculum examinations in maternity

1. To confirm rupture of membranes (SRM / PSROM).
2. To investigate possible vaginal infections.
3. To visualise the cervix to confirm labour.
4. To undertake fetal fibronectin test.
5. To investigate the cause of **minor vaginal bleeding**

5. How to undertake a Speculum examination.

5.1 Gaining consent

- Before any procedure is undertaken valid consent needs to be sought.
No one has the right to consent on behalf of another competent adult.

Key principles for obtaining consent from a woman undergoing the examination procedure should ensure that:

- She is a legally competent person
- Consent is given voluntarily
- She is informed
- She is aware that she can withdraw her consent at any time
- Consent can be given in writing, spoken or implied (by co-operation)
- Children and young people under 16 years of age are able to consent to treatment, provided they are deemed competent

5.2 Ensuring the woman understands the procedure / reducing anxiety.

Consider: -

- Asking if she has ever had a genital examination before?
- Discuss any concerns regarding her previous experience (be alert to the possibility of sexual abuse)
- Explain the reason for the examination
- Assure the woman that privacy and dignity will be maintained throughout the procedure
- Offer to demonstrate the speculum
- Inform the woman about the sounds associated with the speculum use, if appropriate
- Discuss with the woman if she wishes to have a chaperone and/or someone of her choice in the room while she is being examined

Speculum Examinations by Midwife Below 37 weeks	6 of 9	Approval date: 28 March 2024
Ref no. UHBOBS105		Review date: 28 March 2027
Version number: 6	Approved by Maternity Professional Forum	

- Take a history and exclude any materials that may cause an allergic reaction, e.g. latex or iodine
- Explain the procedure for the examination, using language that the woman will understand
- Ensure that the woman has emptied her bladder
- Inform the woman that the examination should not be painful but maybe uncomfortable
- Emphasise the importance of relaxation of the genital and/or abdominal muscles during the procedure
- Explain that she may stop the examination at any time.

5.3 Prepare the patient

Ensuring privacy:

- Offer the patient the opportunity to undress in private. Assistance to undress should be offered if requested.
- The woman should be advised that it is usually only necessary to remove her lower garments
- Lie patient flat or semi prone (left lateral can also be used if felt appropriate)
- Ask the woman to adopt the position required for the examination

5.4 The procedure:

- Introduce, or instruct the woman to introduce, the lubricated Speculum into the vagina (NB: use water only to lubricate if undertaking fetal fibronectin test) The speculum should be inserted into the vagina in a slightly downward motion
- If the labia are flaccid, gently opening them with your other hand limits dragging or pulling. The insertion should be a slow and seamless procedure
- Ensure that the speculum points down towards the posterior of the woman and insert into the vagina until flush with the perineum
- Ensure no pubic hair is caught, and that there is no pressure on delicate structures such as the urethral meatus and clitoris
- In the case of prolapsed vaginal walls, sheath the speculum with a condom or a non-latex glove finger with the end cut off, or use a wider or long-bladed speculum
- Ensure good light source for visualisation
- Check the woman's comfort – either with eye contact, verbally or using a chaperone

Speculum Examinations by Midwife Below 37 weeks	7 of 9	Approval date: 28 March 2024
Ref no. UHBOBS105		Review date: 28 March 2027
Version number: 6	Approved by Maternity Professional Forum	

- Open the speculum and look at the cervix (it is not necessary to fully open the speculum). To do this you may need to ask the woman to cough or change position (asking the woman to place a folded fist under both buttocks can help)
- Fix or hold the speculum into the correct position
- Note the colour, size, position, appearance, secretions, and texture of the cervix
- Note any polyps or contact bleeding

6. Following the examination

- Switch off the examination light and provide privacy for the woman to get dressed or rearrange her clothing.
- Ensure the woman has tissue available to wipe away any lubricant or discharge and that there is access to washing facilities and sanitary pads, if needed
- Ensure a full record is made of the examination performed, and that any tests taken and findings are recorded clearly and contemporaneously in the woman's notes

The following points should be included in your records:

- External genitalia
- Vagina
- Cervix

7. Assessment of competence.

For midwives to be able to undertake a speculum examination in Cardiff and Vale UHB, they must be assessed by another competent practitioner who is a Band 6 or above.

The following learning outcomes should be achieved.

Speculum Examinations by Midwife Below 37 weeks	8 of 9	Approval date: 28 March 2024
Ref no. UHBOBS105		Review date: 28 March 2027
Version number: 6	Approved by Maternity Professional Forum	

8.1 Learning outcomes

- Demonstrate an understanding of how to prepare the environment and equipment for undertaking vaginal, speculum and genital bimanual examination and specimen collection.
 - Demonstrate how to effectively prepare the woman physically and psychologically for vaginal, speculum or genital bimanual examination.
 - Demonstrate the knowledge and skills required to safely and effectively perform speculum examination with or without specimen collection appropriate to clinical indication/request.
 - Demonstrate the knowledge and skills required to safely and effectively perform genital bimanual examination.
 - Demonstrate the knowledge and skills required to interpret findings of examination to identify the woman's needs.
 - Demonstrate the knowledge and skills required to provide clear and accurate results to the woman.
 - Demonstrate the ability to provide holistic information advice and support to meet the woman's needs.
- Maintain accurate records.
Recognise the importance of seeking advice from an obstetrician before any plan of care is devised and the lady discharged.

8.2 Evidence of competence.

Once assessed competent to undertake a speculum examination please could the assessor send an e mail to the midwife's current line manager stating that they have been assessed as competent in undertaking speculum examinations. This will then be added to the midwife's personal file and can be used as evidence of on-going learning during a PADR...

Speculum Examinations by Midwife Below 37 weeks	9 of 9	Approval date: 28 March 2024
Ref no. UHBOBS105		Review date: 28 March 2027
Version number: 6	Approved by Maternity Professional Forum	

References

Nursing and Midwifery Council (2019). Standards of Proficiency for Midwives

Nursing and Midwife Council (2020). The Code

Royal College of Nursing (2013). Genital examination in women.