

Women's experiences of receiving a vaginal examination during labor

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Abstract:

Background: Receiving a per vaginal examination (PV) can be a negative experience for the woman. There is no published study on this topic concerning a PV during labor and women also experience labor pain. Thus, it is important to study about experiences of women receiving a vaginal examination during labor.

Methods: A descriptive study was performed. Questions regarding the experiences of receiving the first vaginal examination during labor were asked of 81 laboring primiparas in the labor unit in Hatyai Hospital in 2007. Descriptive statistics were used in the analysis.

Results: The results showed that receiving PV during labor made women experience pain ($n = 41, 50.6\%$) at a "moderate" level, followed by a "mild" pain ($n = 29, 35.8\%$). The majority of women experienced "little" discomfort ($n = 43, 53.1\%$), and no irritation ($n = 72, 88.9\%$). Some experienced a "little" embarrassment ($n = 33, 40.7\%$). Half experienced "little" fear of PV ($n = 41, 50.6\%$) and some did not fear of PV ($n = 29, 35.8\%$). More than half did not fear of infection from PV ($n = 53, 65.4\%$).

Conclusions: Receiving vaginal examination during labor caused majority of the women feelings of pain and discomfort at moderate level. Majority of women did not experience of irritate and embarrassment. Half of the women feared of PV at little level and more than half did not fear of infection from receiving PV.

Key words: childbirth, vaginal examination, vaginal examination experience

บทคัดย่อ:

ความสำคัญ: การได้รับการตรวจภายในอาจทำให้ผู้หญิงมีประสบการณ์ในทางลบ ในระยะคลอดมารดามีการเจ็บครรภ์ ดังนั้นการตรวจภายในอาจยิ่งทำให้มารดาไม่สุขสบายมากขึ้นได้ และไม่พบการศึกษาเกี่ยวกับประสบการณ์การได้รับการตรวจภายในของมารดาในระยะคลอด จึงมีความจำเป็นที่จะศึกษาประสบการณ์การได้รับการตรวจภายในของผู้หญิงในระยะคลอด

วิธีการวิจัย: ศึกษาแบบบรรยายในมารดาครรภ์แรก 81 ราย โรงพยาบาลหาดใหญ่ พ.ศ. 2550 โดยใช้คำถามเกี่ยวกับประสบการณ์การตรวจภายใน วิเคราะห์ข้อมูลด้วยสถิติบรรยาย

ผลการศึกษา: การได้รับการตรวจภายในของมารดามีประสบการณ์ความปวดในระดับปานกลาง 41 ราย (ร้อยละ 50.6) ปวดเล็กน้อย 29 ราย (ร้อยละ 35.8) มีความไม่สุขสบายในระดับเล็กน้อย 43 ราย (ร้อยละ 53.1) และไม่รู้สึกกระคายเคือง 72 ราย (ร้อยละ 88.9) มีประสบการณ์อายเล็กน้อย 33 ราย (ร้อยละ 40.7) นอกจากนี้มารดาล้วงการตรวจภายในในระดับเล็กน้อย 41 ราย (ร้อยละ 50.6) ไม่กลัวการตรวจภายใน 29 ราย (ร้อยละ 35.8) และไม่กลัวการติดเชื้อจากการตรวจภายใน 53 ราย (ร้อยละ 65.4)

สรุป: การได้รับการตรวจภายในทำให้มารดาส่วนใหญ่มีประสบการณ์การปวด และไม่สุขสบายในระดับปานกลาง ส่วนใหญ่ไม่รู้สึกกระคายเคืองและไม่รู้สึกอาย ประมาณครึ่งหนึ่งกลัวการตรวจภายในในระดับเล็กน้อย และมากกว่าครึ่งไม่กลัวการติดเชื้อจากการตรวจภายใน

คำสำคัญ: การคลอด, การตรวจภายใน, ประสบการณ์การตรวจภายใน

Introduction

Receiving a per vaginal examination (PV) has physical and psychological impacts on women. Few studies have been undertaken on the experiences of women receiving pelvic examinations. PV produces some pain and embarrassment in women.¹ One study that while receiving a Pap smear which using speculum, Chinese women experienced embarrassment (78.6%) and pain (68.2%).² Another study showed that when undergoing several vaginal examinations such as for Pap smear and detecting the diseases, women 20 to 41 years old experienced fear, pain, humiliation, and embarrassment.³ A first-vaginal-examination study of 1,500 adolescents showed that 47% felt some embarrassment, 32% had a negative experience especially examination with speculum was the worst part, and 13% found the examination to be very painful.⁴ Another study showed that many Scottish women (n = 11, 37%) refused to have a cervical smear test due to fear and embarrassment, and some (n = 8, 17%) refused a test.⁵ The primary sources of anxiety regarding pelvic examinations in a study of 84 female adolescents were fear of pain and embarrassment.⁶ Another study showed that using a 100 mm visual analogue scale (VAS), the mean pain from PV of women was 33.6 mm for female examiners and 38.8 mm for male examiners, which were similar, but the embarrassment score was significantly lower for female examiners (19.6 mm) than for male (37.4 mm) examiners.⁷ The embarrassment of the women from receiving PV indicates that the gender of the examiners is related to the experiences of women receiving PV.

During labor women experience pain from labor, thus receiving PV may lead women have more negative experiences. Also no published studies have been conducted on the experiences of women

receiving vaginal examinations during labor either in the West or in Thailand. The purpose of this study was to examine Thai women's experiences when receiving a first vaginal examination during labor. The results will be useful for providing care during labor.

Materials and methods

Instruments

The instruments used for data collection consisted of demographic data, obstetric data, and experiences of receiving vaginal examinations. In the "experiences of receiving PV" questionnaire, each 'experience' consisted of a single item which was measured for 4 level of experience: none at all, little (mild), moderate, and severe/the most. The meaning of experiences were as follows: 1) pain "unpleasant sensation due to feel hurt from PV," 2) discomfort "feel uncomfortable or uneasy from PV," 3) irritate "experience of little hurt from PV" 4) embarrassment "shy from receiving PV" 5) fear of PV "afraid of PV", 6) fear of infection "afraid of PV will introduce infection." The test-retest reliabilities (within 30 minutes of repeated testing) of each experience were as follows: pain (r = 0.64), discomfort (r = 0.90), irritation (r = 0.82), embarrassment (r = 0.96), fear of PV (r = 0.95), and fear of infection (r = 0.99).

Sample and data collection

The study was a descriptive study, a part of the study entitled "The effects of PSU Locked Upright position on length of time in the second stage of labor" which was approved by the Ethics Committees of the Faculty of Nursing, Prince of Songkla University, and Hatyai Hospital. Informed consent was obtained from all subjects before data collection. Following the central limit theorem, which

indicates that a sample size of 50-100 will be a good representation of the population,⁸ a convenient sampling of 81 primiparas in labor at Hatyai Hospital were recruited for the study. The study was conducted in 2007. The inclusion criteria were healthy pregnant women, aged 18-35 years, and gestational age 37-42 weeks. Experiences of receiving the first PV were obtained from women during either latent or active phases of labor.

Data analysis

Descriptive statistics were used in the analysis, including frequency, percent, mean, and standard deviation (SD).

Results

The demographic data were as follows. The mean age was 23.2 years (SD = 4.3 years). The majority (n = 70, 86.4%) were Buddhists; the rest were Islamic. The women had education levels from four years of primary school to a bachelor's degree. The majority had completed primary or high school education (n = 52, 64.2%). The majority were house-

wives (n = 42, 51.9%), followed by employees (n = 33, 40.7%). The average family income was 8,755 baht per month (SD = 4,826 baht).

The obstetric data were as follows. The gestational ages were 37-42 weeks. The number of pelvic examinations received by the laboring women was 1-8, with an average of 3.8 (SD = 1.2). More than half (n = 51, 62.9%) received the first PV at the beginning of the active phase of labour (cervical dilation of 3-4 cm) and the rest received in the latent phase.

The experiences of receiving first PV were explored in regard to aspects of pain, discomfort, irritation, embarrassment, fear of PV, and fear of infection. For pain, the majority (50.6%) of women experienced pain from their PV at a moderate level, followed by a little pain (35.8%). For discomfort, the majority (53.1%) experienced little discomfort, followed by no discomfort (35.8%). Also, the majority (88.9%) of the women were not irritated by the PV. Nearly half (48.1%) of the women did not experience embarrassment, followed by experiencing little embarrassment (40.7%). A few women also experienced fear of PV and/or fear of infection as a result of the PV (Table 1).

Table 1 Experiences while receiving a PV

Experiences	Level of feeling			
	None at all n (%)	Little/mild n (%)	Moderate n (%)	Severe/the most n (%)
Pain	2 (2.5)	29 (35.8)	41 (50.6)	9 (11.1)
Discomfort	29 (35.8)	43 (53.1)	7 (8.6)	2 (2.5)
Irritation	72 (88.9)	6 (7.4)	2 (2.4)	1 (1.2)
Embarrassment	39 (48.1)	33 (40.7)	8 (9.9)	1 (1.2)
Fear of PV	29 (35.8)	41 (50.6)	7 (8.6)	4 (4.9)
Fear of infection	53 (65.4)	16 (19.8)	6 (7.4)	6 (7.4)

An additional finding was that laboring women received PV from examiners of both genders equally. However, when receiving PV from a male examiner they wished a female nurse to be with them.

Discussion

Receiving a first PV during labor led to feelings of pain, discomfort, irritation, embarrassment, fear of PV, and/or fear of infection at some level in most subjects. The women's experience of pain may have been due to the procedure being intrusive, which can create some psychological distress such as, anxiety and fear. Some researchers have found that adolescent girls in a semi-sitting position experienced significantly lower anxiety when compared to a supine group ($p \leq 0.02$).⁹ In the present study, all laboring women were in a supine position when receiving their PV, so the position may have had an effect on the psychological status of the women in experiencing pain from the procedure, as a majority of women in this study experienced a moderate level of pain when receiving their PV.

More than half of the women experienced some discomfort from their first PV, possibly due to the fact that they received their first PV in the latent phase and at the beginning of the active phase. In that situation, an examiner might have to reach fairly high into the vagina to check the cervix.¹⁰ Thus, this may have made women experience some discomfort.

Only a few women experienced "little" irritation. This may be because PV did not have an irritating effect on the women, but caused pain instead. There is no study reporting on this aspect.

For embarrassment, since the majority of the women in this study received their first PV from a female nurse, they experienced no embarrassment (48.1%), a finding which is supported by a study of Moettus, et al.⁷ They found that women receiving pelvic examinations had a lower embarrassment score for female examiners than for male examiners (19.6 mm versus 37.4 mm of VAS). However the embarrassment experienced by some women may also have been due to the nature of a PV, which exposes them, and to the effect of Thai culture which prohibits exposing the body, particularly in the case of Muslim women. This is supported by a study in which Thai women avoided a Papanicolaou smear (Pap smear) due to embarrassment ($n = 65$, 32.5%) from receiving a PV, even though they had received health education for 8 to 12 months.¹¹ In another study, 48% ($n = 91$) of Thai women working in Bangkok did not have a Pap smear due to embarrassment,¹² a figure lower than Chinese women (78.6%).² This difference between the number of Thai women and Chinese women may be due to differences in culture. Also, laboring women were young, with an average age of 23 years (SD = 4.29 years), which may also have contributed to feelings of embarrassment, as one study showed that embarrassment decreases with the increasing age of a person.¹³

Concerning the aspect of fear of PV, many women feared a PV because it is an invasive procedure which exposes a private area. This may also be partly due to not having a trusting relationship with the examiner, as a study of Oscarsson and Benzein³ found that a good, or trusting, relationship with the examiner produced a positive experience when receiving PV.

Regarding fear of infection, more than half of the women did not fear infection, but the rest had some fear. This may be because the majority of women trusted the sterile technique of the examiners, but the rest of the women did not generally understand this aspect. However, there are no research studies concerning this, and there has been no research reporting a correlation between infection and vaginal examination during labor.

Conclusions

Receiving a vaginal examination during labor made women experience feelings of pain, discomfort, irritation, embarrassment, fear of PV, and fear of infection, to varying degrees. The data also showed that women wished a female nurse to be with them when they received a PV from a male examiner. This suggests that concern about a patients' negative feelings can improve the quality of care.

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