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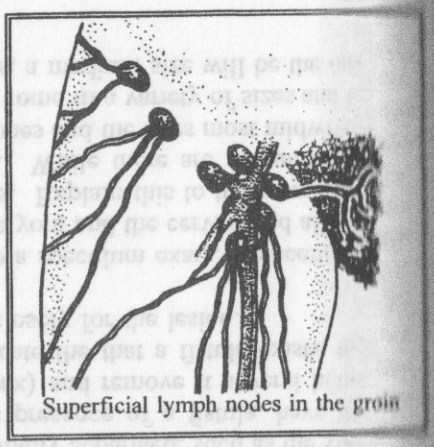
**The pelvic exam:** In my practice, I often postponed any pelvic exams until later in the pregnancy. This allows the hormones to relax the muscles of the yoni and thus makes the examination of the pelvic bones easier and more informative; this is especially true of women who have never given birth, since their muscle tone will be quite firm. In many cases, women came to me having already been seen by another care provider who had performed a pelvic exam and a PAP smear, so another exam seemed redundant. If, however, the woman has a history of abnormal PAP results and has not had one within the past year, the pelvic exam and PAP should be done early in the course of her visits. If a serious change is found, there are more conservative treatment options in the first and early second trimester than there are later in pregnancy. (Kolder, 1995)


Superficial lymph nodes in the groin

When you perform pelvic exams in your practice and how complete an exam you perform will depend upon the individual circumstances, any problematic symptoms a woman may report (such as discharge from the yoni), and whatever your back-up situation may be. It is a good idea to do the pelvic exam last, after the woman has had an opportunity to experience the other parts of the exam with you and hopefully feel more comfortable and relaxed. Even if you want to do a pelvic at the onset of care, it may be best to schedule another appointment soon after the initial exam so that the woman can be fully psychologically prepared rather than springing it on her when she may have expected just an interview or a belly check. If a woman has had genital mutilation, she may be quite hesitant about showing her genitals to you. Be very gentle and note that even a digital exam may be impossible if she has been tightly infibulated. (See the separate chapter on Previous Clitoridectomy in Healing Passage for more details.)

Before you proceed with any pelvic exam, ask the woman what her previous experiences with such exams has been. As with all components of the physical exam, you will explain what you will be doing and why and showing her any equipment you intend to use, such as the speculum, and how it works. Karen Parker, long time independent midwife who is now a CNM in Portland, Oregon offers her clients a stuffed animal to hold during pelvic exams. One client had expressed the desire for this and she has found many women feel comforted by this as well. The doctors in her practice borrow her teddy bear for the same purpose!

The examination of the woman's internal reproductive organs (the bimanual exam) can be done separately or in combination with an examination of the external genitals and pelvimetry. I will describe the complete pelvic exam, with the exception of pelvimetry, which is covered in a separate chapter because pelvimetry is often done later in pregnancy apart from the rest of the pelvi Pelvimetry can, of course, be integrated into the rest of the pelvic exam seems appropriate (as it may be if a woman is coming to you quite pregnancy having had no prior prenatal care).

Next, you will want to ask the woman if she wishes to empty her again before you begin. You can perform the exam on an exam table or with the woman's feet supported by chairs. You would then be seated bet legs on a stool. Or, you can perform a pelvic with the woman lying on t on a blanket or carpet. The problem with using the floor is that it is comfortably manipulate the speculum in this position. If you have the w on large flat furniture cushions, this problem is eliminated since the cush elevate her bottom enough to allow the speculum handle to be directed t floor when it is inserted into the yoni. Her buttocks should be slightly over the edge of the examining surface and a towel or disposable underp be placed beneath them.

Wash your hands and put on one or two gloves. The trick is no anything with your gloved hand except the woman or equipment that will anything else either. It is safest for you to glove both hands. You shoul necessary supplies, equipment, lighting, etc. arranged prior to gloving i to glove both hands. A pair of light, clear goggles can also be worn if y wear glasses. It is also helpful to have an assistant to hand you thin proceed through the exam.

When the woman is in position and you are ready to begin, separate her legs or let her knees fall to the sides. You may want pillows to support her legs. I do not recommend using the phrase "s legs," as this may be verbally traumatic for some women given connotations. Do not attempt to open a woman's legs yourself.

**Examine the external genitals:** Seat yourself in front of the woman' in such a way that eye contact with her can be maintained. Look at genitals and inspect for pattern of hair growth, pubic lice, and norma labia majora and minora. Localized swelling may be due to allergies; labia it could be caused by a vestibular gland abscess (painful) or c Small cysts may be sebaceous in origin and are not a concern. inflammation, or skin irritation which could indicate an infection of found, ask the woman if she has noted any itching or other Discoloration or tenderness could be from bruising, ask about it and v exam is finished and the woman clothed to further discuss the p physical abuse at home. Varicosities will appear as lumpy distended may or may not show bluish discoloration. Sometimes pregnancy mak invisible varicose veins stand out due to the pelvic engorgement that

Any sores, vesicles, crusting, warts or other suspicious lesio thoroughly tested as to their cause unless it is an obvious injury f

voman has an explanation (rare unless she is being abused). Look for scars from
ld incisions for births and ask about how they healed, any discomfort now or pain
vith penetration. Unusual scars may also be the result of sexual or ritual abuse or
ther genital mutilation. Some women shave their pubic hair (Muslims often do).
ecommend that she discontinue shaving through the postpartum period, as it
ctually increases the risk of infection. Separate the labia majora and inspect the
abia minora, vestibule, urethral orifice, clitoris and the mouth of the yoni for
sions, bruises, hygiene, etc. and make mental notes. Look for the hymenal ring
r tags just inside the yoni, an important landmark when suturing.

**xamine the periurethral and vestibular (Bartholin's) glands:** At this point
kamine the paraurethral glands and urethra for abnormal discharge. Insert your
kamining finger to the second joint. Push upward into the roof of the yoni and
ilk the paraurethral gland toward the outside on one side of the urethra. Now
ilk the gland immediately to the other side of the urethra. Now press upward
ntrally and milk the urethra. Next, examine the vestibular glands. Sweep your
kamining finger to the side on the inside of the yoni and use your examining
umb on the outside of the labia majora to bimanually palpate for the vestibular
and on one side. Palpate the entire area paying particular attention to the lower
teral portion of the labia majora behind which the vestibular glands are located.
rn your hand over and palpate the other side in the same fashion. Check for
nderness, swelling, lumps, heat, fluctuation or discharge. There should be none.
painful mass is probably an abscess and could be due to gonorrhea. A nontender
ass is probably a cyst which may result from chronic inflammation. Neither of
ese exams should produce any discharge. If they do, it is most likely due to
norrhea; obtain a culture immediately.

**ook for fistulas:** If a woman has reported that she is having foul smelling
scharge, or has noted passage of urine or feces from the yoni, look for fistulas
roughout the remainder of your exam. A fistula is a healed hole which creates
connecting channel between canals that are normally separated, such as the yoni
d the urethra. If you are in doubt about the presence of a fistula, have the
oman insert a full size tampon (such as Tampax) and remove it several hours
er. Urine or a fecal stain in the tampon indicate the that a fistula exists; the
ation of the stain shows where to look more closely for the lesion.

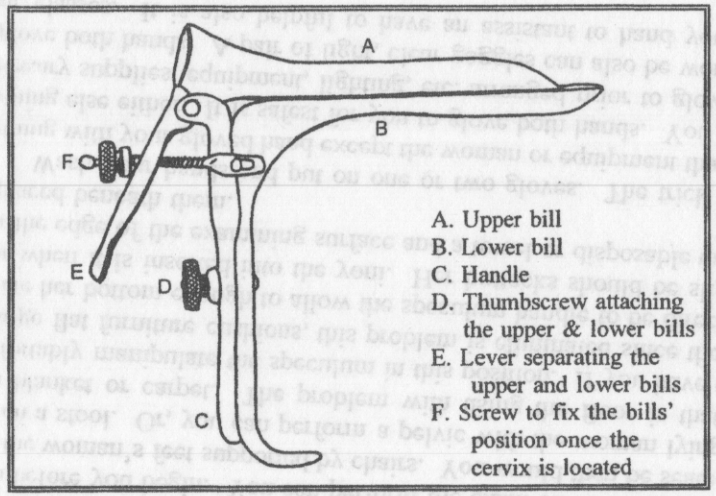
**ing the speculum:** Now you are ready to do a speculum exam, if necessary.
e speculum allows you to view the walls of the yoni and the cervix, and allows
ess to the cervix for cytological (PAP) smears. Explain this to the woman as
u show her the instrument and how it works. While there are a number of
ferent styles of speculums, the most available ones and the ones most midwives
are the Pederson and the Graves. These both come in a variety of sizes and in
ier plastic or metal models. For your purposes, a medium size will be the one

you will need the most often. The main difference between the two styles has
do with the bills or blades: the Grave's bills are flared at the end while
Pederson bills are narrow throughout their length. The following chart suggests
use of various size speculums in different circumstances:

| CIRCUMSTANCE | RECOMMENDED SPECULUM |
|---|---|
| Virgin or pregnant teenager | Narrow Pederson |
| First pelvic exam or First-time mother | Medium Pederson |
| Woman is extremely sensitive in her yoni | Medium Pederson |
| Woman has had babies | Medium Graves |
| Pelvic muscle relaxation | Large Graves |
| Large woman or very obese | Large Graves |

Plastic speculums have no thumbscrew and tend to be less easy to fine tune t
the metal variety and can more easily pinch tissue, so be careful. They also m
a rather loud and alarming click when the bills are snapped into place on
handle. Warn the woman of this fact before you begin your exam. Due to th
drawbacks, it is a good idea to have metal speculums on hand to do your rou
exams. Plastic speculum are great, however, for sending home with women so
they can do their own speculum exams.

The parts of the metal speculum are illustrated below:




A. Upper bill
B. Lower bill
C. Handle
D. Thumbscrew attaching the upper & lower bills
E. Lever separating the upper and lower bills
F. Screw to fix the bills' position once the cervix is located

Lubricate the speculum with warm water only unless you know, in adva
that no cultures or smears are going to be needed. All lubricants other than w

water may interfere with the accuracy of tests, especially PAP results. If you don't have any warm water, wet the speculum and warm it under a lamp, with a hair dryer or in your gloved hand (then rewet it if necessary). Test the temperature of the speculum with your hand; and again by touching the end near the handle to the junction of the woman's innermost thigh and external genitalia. This way, you are sure she will not be burned when you insert the speculum.

Separate the lower labia with one gloved hand to expose the opening of her yoni. Or, insert one or two fingers just inside the yoni to the first joint and firmly depress the perineal body to hold the introitus open. Hold the speculum in your other hand with your index finger hooked over the top of the near end of the top bill and your other fingers around the handle. This keeps the bills closed during insertion. Insert the speculum very slowly and gently with the bills turned to a sharp oblique angle until just past the hymenal ring. Now, check to be sure you are not dragging labia minora, hair, etc. along as you do so. The oblique angle puts the least amount of stress on the opening of the yoni. Ask the woman how it feels at this point. Slight pressure down once you are past the introitus helps avoid pressure on the anterior structures. Once the speculum is inserted about one-third its length, carefully and gently rotate the speculum bills to a horizontal angle and continue to advance it towards the cervix, directing the bills at about 45° angle downwards until three-quarters of its length is inserted.

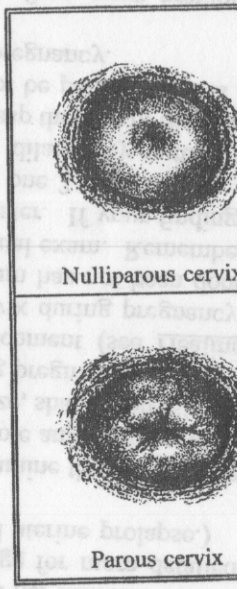
Maintain downward pressure by putting downward pressure on the lower end of the speculum handle or by putting your thumb into the near end of the posterior bill and pressing down. Now, slowly begin to open the speculum by putting pressure on the lever and sweep the speculum bills upward until the cervix comes into view. Theoretically, downward pressure during insertion assures that you will find the cervix when you start to sweep the speculum upwards, regardless of the direction in which the cervix is pointing (which varies according to which way the uterus is positioned). However, if you do this and the cervix is not in view, slowly allow the bills to close part way, withdraw the bills about one-third the length of the instrument and then reinsert them, still partly opened. This will often cause the cervix to pop into view when you have missed it with the initial insertion. If the cervix still cannot be visualized, and the woman's yoni seems roomy, try a larger and longer Grave's speculum.

In very large women, or women with relaxed pelvic tissues, you may need some help in holding the lateral walls of the yoni apart so they do not obstruct your view. This can be done by making a tube of latex by cutting one of the fingers off a glove and also cutting off the tip of the finger (or use a condom). Slide the tube over your longest, largest lubricated speculum. Test it by opening it to the extent you anticipate having to open it once it is in place, to make sure the latex will not snap. You will note that a lot more pressure will be necessary to open it, once it is in place. Then close it and insert it as you normally would. (Kolder, 1995)

The cervix and yoni walls may be bluish lavender in pregnancy, the nonpregnant cervix and yoni walls are pink. Cervical size is influenced by childbearing or inflammation. The os, or cervical opening, is a small, round or slightly oval in a woman who has never given birth. The os of a woman who has given birth is a slit. In women who have only had IUDs inserted or who have experienced only first trimester induced abortions or miscarriages, the os appears as a slightly larger dot, but is still round. The position of the cervix gives clues about the position of the uterus:

- *Anterior cervix (os points up from the bottom bill of the speculum) indicates a retroverted uterus.
- *Posterior cervix (os points down from the top bill of the speculum) indicates an antiverted uterus.
- *Midline placement of the cervix indicates the uterus is also in midposition.
- *If the cervix is pushed over to the right or left of the midline this could mean there is some kind of pelvic mass pushing on it. (Feel for masses carefully during the bimanual exam.)

Once you have the cervix in view, move the speculum around slowly and gently until you have as good a view of the cervix as possible. Sometimes one bill of the speculum can get caught in the edge of a cervical lip (particularly multiparas who have cervical scars), necessitating gently pulling back on the speculum and then reinserting it. This will usually cause the cervix to pop completely between the bills. Eversion may occur if the speculum is inserted too deeply, pushing the bills deeply into the anterior and posterior fornices; this may force the mouth of the cervix open "peeling back" the opening of the os and thus exposing the rougher and redder looking tissue lining the cervical passage known as columnar epithelium, (i.e. causing tissue that is not normally visible to be seen). Eversion usually appears as a uniform margin of tissue. Ectopy occurs when the cervical lining is visible naturally, which usually appears as an irregular margin. Ectopy may be seen in multiparas or in women taking birth control pills. To differentiate the two, simply pull the speculum out from the yoni slightly and see if the reddish area remains. (Varney, 1980)


Nulliparous cervix

Parous cervix

Tighten the screw on the lever to hold the speculum open. If more exposure is needed, elevate the anterior bill by releasing the screw and pressing the lever to push the top bill higher for better visualization. If the cervix is covered with discharge, *gently* wipe it off with gauze using a ring forceps or a cotton swab. Try not to cause bleeding as you do so. The use of cotton balls or swabs may interfere with cytologic screening, so take care. Pe

rocedures or tests that you need to do now. Assist the woman to see her
with a flashlight and a mirror.

Talk to the woman about the condition of her cervix. Note its color, any
hs or lesions, the position of the cervix, its size and shape, any swelling
nmation, discharge, bleeding, the size and shape of the os, scars and any
on. Areas that look like strawberry spots may be obvious on the cervix or in
ornices or yoni walls in DES daughters and they may have cervical
malities as well (see the chapter on Abnormalities of the Female Reproductive
m in the Anatomy and Physiology section for more details). If you have
any evidence of problems, such as lesions or inflammation, discuss options
eatment or follow-up care.

Before you are done with your speculum exam, gently rotate the speculum
grees while exerting downward pressure to visualize the yoni walls that have
behind the bills of the instrument. Then return the bills to their horizontal
on, release the screw on the lever and partially close the bills by slowly
sing the lever. Keep some pressure on the lever as you do this so you don't
the cervix with the bill tips by closing them prematurely.

Begin to withdraw the speculum until the cervix is released, then stop and
y allow the bills to close completely, repositioning your index finger over the
or bill. Watch what you are doing as you close the speculum so you don't
the yoni walls or other structures. Slowly withdraw the speculum and begin
ate it to the oblique angle you used during insertion. You can ask the woman
lp by bearing down as you withdraw it. Check the posterior bill of the
lum for discharge and note its odor. If warranted, obtain a specimen for
ng a wet mount smear for microscopic examination if this was not already
(See Diagnostic Tests for how to perform a wet mount and PAP smear.)

**bi-manual pelvic exam:** While still positioned at the woman's perineum,
rously lubricate the index and middle fingers of your examining hand.
rate the labia with your other hand and gently insert one or two fingers, as the
will allow, to the second finger joint. Be sure to tell the woman what you are
g. Usually, inserting first one then the other finger gives the woman a chance
t used to your hands. Watch your thumb during the exam so that you don't
ently jam it into the woman's clitoris or anus as you maneuver your hand.

**king for prolapses:** Adjusting yourself so you can see into the yoni easily,
pressure with your fingers posteriorly against the muscles of the yoni and ask
voman to bear down or cough. (Remember that some women will pass a bit
ine when they have perineal stress of this type, ask her and if she does,
are to dodge the urine accordingly.) Look at the anterior yoni wall for
ence of prolapse, which would indicate a cystocele. Look next to see if the
x is "hanging low," that is, if it is placed closer to the introitus than you would
ct, and to what degree. If it is, she has some degree of uterine prolapse.

(Advise women with uterine prolapse to assume a knee-chest position for 20
minutes several times daily in early pregnancy to help bring the uterus into a
normal position and relieve tension on ligaments.) Keeping your fingers in the
same position, spread them as widely as possible and ask the woman to bear down.
Look for any bulging of the posterior wall of the yoni for evidence of a rectocele.
Now, put your fingers together and ask the woman to tighten her muscles around
your fingers to check her muscle tone. (See Healing Passage for more detailed
information on muscle tone, herniations of the yoni wall and uterine prolapse.)

**Palpating the cervix:** Next sweep your fingers around to examine the walls of the
yoni as you insert them back to the cervix. As you do so, note any abnormalities
or unusual findings. Find the cervix and feel all around its size, shape, consistency
(hard like a nose outside of pregnancy, soft like the lip during pregnancy) and how
smooth it is. Missing pieces from previous annular detachment (see Healing
Passage), or large unrepaired tears may lead to a loose cervix during pregnancy.
Roughness may also indicate a problem. If a speculum exam has not been done
and your findings are unusual, perform one after your bimanual exam. Remember
that a PAP smear will be altered by lubricants other than water. If your finding
indicate the need for a PAP, reschedule an appointment for one 2 days later.

Again, note the position of the cervix and if it is dilated by putting
fingertip at the mouth of the os and pressing gently. Next grasp the cervix betwee
your fingers and move it from side to side. This should not be painful; if it is
may indicate a pelvic inflammatory process or an ectopic pregnancy.

**Examine the uterus:** Recall the position of the uterus from your previou
investigations of the cervix. To proceed with palpation you will use both hand
one within the yoni and the other on the woman's abdomen.

**If you feel the uterus is antiverted:** place your "outside" hand midway betwe
the woman's navel and her symphysis pubis. Use the flats of your fingers up
the first joints to press downward and forward towards the pubic bone and yo
yoni fingers. At the same time, turn your internal hand palm up and place t
fingers on either side of the cervix; bring them around to the front of the cer
(the anterior fornix) and push downward on the cervix with the backs of yo
fingers and in and upward with the tips of your fingers towards your abdomi
hand as though you were trying to touch the fingers of your abdominal ha
When the uterus is anterior or antiflexed, this causes it to slip between the fing
of your two hands as they move towards each other.

**If you feel the uterus is retroverted:** Place one yoni examining finger on e
side of the cervix. Place your abdominal hand immediately above the pubic b
and press downward firmly. Bring your internal fingers together under the cer
(in the posterior fornix) and press against it to follow it inward as far as it go