

# Vaginal Examination

VE2

DATE: XX/XX/XXXX

|                                    |  |
|------------------------------------|--|
| Woman's initials                   | CJ   |
| Gestation                          | Calculate the gestation using the LMP  |
| US- Placenta Site                  | Placental position from the ultrasound findings (morphology 19-20 and/or 32+)  |
| Indication for Vaginal Examination | <ul style="list-style-type: none"> <li>• Confirm the onset of labour</li> <li>• Identify the presentation and position</li> <li>• Assessment of progress in labour</li> <li>• Perform an artificial rupture of membranes</li> <li>• Apply a fetal scalp electrode (FSE)</li> <li>• Exclude cord prolapse</li> <li>• Confirm onset of the second stage of labour</li> </ul> |
| Gravida / Parity                   | Record the gravida and parity  |

Please describe your abdominal examination assessment performed prior to the vaginal examination.

Refer to the abdominal assessment example template.

|  |   |
|--|---|
| Inspection of external genitalia   | Observe and record any abnormalities such as:<br>Varicosities, oedema, warts, signs of infection and scarring, evidence of FGM or previous perineal trauma  |
| Cervical Dilation, Position, Length/thickness<br>Consistency Application to PP | <b>Cervix</b><br>Dilatation: 1-9 cm (10 cm fully dilated)<br>Effacement: Describe in cm length or fully effaced<br>Consistency: Soft/firm/thick/thin/stretchy<br>Position of cervix: Anterior/mid/central/posterior<br>Application: Loosely, moderate, or well applied<br>Bishop score if relevant  |
| Presenting Part Presentation Position<br>Moulding/caput Station                | <b>Presentation:</b> Vertex/breech/face/brow/shoulder<br><b>Position:</b> LOA/LOT/LOP or ROA/ROT/ ROP or RSL/LSL<br><b>Moulding: +++</b><br>1+= when the bones are touching each other<br>2+=if they overlap but can be separated with gentle pressure<br>3+ = severe moulding the bones are overlapping and cannot be separated with gentle pressure.<br><b>Caput:</b><br>+++<br>Describe what is felt as a soft or firm mass on the presenting part.<br><b>Station:</b> + 5, +4, +3, +2, +1 S -1, -2, -3, -4, -5<br>Be mindful that the station is in relation to the fetal skull, not the caput.<br><b>Pelvis assessment:</b> Adequate/small – pubic arch 90° - ischial spines |
| Membranes/Liquor   | Intact/rupture of membranes (ROM)/artificial rupture of the membrane (ARM)/ spontaneous rupture of membranes (SROM)<br><u>Colour:</u> Clear / pink stained liquor (PSL) / meconium-stained liquor (MSL) / blood-stained liquor (BSL)<br><u>Odour:</u> note if there was an offensive odour  |

Describe any discrepancies between the abdominal assessment and the vaginal examination.

Did the position that was identified in the abdominal assessment match the internal findings of the vaginal examination

## Midwifery Management

Describe midwifery management based on the findings of the examination.

For example:

- Reassess in four hours unless indicated prior
- encourage upright position
- referred to the multidisciplinary team
- augmentation

Signature and designation of the supervising midwife or doctor. Date of signature and date of the episode of care must match (*retrospectively signed records will not be counted*).