

## Vaginal examinations in labour

This information sheet aims to answer some questions you might have about having a vaginal examination in labour.

**IMPORTANT:** The information contained in this information sheet is general information only. It is not intended to be treated by you as professional advice for a particular factual situation and is no substitute for seeking professional advice from your health care provider. In all procedures your health care provider will explain what will happen, the risks and benefits and will ask for your informed consent.

### What is a vaginal examination?

A vaginal examination is an internal examination of the vagina and cervix (bottom part of the uterus at the inside end of the vagina) and is sometimes called an 'internal,' 'VE' or 'internal examination.'

A VE involves the care provider parting the labia (lips) and inserting two gloved lubricated fingers into the vagina. To protect her privacy, a sheet or cloth should be draped over the woman's lower abdomen and legs.

### What does a VE feel like?

Women vary in their experiences of VEs. Some women find VEs mildly uncomfortable but reassuring, while others find them invasive, embarrassing, painful and/or distressing. VEs are inherently intimate, therefore it is important that you always feel respected during the procedure. Sometimes, VEs bring up issues of past sexual abuse or negative experiences of previous pap smears or VEs. If this is relevant to you, you might like to discuss this with your care provider. You may also like to request a female care provider.

### What should be discussed before consenting to a VE?

Before you consent to a VE your care provider should:

- explain why they are suggesting it, what is involved, what it might feel like and how long it might take
- reassure you that the VE can be discontinued at anytime
- ensure the VE is done privately
- offer for someone to accompany you during the VE
- ask if you have questions or requests

Your care provider must ask whether you consent to have a VE every time she/he suggests it. After the VE your care provider should explain to you the findings of the examination. Sometimes women are asked whether they consent to two VEs. This is so that the VE can be checked by a second care provider or so that a medical or midwifery student can learn how to do a VE.

It is important to remember that you always have the right to say no or to ask for more information about how your labour is progressing. In some hospitals, if you choose not to have a VE, you may be asked to document this decision.

### Why are VEs suggested?

There are a number of reasons why care providers suggest VEs during labour. The four main reasons are:

- To assess changes to the cervix (e.g. dilation)
- To assess how far the baby has moved down into the pelvis
- To determine the presenting part of the baby; whether the baby is positioned head-first (cephalic) or bottom-first (breech)
- To check the position of the umbilical cord once the waters have broken

### What will my care provider feel for in a VE?

Care providers assess some or all of the following during a VE:

- The consistency of the cervix – from hard to soft
- How effaced (short and thin) the cervix is
- How dilated (open) the cervix is – from 0cm to 10cm (fully dilated)
- How the baby is lying – eg posterior (head-down but facing your abdomen) anterior (head down but facing your back), breech (feet or bottom down)
- How far the baby has moved down into the pelvis (called descent)
- The application of the baby on the cervix. Generally speaking, the more firmly applied the baby's head to the cervix, the more effective the dilation. In breech births, the baby's bottom/foot is softer than the head and therefore the dilation may be a little slower.

## How are cervical changes related to labour progress?

In general, the more soft, dilated and effaced the cervix, and the more applied the head (or bottom) is to the cervix, the more effective the contractions will be and the quicker the woman will progress in labour.

## Is a VE the only way to assess labour progression?

VEs are the most common method of assessing progress in labour, however they are not the only indicator. There are other factors such as the strength, duration and length of contractions as well as a woman's behaviour and wellbeing that can indicate progress in labour. While a VE can provide information about how a woman has progressed so far in labour, it cannot predict how much longer you will be in labour or when you will give birth.

## How accurate are VEs?

Care providers assess effacement and dilation differently and sometimes inaccurately. If possible, VEs should be done by the same care provider.

## How often are VEs done?

There is currently no evidence about how often VEs should be suggested during labour. One VE every four hours is common in Queensland hospitals. In general, VEs should only be suggested if it is:

- Believed to be necessary; and if it's
- Judged to benefit the woman's labour care and decision making taking into account women's needs and preferences

Repeated VEs are associated with a risk of infection. After rupture of membranes (when the 'waters' or amniotic sac has broken) the risk of infection is significantly increased after 3 or more VEs.

## Are there times when VEs are required?

In some hospitals certain interventions in labour require a VE, e.g. an induction of labour (when a care provider tries to artificially start off labour) or epidural (a drug used to numb the lower half of the body).

## Why are VEs suggested upon arrival to hospital in labour?

It is common to be offered a VE when you arrive to hospital. This is to determine whether or not you are in 'established' labour. Established labour is when a woman is having regular, painful contractions with greater than 3 - 5cm cervical dilation. The term 'early labour' describes the period before established labour.

VEs are suggested upon arrival to hospital because being admitted to the labour ward in early labour is associated with increased interventions (e.g. augmentation, epidural, instrumental birth). This is why some hospital staff suggest women to walk around or return home until they are in established labour.

If you have comments about the content of this parent information sheet please email [guidelines@health.qld.gov.au](mailto:guidelines@health.qld.gov.au)

## Comfort, support & information

**13 HEALTH** (13 432584) provides health information, referral and services to the public over the phone.

[www.health.qld.gov.au/13health](http://www.health.qld.gov.au/13health)

**Pregnancy, Birth & Baby Helpline** 1800 882 436 (free call). Free, confidential, professional information and counselling for women, their partners and families relating to issues of conception, pregnancy, birthing and postnatal care.

**Lifeline** 13 11 14 Lifeline offers a telephone crisis support service.