

2018

Clinical skills lab 4

PV EXAMINATION & DELIVERY AND BIRTH

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Per vaginal examination

-Female procedure, used to assess the mons, vulva, vagina, cervix, uterus, ovaries and fallopian tubes in order to check if there is any mass, cervical cancer, STD testing and to check for cervix dilation before delivery. We also might do this procedure if you want to check if there is any inflammation or if you want to take a specimen.

-This procedure is contraindicated in pt who are unstable emotionally, physically, medically (eg: early pregnancy) and the virgins (only done in married females) and if the pt refuses to give consent.

Things you will need:

- gloves
- lubricant

How to do the procedure

1- First introduce yourself and check it's the right patient.

2- explain the procedure to the patient and tell her that she might feel uncomfortable or she even might feel some pain during the procedure and she should tell you when she feels it.

Also, during the procedure It's very important to explain to the patient what and why you're doing that.

3- gain the consent.

4- maintain privacy and ask for a chaperone. (never do this examination without a chaperone)

5- ask the patient to empty her bladder and if you need a urine sample you ask the patient to fill a container.

6-provide a gown and ask the patient to remove all clothes from the waist to down including the underwear.

7- roll your sleeves, wash your hands and wear gloves.

8- Now get the patient in the right position (lithotomy position, supine position of the body with the legs separated, flexed thighs, and supported in raised stirrups).



9-insure the lighting is adequate

10-Now we will start by inspection.

you'll check if there's any redness, inflammation, soreness, swelling, any discharge or if there is any bad odour in the vulva or perineum.

Sometimes I should separate the labia to inspect properly.

11- apply lubricant on your middle and index finger and tell the pt that you are going to start the procedure.

it is very important keep checking the facial expression of the patient and asking her if there is any pain.

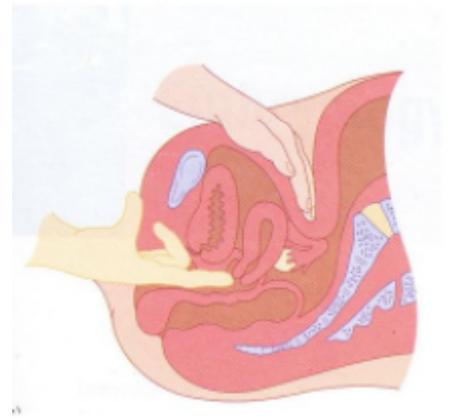
12-ask the pt to relax and insert the middle and index finger into the posterior vaginal fornix, which is downwards.

13- the first part you're going to examine is the cervix and you're going to check if it's in the normal position, its shape, consistency, regularity, mobility and tenderness.

You will also check the internal os if open or closed. Its open only when labour or miscarriage.

14- the second thing is uterus, in order to find the uterus, you will move your fingers under the cervix and a go further in.

but you can't reach the uterus with your fingers so you'll apply pressure with your other hand on the abdomen and with your fingers you push up trying to examine the uterus, and you'll check the shape, size, position(anteverted, retroverted, axial).



15-now you will examine the adnexia, this is done by moving your fingers to the right of the cervix into the right fornix and pushing it up while pushing down with your other hand on the right side of the abdomen and palpate the structure between your hands. Sometimes you can feel the ovary.

Here we are looking for any change in shape, size, consistency, mobility and if there's any masses or pain that might indicate inflammation.

16-cervix excitation, now back to the cervix we will move it gently to the right and left (stretching the pelvic peritoneum) while looking at the pt face for any reaction, normally there won't be any pain during this procedure.

17- remove your fingers and look at the secretions consistency, colour and odour.

18- Finally you'll thank your pt, cover her and leave the room to give her time and privacy so she can put her clothes back.

19-clean the place and document your findings.

Video that may help: https://www.youtube.com/watch?v=Z-O_JYtyQqE

delivery and birth

The delivery we are going to talk about is a normal uncomplicated delivery.

start by introducing yourself, gaining consent and ask about contraction pain.

The first thing the mother will feel is the contractions, and she should be able to differentiate between the false contractions and the true contractions.

- true contractions are regular and with time they get stronger and more frequent.
- false contractions are irregular and disappear with the rest.

- When the mother starts to have true contractions, this means that she entered the stage of labour, which is third stage.

Delivery is divided into three stages and the first stage is divided into three phases.

The first phase is the **latent phase** when the mother starts to have contractions and their frequency increases, this phase takes 10 to 12 hours.

The second phase is **the active phase** here the cervix dilatation is about 4 to 9 cm and this is detected by PV examination, and this phase is about 8 hours in female's first pregnancy and for 2 hours when there is previous pregnancy.

In this phase we have 3-4 regular contraction each 10 min and the membranes start to rupture.

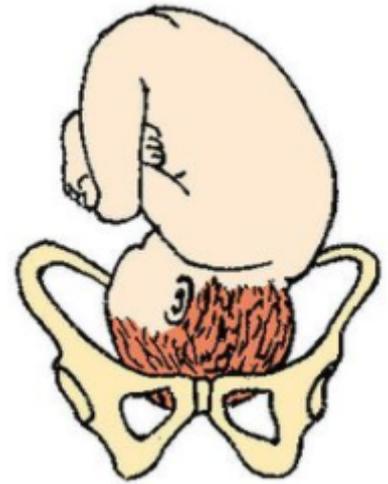
The last phase is the **deceleration or transition phase**, in this phase the cervix dilatation reaches 10 cm but in a slower manner. And now the baby descends into pelvis.

- Now the mother will enter the second stage, it takes from 30 min to 2h and it ends when the baby is born. It is characterized with a fully dilated cervix and the baby's head is in the lower pelvis. During this stage you should ask the mother to push with each contraction and you should keep the mother calm and relaxed and support her.

The position of the baby is occipito-anterior (the baby's face is facing mother's rectum).

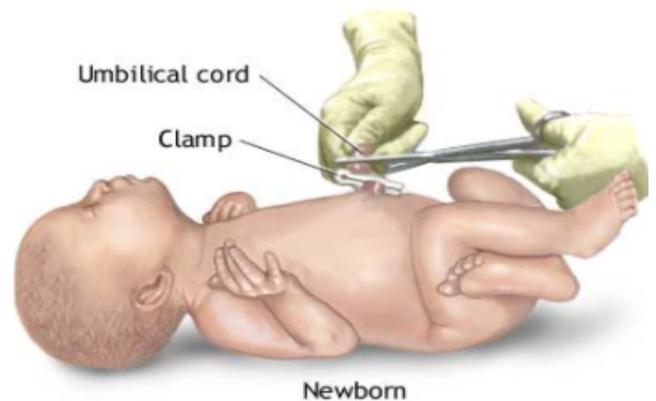
When the head of the baby appears at the vaginal opening the mother will feel burning or stinging pain.

- The first thing that appears of the baby through the birth canal is his head which is tilted forward, and the crown of the head leads the way. Then by itself the baby will rotate 45 degrees, and the anterior shoulder gets out followed by the posterior shoulder. The role of the doctor or nurse is only to support the baby and you're not allowed to pull the baby out.



In some cases, vaginal tears can occur and to prevent it we apply an episiotomy (surgical cut to the perineum).

Now you will clamp the umbilical chord from the mother and baby's side and cut it. And take the baby and clean him and rap him in sheets.



- The last stage is the **placenta delivery** which usually takes maximum 30 min and it will be delivered by its own.

There are three classic signs that indicate that the placenta has separated from the uterus:

- 1- uterus contracts and rises
- 2- gush of blood
- 3- chord suddenly lengthens

once the placenta is delivered the delivery is over and you should suture the episiotomy if made.

The paediatric will check if the baby is normal and he will check his weight and general status, then the baby is given back to his mother to encourage breast feeding because the milk called (colostrum) in the first 3 days has lots of benefits for the baby.

- Finally, you remove your gloves and wash your hands and leave the patient with her baby and document the baby and any finding.