

Background

Currently there is lack of guidance on high vaginal swabs in pregnancy. Physiological discharge is common in pregnancy. It seems opportunistic vaginal swab testing is very common in pregnancy due to lack of clear guidance. High vaginal swabs are indicated if there is abnormal discharge/itching /odour or suspicion of STI (Herpes, Chlamydia, Trichomonas, BV).

Objective

To reduce excessive number of HVS taken in pregnancy by educating obstetrics staff about evidence base indications of HVS
To reduce work load, expenditure and patient anxiety due to non indicated HVS

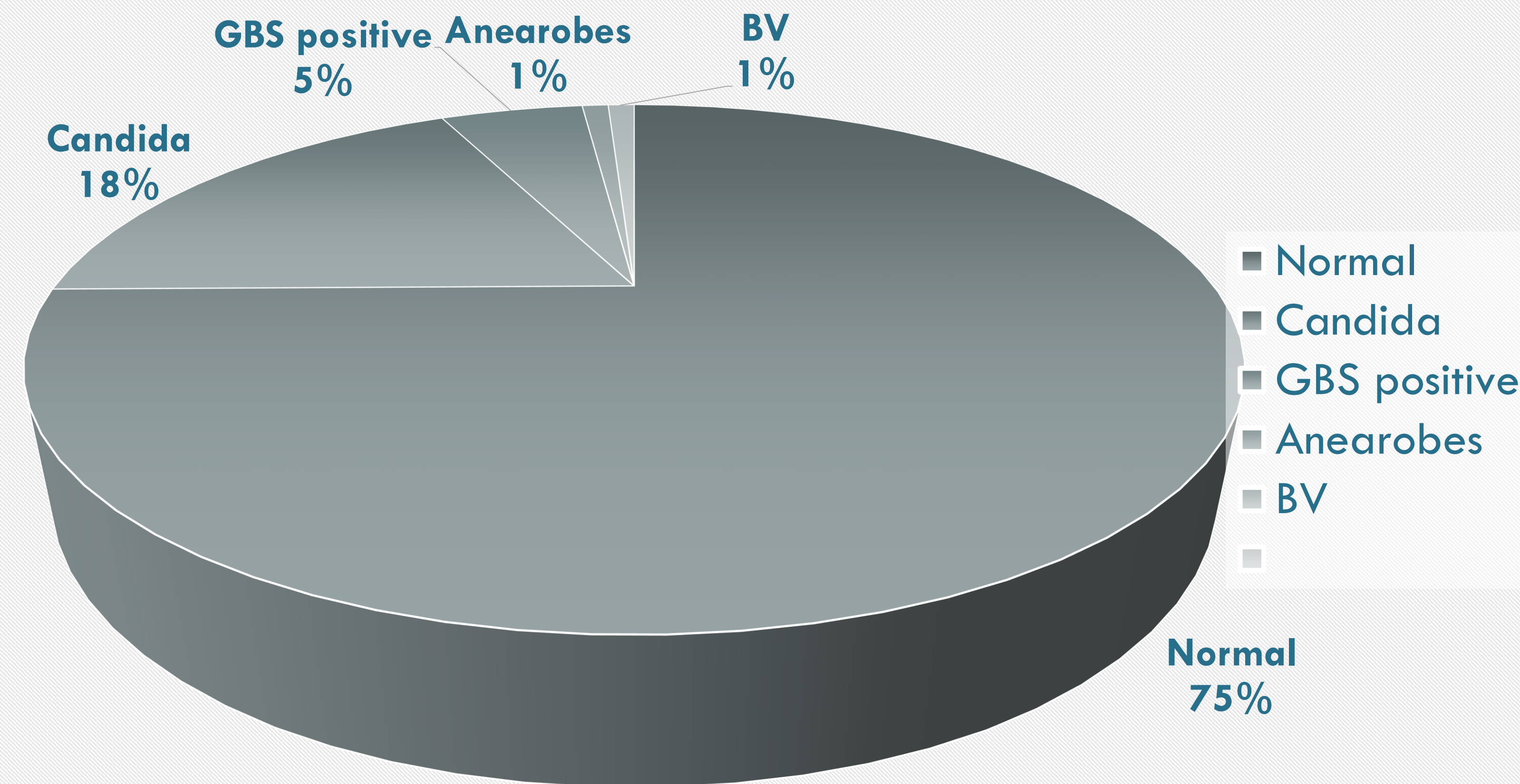
Material and Methods

Data was collected from Maternity Assessment Unit who had a high vaginal swab taken in the pregnancy. Results of HVS were obtained from microbiology department. Every woman's hospital number, date of birth, gestation, parity, presenting complaint, indication for HVS and results was recorded on an excel sheet and was analysed. One Audit was completed in 2016 and after implementing changes in practice re-audit was performed in 2020

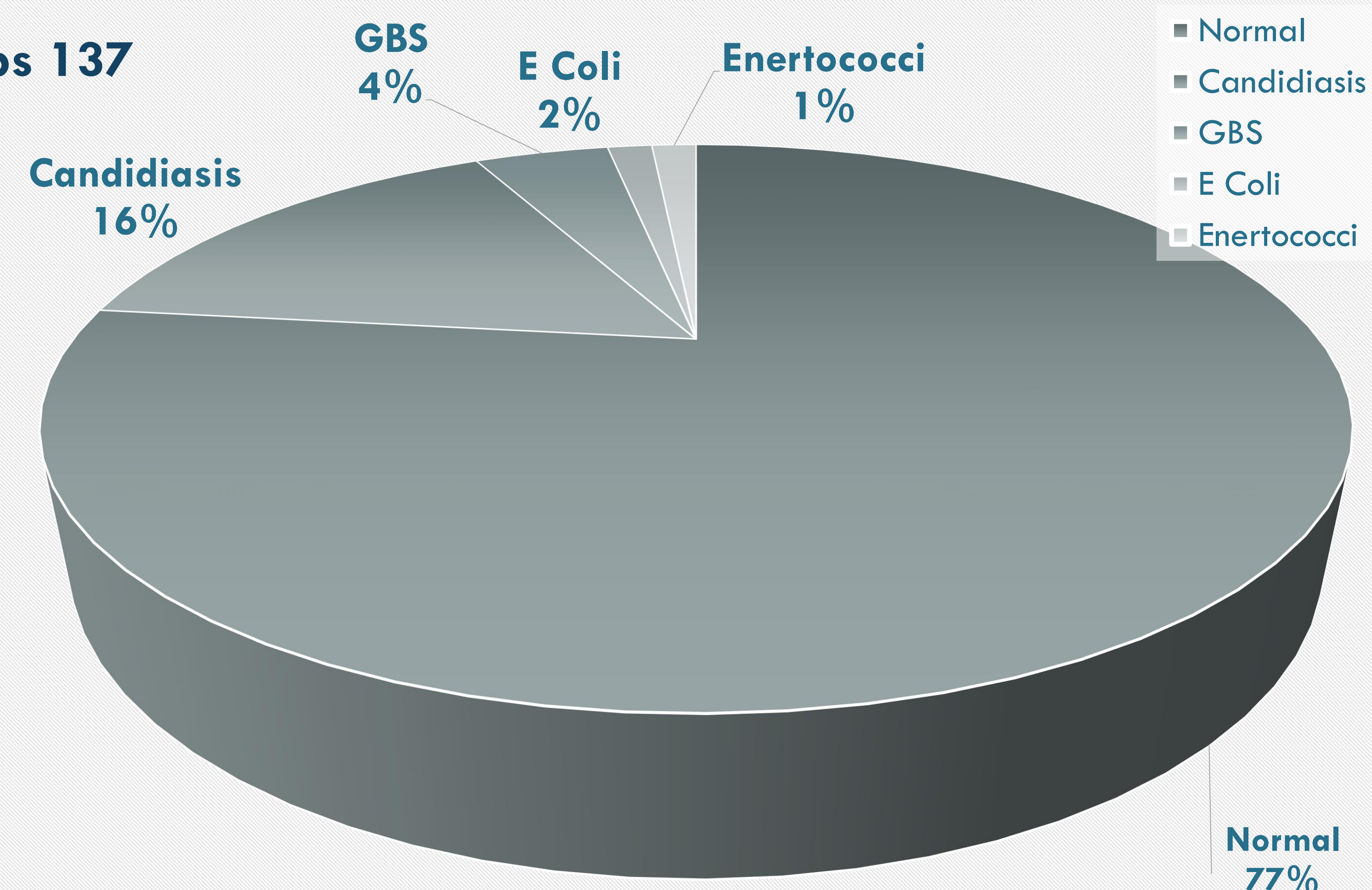
Results

A total of 795 women attended maternity assessment unit January 2016, 183 women (24%) had HVS taken. 72% swabs showed normal flora. 17% patients were positive for candida, 5% had Group B Streptococcus, 1% were positive for anaerobes, 1% had bacterial vaginosis and 4% swabs had no results.
Data collected from 1st January till 31st January 2020. Total 1006 women attended MAU. 137 Vaginal swabs were taken, which was 13% of the total women who attended. In 2020, 77% swabs showed normal vaginal flora. 16% patients were diagnosed with candida infection. 4% women had GBS on swabs. 1% were anaerobes positive and 1 had Bacterial Vaginosis.

Total Vaginal Swabs 183



Total Vaginal Swabs 137



COMPARING 2016 AND 2020

Conclusions

1. Our PDSA cycle significantly reduced percentage of woman who had swab taken in pregnancy from 24% to 13%.
2. 5% of all swabs showed a positive result of GBS which is clinically relevant.
3. Our quality improvement project has reduced financial cost, workload and improved patient experience by reducing un indicated HVS.
4. There is a need to introduce guidance on the indication of high vaginal swabs in the pregnancy so that un necessary swab testing in the pregnancy can be reduced.

Take home message

- Thorough history of presenting complaints should be taken before performing HVS in pregnancy
- Have a clinical diagnosis in mind before performing HVS
- Every speculum examination in pregnancy is not an indication of HVS