VAGINAL EXAMINATION IN GIRLS AND YOUNG WOMEN

Keywords: Vaginal examination, VE, adult witness, chaperone, consent, young woman, gynaecological examination of a girl, adolescent, medical examination, examining a child, pelvic examination, internal examination, parental consent for examination

AIM

- To guide medical and nursing / midwifery practitioners in relation to the indications for, and the conduct of, vaginal examination in girls and young women.

KEY POINTS

1. The girl’s / young woman’s best interest (their physical and psychological health and wellbeing) are paramount and should guide all decision making.¹,²
2. Best practice includes effective communication. Medical Officers, Nurses and Midwives should take the utmost care in explaining the procedure to the girl or young woman (and parent / guardian).¹
3. Examinations should be conducted so as to minimise discomfort and distress.¹
4. The girl’s / young woman’s dignity and privacy shall be maintained throughout the examination regardless of the presence of others. Provide privacy for disrobing and a suitable cover (e.g. gown or sheet) during examination.³
5. An appropriate adult witness, support person and/ or chaperone shall be present when examining a child.⁴
6. When examining a young woman, the presence of a support person and / or chaperone should be encouraged and available.¹ The person who is the chaperone shall be agreed to by the girl/ young woman.⁴ If the girl/ young woman is not comfortable with a particular chaperone, offer another chaperone. There should not be pressure to proceed if a suitable chaperone is not available.⁴ The young woman has the right to decline the presence of a chaperone and the Medical Officer / Nurse / Midwife has the right not to perform the vaginal examination if they deem it inappropriate to examine the young woman without a chaperone.¹,⁴ Document the chaperone’s name and qualifications.⁴
7. Ensure there is valid consent from the young person and / or their parent or guardian prior to conducting a vaginal examination.¹ Valid consent must be voluntary, informed and based on the capacity of the patient to consent.¹ If required, an interpreter should be used to ensure valid consent to examination². Practitioners should refer to state legislation regarding a child’s capacity to consent.¹ A girl’s / young woman’s capacity to consent is considered on an individualised basis and is not only related to age.¹ Children can consent to a
procedure if they have the capacity to understand the information and the implications of the procedure.¹

8. Except in a medical emergency, vaginal examination should not proceed in the absence of valid consent.¹⁻⁵

9. When parents / guardians have consented on a girl’s behalf, Medical Officers should explain the procedure and proceed only with the girl’s / young woman’s consent.¹ Parental power to consent (or withhold consent) to treatment is limited that they may only validly consent to treatment that is in the child’s best interests.²

10. Court authorisation for medical treatment of a minor is required if both the parents and the minor lack the capacity to consent in a non-emergency situation or if both parents refuse to consent to a necessary procedure.²

11. Special considerations shall be given to obtaining consent from patients who are¹:
   - Intellectually impaired or mentally ill
   - Physically impaired or injured, in pain, or in shock
   - Drug or alcohol affected
   - Non-English speaking background
   - Sleep deprived
   - Unable to give valid consent.¹

12. Digital or instrumental vaginal examination is very rarely indicated in prepubertal girls. Allegations of sexual abuse, vaginal bleeding, vaginal discharge or suspected genital malformation may require visual inspection of the vaginal vestibule and / or ultrasound examination. If this does not reveal the required information and further examination is medically necessary, examination under anaesthesia, including vaginoscopy, may be indicated.

13. In pubescent or postpubertal girls, digital or instrumental examinations should only be performed with informed assent from the girl and the consent of their parent / guardian.

14. If a girl / young woman states that she is not sexually active, digital or instrumented vaginal examination is only rarely warranted.¹

**INDICATIONS FOR SPECULUM EXAMINATION**

- Papanicolaou (Pap) smear¹
- Endocervical swab for investigation of possible infection¹
- Endocervical swab for forensic investigation¹
- Assessment for abnormal vaginal bleeding¹
- Assessment for possible intra vaginal foreign body¹
- Assessment of developmental abnormality (rarely)
If the Resident Medical Officer is unable to visualise the cervix, the Registrar / Senior Registrar must be contacted to complete the speculum / vaginal examination.
A result of the examination is to be documented in the patient’s medical record MR 021/022.

MEASURES TO MINIMISE DISCOMFORT DURING PELVIC EXAMINATION

- Provide explanations tailored to the girl’s / young woman’s level of comprehension.\(^1,3,4\) An adequate explanation informs about the nature of the examination and the information it will provide.\(^3\)
- Ensure that the equipment used is appropriate for the size / age of the girl / young woman.
- Discuss the use of any swabs or components (e.g. speculum) that will be used. Show any equipment to be used and provide the opportunity for the girl/young woman to touch or hold it.\(^6\)
- Where possible use anatomical models, pictures and pamphlets to provide information.\(^6\)
- A familiar person (e.g. mother, relative\(^5\)) should usually be present during the examination.\(^4\) Additionally, ensure a qualified chaperone (e.g. Registered or Enrolled Nurse) is present that the girl / young woman is comfortable with.\(^4\) The chaperone should be an impartial observer, which is different to a support person, though family may be used if there are no other options.\(^4\)
  Note: Be sensitive to the needs of the girl / young woman as she may feel embarrassed to undertake the examination in front of a relative.\(^4\)
- Encourage the girl / young woman to provide feedback to the examiner if they are not comfortable, either physically or emotionally.\(^6\) Be alert for non-verbal indications of distress and respect any requests to discontinue the examination.\(^4\) Document any withdrawal of consent and relevant discussions.\(^4\)
- Encourage the girl / young woman to empty her bladder prior to the examination.\(^5,6\)
- Conduct the examination in a calm environment, and ensure privacy.\(^3,4\) Unless the girl / young woman is having difficulty and requests assistance, do not assist with dressing or undressing.\(^4\)

Refer also to WNHS W040- Patient Interview and Examination Policy & NMHS COC13- Chaperone Policy as required.

The Clinical Guideline, Obstetrics & Midwifery, Antenatal Care, Antenatal Procedures: Vaginal Examination- Performing contains a quick reference guide, procedural information, and general considerations for all women, including further information on consent and chaperones applicable to all women.
REFERENCES / STANDARDS


National Standards – 1- Care Provided by the Clinical Workforce is Guided by Current Best Practice

Legislation –

- Children and Community Services Act 2004
- Commonwealth Family Law Act 1975
- Guardianship and Administration Act 1990
- Health Act 1911

Related Policies –

- WNHS W040 Patient Interview and Examination Policy (2015); W037 Language Services (interpreter use)
- NMHS Chaperone Policy COC 13 (2015)
- Department of Health OD 0324/11 Consent to Treatment Policy for the Western Australian Health System 2011 (including section 4.5- Treatment of a Minor)
- DoH OD 0296/10 Interagency Management of Children Under 14 Who are Diagnosed With a Sexually Transmitted Infection (STI)
- DoH OD 0606/15 Guidelines for Protecting Children 2015
- DoH WA: Protection of Child Policy

Other related documents –

- KEMH Clinical Guidelines, O&G, Vaginal Procedures: Speculum Examination; Pap Smear
- KEMH Clinical Guidelines, O&M, Antenatal Care: Antenatal Procedures: Vaginal Examination- Performing
- Department of Health WA: Safety and Quality in Healthcare: Informed Consent
- Department of Health WA (2013). Working with youth (assessment as mature minor)
- Department of Health WA: Mandatory Reporting of Child Sexual Abuse

RESPONSIBILITY

Policy Sponsor Nursing & Midwifery Director OGCCU

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