



Checklist for PV Examination during Labour

Step	Task	Cases				
		1	2	3	4	5
1	GETTING READY					
a.	Keeps the following equipment ready: <ul style="list-style-type: none"> • Sterile surgical gloves • Plastic apron • Sterile swabs in a bowl • Povidone Iodine, Chlorhexidine • 0.5% chlorine solution for decontamination 					
b.	Tells the woman and her support person what is going to be done and encourages them to ask questions					
c.	Listens to what the woman and her support person have to say					
d.	Asks the woman to pass urine and lie down on the examination table with her knees flexed and legs apart					
e.	Puts on a clean plastic apron					
f.	Uncovers her genital area and covers or drapes her to maintain privacy					
g.	Washes her hands thoroughly with soap and water, air dries them					
h.	Wears sterile gloves on both hands					
i.	Checks the vulva for the presence of: <ul style="list-style-type: none"> • Mucus discharge • Excessive watery discharge • Foul-smelling discharge 					
j.	Cleans the vulva from above downwards with one gloved hand (not the examining hand), using a swab dipped in an antiseptic solution (povidone iodine/chlorhexidine)					
2	EXAMINING THE VAGINA					
a.	Uses the thumb and forefinger of the left hand to part the labia majora, so that the vaginal opening is clearly visible					
b.	Gently inserts the index and middle fingers of the examining hand into the vagina. (Once your fingers are inserted, do not take them out till the examination is complete)					
c.	Examining the cervix and deciding the stage of labour <ol style="list-style-type: none"> Keeps the other hand on the women's lower abdomen, just above the pubic symphysis. When the examining fingers reach the end of the vagina, turns fingers upwards so that they come in contact with the cervix Locates the cervical os by gently sweeping the fingers from side to side. The os will be felt as an opening in the cervix. The os is normally situated centrally, but sometimes in early labour, it will be far posterior (backwards) 					

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	<p>iii. Feels the cervix. It should be soft and elastic, and closely applied to the presenting part</p> <p>iv. Measures the dilatation of the cervical os by inserting the middle and index fingers into the open cervix and gently opening the fingers to reach the cervical rim (distance in centimetres between the outer aspect of both examining fingers)</p> <ul style="list-style-type: none"> 0 cm indicates a closed external cervical os 10 cm indicates full dilatation <p>Deciding the stage of labour:</p> <ul style="list-style-type: none"> 1st stage of labour: This is the period from the onset of labour pain to the full dilatation of the cervix, i.e. 10 cm 2nd stage of labour: This is the period from full dilatation of the cervix to the delivery of the baby <p>v. Feels the application of the cervix to the presenting part:</p> <ul style="list-style-type: none"> If the cervix is well applied to the presenting part, it is a favourable sign If the cervix is not well applied to the presenting part, you have to be alert <p>vi. Feel the membranes:</p> <ul style="list-style-type: none"> Intact membranes can be felt as a bulging balloon during a contraction through the dilating os Feels for the umbilical cord. If it is felt, it is a case of cord presentation and requires urgent referral to an FRU If the membranes have ruptured, checks whether the amniotic fluid is clear or meconium-stained <p>vii. Identifies the presenting part:</p> <ul style="list-style-type: none"> Tries and judges if it is hard round and smooth. If so, it is the head In a breech presentation, the buttocks or legs are felt at the cervix. Refers the woman to the FRU In a transverse lie, an arm or shoulder is felt at the cervix. Refers the woman to the FRU <p>viii. Assessing the pelvis</p> <ul style="list-style-type: none"> Tries to reach the sacral promontory if the head is not engaged. If the sacral promontory is felt, the pelvis is contracted. Refers the woman to the FRU for expert care If the sacral promontory is not felt, traces downwards and feels for the sacral hollow. A well-curved sacrum is favourable Spreads two fingers to feel for the ischial spines. If both ischial spines can be felt at the same time, the pelvic cavity is contracted Takes out fingers & keeps them in pubic angle. If 2 fingers 					

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	<p>easily accommodate means anteriorly outlet is adequate. Now try to accommodate 4 knuckles in between 2 ischial tuberosity. If they fit easily means posteriorly outlet is adequate</p> <p>ix. Removes the gloves by turning them inside out</p> <ul style="list-style-type: none"> • If disposing of the gloves, places them in a leak-proof container or plastic bag • If the surgical gloves are to be re-used, submerges them in 0.5% chlorine solution for 10 minutes to decontaminate them <p>x. Washes hands thoroughly with soap and water and air dries them</p>					
d.	Informs the woman about the findings and reassures her					
e.	Records all findings of the vaginal examination on the partograph. If the woman is in active labour (cervix dilated 4 cm or more and at least 2 uterine contractions per 10 minutes, each of 20 seconds duration), starts noting the findings on the partograph. If she is not in active labour, notes down the findings in the client's case record					