

Low Vaginal Swab (LVS) Guideline

An increase in vaginal discharge is normal in pregnancy. Normal vaginal discharge is clear white or creamy and fairly runny. Women should be reassured that this is a normal part of pregnancy and plays a part in protecting the uterus from infection ascending up the vagina. It may have a distinct odour but not an unpleasant smell.

Signs of infection include thick, curd like or greenish discharge, an offensive odour, itchy and soreness or pain during sex. Women with these symptoms should be offered an LVS.

Women with any history of group b strep out with pregnancy should be offered an LVS at 36 weeks.

Women should take the swab themselves unless they specifically ask for a health professional to do it. The patient should be advised of the following technique:

- Wash hands and find a comfortable position either sitting or standing
- Remove the swab applicator from the packaging. Avoid touching the cotton tip
- Part the labia and put the applicator end about 2cm length inside your vagina
- Gently turn the swab around once then leave for a count of 10
- Remove the swab being careful not to touch any other skin
- Place the swab directly into its container
- Wash your hands

The Doctor/Midwife should:

- Make sure label with CHI is on swab before sending
- Request for culture and sensitivity on the lab form

Women should be educated that the swab is checking for bacterial infection and does not test for Chlamydia. A full history should be taken and woman offered the specific Chlamydia screening test if it is deemed that this is required.

Preliminary results are available after 48 hours however in the case of group b strep it can take up to 5 days for this to show on swab result. Please make sure results are fully validated before recording on BADGER.

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