Chapter 5

DIGITAL VAGINAL EXAMINATION

Indications

1. On admission for baseline data
2. Upon rupture of the membranes in labour - to rule out cord prolapse
3. Before analgesia - to determine progress
4. Before pushing
5. Upon observing or auscultating non-reassuring fetal heart rate
6. Every 2-4 hours to determine labour progress

Contraindication

1. Undiagnosed vaginal bleeding
2. Placenta previa

Minimize Number of Exams

1. PROM - to prevent ascending infection (speculum examination preferred)*
2. Active herpes -to prevent ascending infection

** An initial digital examination may be performed after the speculum examination for baseline data*

Assessment Criteria

1. Cervix – effacement (cervical length measurement, % taken up), dilatation (cm), consistency, position
2. Presenting part (vertex, breech, compound presentation) position
3. Status of the membranes

4. Station (relation of presenting part to ischial spines)

A vaginal exam is used in conjunction with or preceded by abdominal palpation

The Bishops score (pre-induction cervical scoring) assesses dilatation, effacement, consistency, and position of the cervix, and the station of the presenting part. For a further discussion of this assessment refer to Chapter 20, Induction of Labour.

Method

- position the woman in a lateral, (or with the head of the bed slightly elevated) rather than supine, position to prevent supine hypotension and fetal bradycardia
- use sterile lubricant
- encourage the woman to practice her relaxation exercises
- keep her informed of what you are doing and your findings
- perform examination between contractions
- after completing the assessment, provide perineal care and check fetal heart
- chart findings and plot progress on the partogram
- notify physician/midwife of progress (dilatation/descent)