OSCE checklist for vaginal examination in labour

An OSCE checklist for vaginal examination in labour covers confirming the need, consent and privacy, using an aseptic technique, assessing cervix, membranes, presenting part and station, and recording the findings on the labour record.

OSCE checklist for vaginal examination in labour: steps to practise

1. Confirm there is a clear reason for the examination, read the notes and check for any bleeding in this pregnancy or a low-lying placenta. If either is present, do not examine and tell a senior.
2. Wash your hands, introduce yourself, confirm identity, explain the examination, obtain consent, offer a chaperone and tell her she can ask you to stop at any time.
3. Ask her to empty her bladder, palpate the abdomen first and listen to the fetal heart, then help her into a comfortable position with privacy.
4. Wash your hands and put on sterile gloves using an aseptic technique, and clean the vulva and use lubricant as your policy says.
5. Inspect the vulva for bleeding, discharge, leaking fluid or a visible cord.
6. Between contractions, gently insert two fingers and feel the cervix, noting dilatation in centimetres, length, consistency and position.
7. Note whether the membranes are intact or ruptured and the colour of any fluid.
8. Feel the presenting part, its position and the station relative to the ischial spines, and feel for a cord.
9. Withdraw gently, remove your gloves, wash your hands, help the woman to get comfortable and listen to the fetal heart again.
10. Explain the findings, record them with the time on the labour record, and call for help at once for a cord prolapse, fresh bleeding, meconium-stained liquor or an abnormal fetal heart.

What candidates commonly forget

- Not checking for bleeding or a low-lying placenta first

- Forgetting consent, a chaperone and privacy
- Not palpating the abdomen first
- Not using aseptic technique
- Not noting the colour of the liquor
- Not recording findings with the time

Local policy comes first

This is our own practice checklist. Your college, hospital or country may do some steps differently. Where local policy and this list disagree, follow local policy.

Practise the hands-on steps with a classmate or in a skills lab, because an AI patient cannot watch your technique. You can practise the talking part with an AI patient, and try one station free with no sign-up. Next, try Midwifery: Care in established labour on a midwifery unit. Back to the OBG nursing OSCE page: OBG nursing OSCE, or see the full OSCE checklist list.

Common questions

What is the OSCE checklist for vaginal examination in labour?

Confirm the need and check the notes for bleeding or a low-lying placenta, get consent, offer a chaperone, palpate the abdomen, use an aseptic technique, assess the cervix, membranes, presenting part and station, explain, record and escalate.

When should a vaginal examination not be done?

If there is unexplained vaginal bleeding or a known or possible low-lying placenta, or if she declines. Tell a senior first.

How often is it done?

Only when it is needed, at the interval your unit's policy says. Avoid unnecessary examinations.

Sources

- NICE NG235: intrapartum care
- NMC: The Code

Checked 2026-11-13. Fees and rules change, so confirm them with the regulator before you book.