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Vaginal examinations in
antenatal and
intrapartum care



Patient information

Vaginal Examinations in Antenatal and Intrapartum Care



Excellent patient care, together

About this leaflet

This leaflet explains why vaginal examinations are sometimes offered during pregnancy, labour and after birth. It explains what they involve, and your rights and choices when one is recommended/offered. This information leaflet follows national UK guidance including NICE Antenatal Care (NG201) and NICE Intrapartum Care (NG235)

What is a vaginal examination?

A vaginal examination (VE) is a procedure where a midwife or doctor gently inserts two fingers into the vagina to assess:

- The cervix (its position, length, and whether it is starting to open)
- The baby's position
- The progress of labour

VEs should only be performed **with your informed consent**, and you have the right to decline at any time.

Vaginal Examinations During Labour (Intrapartum Care)

Why VEs are done in labour or during induction?

VEs may be offered to:

- Confirm that labour has started
 - Assess how labour is progressing
 - Decide whether additional support or interventions are needed
- These assessments support safe care for you and your baby.

How often will I be examined?

During induction of labour, VEs are offered at planned intervals, depending on what mechanism or medication is used to get labour started. In labour, VEs are offered **every 4 hours or before if clinically indicated**, and only when necessary.

Service users may not want to accept this recommendation. It is important that you know that:

- **You can decline a VE at any point.**
- If you prefer fewer examinations, you can discuss this with your midwife or obstetrician.
- If there is a clinical concern (e.g., your labour is not progressing concerns related to the wellbeing of the mother or baby), your midwife may recommend an earlier examination and will explain why.

Your rights and consent

Pregnant people have the right to be fully involved in decisions about their care and to make informed choices.

This means:

- You must be asked for consent before every examination
- You can ask questions at any time to be able to make an informed decision.
- You can change your mind, decline or request to stop the examination
- You can request a chaperone. An accompanying person you trust can also stay with you during the procedure.

If you have experienced trauma or have specific worries, please tell your midwife, who will work with you and the team to adapt your care to support you.

What should I expect during a vaginal examination?

- You will be asked to lie in a comfortable position.
- The midwife/doctor will explain what the procedure entails step-by-step.
- Gloves and lubricant are used to minimise discomfort and hand hygiene is maintained to reduce the risk of infection.
- The examination usually takes **minutes**.

Some people find VEs uncomfortable or distressing. If this happens, you can ask the midwife to stop, take a break, or adjust their approach. We are also able to explore pain relief for the duration of the procedure, if you feel this will be helpful.

Are vaginal examinations always necessary?

Some labour progress can also be assessed through:

- Your contractions
- Behavioural and physical signs
- External palpation (feeling your abdomen)

You can ask your midwife to explain the reason if a VE is suggested.

Risks of infection

Vaginal examinations (VEs), while useful, can carry a small risk of introducing bacteria into the birth canal, especially when repeated frequently. The risk of maternal fever, chorioamnionitis (infection of the membranes), and postpartum infection increases as the number of vaginal examinations rises.

You may be more susceptible to infection from repeated VEs if you have:

- prolonged rupture of membranes (waters broken for a long time)
- group B Strep (GBS) colonisation
- existing signs of infection
- A need for multiple internal assessments due to complications

In these cases, your midwife will discuss ways to **minimise unnecessary examinations** and monitor your wellbeing.

How clinicians reduce infection risk

Healthcare professionals follow strict infection-control practices to help reduce the chance of introducing bacteria, including:

- Cleaning the vagina and surrounding area before performing the internal exam
- Performing VEs only with clear clinical justification
- Using sterile gloves and lubrication
- Limiting the number of people performing examinations
- Avoiding repeated VEs after your waters break unless essential

What to expect during an emergency VE

In an emergency, your midwife or doctor will:

- explain the situation and offer a VE as clear and quickly as possible
- get verbal consent (even in emergencies, you should still be asked)
- perform a swift examination to determine the safest next steps
- prioritise dignity, respect and communication.

Emergency VEs are performed by the most appropriate available midwife / obstetrician. They will focus on rapid decision making to protect you and your baby.

Why they matter in emergencies

A VE can provide critical information in urgent situations, including:

- Cervical dilation and speed of progress
- Baby's position and station (location of head in the pelvis)
- Whether immediate birth is approaching
- Whether urgent intervention (e.g., assisted birth, caesarean birth, rapid transfer) is needed

Emergency assessment - including VE if required - helps ensure timely and safe care.

Even in urgent situations

- You keep the right to informed consent
- You can ask for clear, simple explanations
- You may request a support person if time and safety allow

All women should be treated with dignity, respect, and involvement in decision-making, regardless of urgency.

After the birth

NICE and RCOG recommend that after a vaginal birth, a **post-birth vaginal and rectal examination** should be offered to check for tears, particularly to screen for obstetric anal sphincter injury (OASI).

This examination is important for detecting injuries early so they can be repaired promptly.

Questions you may want to ask

- Why do you recommend this examination?
- What information will it give?
- Can we wait longer or use another method instead?
- What are my options if I feel uncomfortable?

Summary

Vaginal examinations:

- are not routine in antenatal care
- are used in labour to assess progress and safety
- are usually offered every 4 hours in labour
- must be performed only with your informed consent
- should be explained clearly before and during the procedure
- can be declined at any time
- are part of essential safety checks after birth

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