

# Standard Operating Procedure for speculum examinations by midwives (16 weeks gestation and above)

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<b>Ref:</b>	(For Non-Clinical References – Contact: <a href="mailto:CTM_Corporate_Governance@wales.nhs.uk">CTM_Corporate_Governance@wales.nhs.uk</a> For Clinical References – Contact: <a href="mailto:CTM_ClinicalPolicies@wales.nhs.uk">CTM_ClinicalPolicies@wales.nhs.uk</a> Adapted (with permission) from Cardiff and Vale University Health Board.
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## Target Audience:

<b>People who need to know about this document in detail</b>	Obstetric and Midwifery staff in CTM UHB
<b>People who need to have a broad understanding of this document</b>	Obstetric and Midwifery staff in CTM UHB
<b>People who need to know that this document exists</b>	All Obstetric and Midwifery Staff in CTM UHB.

## Integrated Impact Assessment:

<b>Equality Impact Assessment Date &amp; Outcome</b>	<b>Date: 28/10/2025</b>
	<b>Outcome: Neutral</b>
<b>Welsh Language Standard</b>	No
<b>Date of approval by Equality Team:</b>	
<b>Aligns to the following Wellbeing of Future Generation Act Objective</b>	Provide high quality, evidence based, and accessible care



**Disclaimer:**

If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or [CTM\\_Corporate\\_Governance@wales.nhs.uk](mailto:CTM_Corporate_Governance@wales.nhs.uk)

**Definition of Standard Operating Procedure**

This Standard Operating Procedure is a set of detailed step-by-step instructions that describe the appropriate method for carrying out tasks or activities to achieve a stated outcome to the highest standards possible and to ensure efficiency, consistency and safety.

**Minor Amendments**

If a minor change is required to the document, which does not require a full review please identify the change below and update the version number.

Type of change	Why change made	Page number	Date of change	Version 1 to 1.1	Name of responsible person

**Equality Impact Assessment Statement**

This Procedure has been subject to a full equality assessment and no impact has been identified. Throughout this guideline, the term ‘women’ and ‘mothers’ will be used. It is recognised that maternity services also provide care to gender diverse individuals and people whose gender identity does not align with the sex they were assigned at birth.

**Standard Operating Procedure (SOP)** – to be used in conjunction with Maternity Priority Unit, Pre Labour Rupture of Membranes below 37 weeks of gestation (PPROM) and Management of Preterm Labour guidelines

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## 1. Introduction.

The purpose of this SOP is to provide guidance and assessment of competence to midwives who undertake speculum examinations on pregnant women (16 weeks gestation and above) in CTMUHB.

## 2. Professional requirements.

Midwives are personally accountable for their practice and answerable for their actions and omissions. Midwives have a duty of care to women, who are entitled to receive safe and competent care. Competence is defined as possessing the skills and abilities required for lawful, safe and effective practice without direct supervision' (NMC 2018). There is no single recognised training programme required to achieve competence to perform vaginal or genital examinations.

## 3. Midwives can undertake speculums at 16 weeks and above for the following reasons:

- To confirm rupture of membranes (SROM / PPRM) including performing an ACTIM PROM test
- To investigate possible vaginal infections that require a high vaginal swab (HVS).
- To visualise the cervix to confirm labour/assess cervical health including performing actim partus.

Speculum examinations below 37 weeks gestation should only take place in an appropriate acute setting, such as labour ward or maternity priority unit.

Please note that speculums following a vaginal bleed are not to be undertaken by midwives.

## 4. How to undertake a speculum examination.

### 4.1 Gain 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. Please refer to the All Wales Model Policy for Consent to Examination or Treatment (2023).

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 of the reason the examination is recommended
- She is aware that she can withdraw her consent at any time.

Consent can be given in writing or verbally.

Children under the age of 16 can consent to their own treatment if they're believed to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment. This is known as being Gillick competent.

4.2 Ensure the woman understands the rationale for both the speculum and any investigations that will be taken and how this may affect ongoing care. Use the BRAIN mnemonic to discuss risks and benefits.

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)
- Discuss the rationale for recommending the examination
- Assure the woman that privacy and dignity will be maintained throughout the procedure
- 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
- 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 may be uncomfortable
- Emphasise the importance of relaxation of the genital and/or abdominal muscles during the procedure
- Explain that the examination can be stopped at her request at any time.
- Ensure that women are informed that dependent on findings, a high vaginal swab or other screening may be indicated (e.g. abnormal discharge). This discussion should highlight that investigation findings could affect ongoing care. For example, IV antibiotics may be recommended in labour if group B streptococcus is identified.

Consider using the BRAIN method to facilitate all discussions;

- Benefits- what are the benefits of this option?
- Risks- What are the possible risks or side effects?
- Alternatives- are there any alternatives?
- Intuition- How do I feel about this?
- Nothing- What happens if I do nothing or wait?

4.3 Prepare the woman- ensuring privacy.

- Offer the woman the opportunity to undress in private
- Assistance to undress and prepare should be offered and provided if requested
- The woman should be advised that it is usually only necessary to remove her lower garments
- Ask the woman to lie flat or semi prone (left lateral can also be used if deemed appropriate)
- Ask the woman to adopt the position required for the examination (to raise feet up towards bottom, feet together and to allow legs to drop to the side of the bed).

4.4 The procedure.

- Ensure good light source for visualisation
- Introduce the lubricated speculum into the vagina
- The speculum should be inserted into the vagina in a slightly downward motion
- The insertion should be a slow and seamless procedure
- Ensure that the speculum points down towards the posterior of the woman & insert into the vagina until flush with the perineum.
- Continue to communicate with the woman throughout the examination, removing the speculum instantly if requested.
- Open the speculum and look at the cervix (it is not necessary to fully open the speculum).
- Fix or hold the speculum into the correct position.
- Note the colour, size, position, appearance, dilatation, length, secretions and texture of the cervix.
- Note any polyps, contact bleeding or cervical abnormalities.

#### 4.5 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.

#### 4.6 What to do next.

- Any abnormalities should be escalated to the on call obstetric team. Please note that in many situations the woman will still require obstetric review and an ongoing management plan following speculum examination- please refer to other relevant guidance and BSOTS algorithms.
- Ensure a full record is made of consent given and the examination performed. Ensure that any tests taken and findings observed are recorded clearly and contemporaneously in the woman's notes.
- Ensure a plan is documented to communicate findings of any screening taken.
- Ensure the findings of the examination are clearly explained to the woman in her preferred language, along with any recommendations for ongoing care.

### 5. Competence.

As per the NMC Standards of Proficiency for Midwives (2019), midwives should be competent in speculum examinations at the time of qualifying as a midwife. Midwives are responsible for maintaining competence in conducting speculum examinations.

## 6. References

Nursing & Midwifery Council (2018) The code: professional standards of practice and behaviour for nurses, midwives and nursing associates. Available at:  
<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf> (Accessed: 25th August 2025).

Nursing and Midwifery Council (2019) Standards of Proficiency for Midwives. Available at:  
<https://www.nmc.org.uk/globalassets/sitedocuments/standards/2024/standards-of-proficiency-for-midwives.pdf> (Accessed: 16<sup>th</sup> December 2025).