



# **Speculum examinations by midwives, under 37 weeks gestation.**

Author: Maria Nash & Claire Meyrick  
Approval date: 3 September 2025  
Approved by: Antenatal Forum  
Date for Review: 3 September 2028  
Version: 1

# Contents

1. Aim.....	3
2. Professional requirements .....	3
3. Can all midwives undertake speculum examinations? .....	3
4. Reasons for speculum examinations in Maternity .....	3
5. How to undertake a Speculum examination .....	3
5.1 Gaining consent.....	3
5.2 Ensure they understand the procedure.....	4
5.3 Prepare them to ensure privacy:.....	4
5.4 The Procedure .....	5
5.5 Following the examination .....	5
5.6 What to do next?.....	6
6. Assessment of competence .....	6
6.1 Learning outcomes .....	7
7. Evidence of competence.....	7
8. References.....	8
9. Acknowledgement.....	8
10. Appendices.....	9
Appendix 1: sticker for notes .....	9
Appendix 2: Pre-Term Speculum by Midwives Competency Framework .....	10

## **1. Aim**

The purpose of this document is to provide guidance to and assessment of competence to midwives who wish to undertake speculum examinations on pregnant women below 37 weeks of pregnancy, for the assessment of pre term labour or pre term rupture of membranes.

## **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 and birthing people, who are entitled to receive safe and competent care (NMC 2015).

Competence is defined as possessing the skills and abilities required for lawful, safe and effective practice without direct supervision' (NMC 2015). There is no single recognised or accredited training programme required in order to achieve competence to perform vaginal/genital examinations.

## **3. Can all midwives undertake speculum examinations?**

Within Swansea Bay UHB it is considered acceptable for any midwife to undertake a speculum examination on a pregnant woman over 37 weeks gestation to diagnose or exclude Spontaneous Rupture Of Membranes (SRM), where they have been assessed competent to do so.

Midwives in specific clinical areas such as the Antenatal Assessment Unit may also undertake speculum examinations on women who are under 37 week's gestation, for other reasons. This would include any midwife who have undergone additional training and will include all experienced Midwives in the Obstetric Antenatal Assessment Unit (AAU). These Midwives should be assessed as competent to undertake the procedure before doing so.

## **4. Reasons for speculum examinations in Maternity**

1. To confirm rupture of membranes (SRM/PPROM) including performing an AMNISURE test
2. To investigate possible vaginal infections including performing a high vaginal swab (HVS)
3. To visualise the cervix to confirm labour/assess cervical health
4. To undertake The Actim Partus test

## **5. How to undertake a Speculum examination**

### **5.1 Gaining consent**

Before the procedure is undertaken informed consent must be sought.

Key principles for obtaining informed consent from women undergoing the examination procedure should ensure that:

- They are legally competent
- Consent should be given voluntarily

- They have been given the appropriate information to make an informed decision on care
- They are aware that they can withdraw their consent at any time

Consent can be obtained verbally or in writing.

Children and young people under the age of 16 can consent to their own treatment if they're believed to have the intelligence, competence and understanding to fully appreciate what's involved in their treatment. This is known as being Gillick competent. Generally, speculum examinations for those under 16 would be performed with involvement of a doctor.

## **5.2 Ensure they understand the procedure**

*Please ensure you consider:*

- Asking if they have received a genital examination before
- Discuss any concerns regarding her previous experience (be alert to the possibility of previous sexual abuse)
- Explain the reasons for the examination
- Assure them that privacy and dignity will be maintained throughout the procedure
- Offer to show them the speculum or equipment to be used
- 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 full history being cautious to exclude any materials that may cause an allergic reaction, e.g. latex or iodine
- Explain the procedure for the examination, using language the Woman or Birthing Person will understand
- Ensure they have emptied their bladder
- Inform them that the examination should not be painful but may be uncomfortable and that the examination will be guided by them. The clinician will stop if asked
- Emphasise the importance of relaxation of the genital and/ or abdominal muscles during the procedure and explain how she can undertake this
- Explain to them how to assume the best position to undertake the procedure

## **5.3 Prepare them to ensure privacy:**

- Offer the Woman the opportunity to undress in private
- Where required offer assistance to undress and prepare for the procedure
- They should be advised that it is only necessary to remove their lower garments
- Ask them to lie flat or semi prone - left lateral can also be used if the clinician can perform the procedure in this position
- Ask them to adopt the position required for the examination (to raise feet up towards her bottom, feet together and allow the legs to drop to the side of the bed).

#### 5.4 The Procedure

- Offer the Woman the choice to introduce the speculum themselves. The speculum should be inserted into the vagina in a slightly downward motion and should be well lubricated using water-based jelly. (**NB: Use water only to lubricate if performing an Actim Partus test**)
- If the labia occlude the vaginal opening, gently part them with your non dominant hand. The introduction of the speculum should be slow and gentle. The clinician should stop whenever requested
- Ensure that the speculum points downwards and is introduced until the handle is flush to the perineum
- Take care to ensure no pubic hair is caught, and that there is no pressure on delicate structures such as the urethral meatus or clitoris
- Where there is an identified prolapse of the vaginal wall a long blade speculum maybe indicated
- Ensure good light source for visualisation
- Check the woman's comfort throughout the procedure
- Once in place open the speculum to visualise the cervix (it is not necessary to fully open the speculum in most cases). To facilitate this you can ask them to cough or change position (asking them to place her fists under both buttocks can help)
- Fix or hold the speculum in the correct position
- Note the colour, size, position, appearance, dilatation, length, secretions and texture of the cervix. Cervical dilatation and length should be estimated and commented on. If there are any abnormal features of the cervix, escalate this to the senior Obstetrician to discuss and review
- Note any polyps or any bleeding. If bleeding present escalate to the senior Obstetrician to review.

#### 5.5 Following the examination

- Gently close and remove the speculum from the vagina
- Dispose of the equipment used on the examination tray and remove your sterile gloves
- Switch off the examination light and provide privacy for the Woman or Birthing Person to get dressed or rearrange their clothing
- Ensure they have tissue available to wipe away any lubricant or discharge and that there is access to hand washing facilities and sanitary pads, if needed
- Ensure full, clear and contemporaneous documentation of the examination performed, any tests taken, and findings observed.
- The following points should be included in your written records using the stickers (see appendix 1).

1. Appearance of the external genitalia
2. Appearance of the cervix
3. Dilatation of the cervix
4. Length of the cervix
5. Position of the cervix
6. Any vaginal loss noted (reporting on colour of loss and if any bleeding is noted)
7. Provide information about the findings to the Woman or Birthing person and implications or reassurance of these findings
8. If swabs have been taken or screening performed, this should include: How results will be communicated with the Woman or Birthing person, along with their preferences for receiving the results. They should also be given an expected timeframe for the results to be processed.

### **5.6 What to do next?**

For all examinations, please document in the record your findings as listed above, focusing on any observed cause for the presentation eg SRM. Any abnormalities should be discussed with the Obstetrician on call for the ward/unit at the time and a plan devised before the woman is discharged. If the examination rules out the need for further investigations or review by the obstetric team, the midwife can discharge the woman with the appropriate individualised care plans already in place. Ensure all follow up appointments with the community midwives or obstetric antenatal appointments are in place prior to discharge. Provide the woman with advice regarding accessing further care from AAU with any ongoing concerns.

### **6. Assessment of competence**

Midwives are able to undertake a speculum examination in a Women under 37 weeks gestation in Swansea Bay UHB if they have been assessed as competent by another practitioner who is able to perform the speculum. This could be a Band 7 Mentor, a practice assessor, a consultant or senior registrar in obstetrics.

A minimum of 5 speculums are to be supervised prior to the final competence assessment and signed off.

Once the midwife has been signed off as competent in performing speculum examinations in women under 37 weeks, it is expected that they support junior obstetric doctors in gaining confidence in performing this skill. This will ensure that the junior doctors continue to gain exposure and skills in performing speculum examinations during their training.

The following Learning outcomes should be achieved.

### **6.1 Learning outcomes**

*Demonstrate:*

- An understanding of how to prepare the environment and equipment for undertaking vaginal, speculum and genital bimanual examination and specimen collection.
- How to effectively prepare Women physically and psychologically for vaginal, speculum and bimanual examination
- The knowledge and skills required to safely and effectively perform speculum examination with or without specimen collection appropriate to clinical indication/request
- The knowledge and skills required to safely and effectively perform bimanual examination
- The knowledge and skills required to interpret findings of examination to identify the Woman needs
- The knowledge and skills required to provide clear and accurate results
- The ability to provide holistic information advice and support to meet their needs
- Maintain accurate and contemporaneous records
- Recognise the importance of seeking advice from an Obstetrician if required before any plan of care is devised and discharge home initiated

### **7. Evidence of competence**

Once assessed competent to undertake a speculum examination under 37 weeks' gestation, the assessor is required to send an email to the current line manager of the Midwife seeking accreditation. This will need to state that they have been assessed as competent in undertaking the speculum examinations under 37 weeks of pregnancy. The email will be added to the personal file of the Midwife and can be used as evidence of on-going learning during a PADR.

## **8. References**

## **9. Acknowledgement**

This document was originally created by The University of Wales

## 10. Appendices

### Appendix 1: sticker for notes

External genitalia:  
Appearance of cervix:  
Cervical dilation:  
Cervical Length:  
Cervical position:  
Vaginal loss:  
Findings of examination:

What swabs or screening performed:  
Process for results retrieval:

**Appendix 2: Pre-Term Speculum by Midwives Competency Framework**

# Competency Assessment Record: Speculum Examination

---

Name of Practitioner: \_\_\_\_\_

Role \_\_\_\_\_

Area: \_\_\_\_\_

Assessment Period: From \_\_ / \_\_ / \_\_\_\_ to \_\_ / \_\_ / \_\_\_\_

### Learning Outcome (LO) Key

<b>LO #</b>	<b>Description</b>
LO1	Prepares the environment/equipment
LO2	Prepares the Woman
LO3	Performs speculum exam appropriately
LO4	Interprets findings to identify needs
LO5	Provides clear/accurate results
LO6	Provides holistic info/advice/support
LO7	Maintains accurate records
LO8	Seek obstetric input when required

## Competency Assessment Log

No	Date	Hospital No	Gestation	LO1	LO2	LO3	LO4	LO5	LO6	LO7	LO8	Supervised	Comments	Signature
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

### Final Assessor Review

10 completed assessments  Yes  No

Overall Competent?  Yes  No

Final Assessor Name: \_\_\_\_\_

Final Assessor Role: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Maternity Services

### Checklist for Clinical Guidelines being Submitted for Approval

Title of Guideline:	Speculum examinations by midwives, in women under 37 weeks gestation.
Name(s) of Author:	Maria Nash & Claire Meyrick
Chair of Group or Committee approving submission:	Antenatal forum, Training & Education Forum
Brief outline giving reasons for document being submitted for ratification	
Details of persons included in consultation process:	Antenatal forum
Name of Pharmacist (mandatory if drugs involved):	
Issue / Version No:	1
Please list any policies/guidelines this document will supercede:	
Date approved by Group:	3 September 2025
Next Review / Guideline Expiry:	3 September 2028
Please indicate key words you wish to be linked to document	Speculum examination, SRM, PROM assessment Pre Term

