INTRODUCTION

Vaginal examination (VE) is one of the accepted ways to assess progress during normal childbirth, but its frequent repetition has no proven value, and may even be considered an imprecise measurement if conducted by different providers.

VE adds more pain, discomfort and anxiety, triggers feelings of fear, shame, guilt, exposure and powerlessness, and can negatively influence women’s satisfaction of childbirth.

OBJECTIVE

To explore Palestinian women’s feelings, opinions, knowledge and experiences of VE during normal childbirth.

METHODS

A descriptive exploratory study. Using a semi-structured questionnaire, we interviewed a representative sample of women in the postpartum ward a few hours before discharge from a governmental hospital.

The interviews were conducted during two random days each week over 4 months in 2008. Each day, after identification of all eligible cases, we interviewed every other woman. A total of 176 women were interviewed out of 1,489 women who delivered over the 4 months.

RESULTS

82% of women reported pain, 68% reported discomfort and only 5% reported embarrassment. 94% of women reported that VE during childbirth is beneficial, 7% reported that it is not necessary and 6% reported that it should be done only when indicated. Some women reported insensitive approaches of providers, insufficient privacy and no respect of dignity or their humanity during the exam.

VE in this hospital is conducted too frequently and probably unnecessarily by midwives and physicians during normal childbirth. There was a significant association (P=.000) between high frequency of VE during childbirth and high number of different providers who conducted the exam. The proportion of women who received a ‘potentially high’ frequency of VEs during childbirth was significantly larger when the woman was primipara rather than a multipara (P=.037).

A 24 years old, Primipara, examined 7 times by 3 different providers, reported:

“I knew nothing about VE. Yesterday was the first time I heard about it. It feels so embarrassing, very discomforting and I do not like to be examined at all.”

A 24 years old, Para 3, examined 8 times by 5 different providers reported:

“VE is painful and discomforting. But it was much easier if done by a midwife. Sometimes, I felt that physicians are punishing us for being pregnant and they seem like fighting while doing the VE. While conducting the VE, physicians are more aggressive, expose women’s bodies too much and in an insensitive way ...etc.”

CONCLUSIONS

• Palestinian women are undergoing unnecessary and frequent VEs during childbirth, conducted by several different midwives and physicians, and suffer pain and discomfort unnecessarily.

• There are some important gaps in midwifery and medical practices, including lack of adherence to the ethical and basic standards of practice.

PRACTICE IMPLICATIONS

• Adhering to best evidence VE practices during childbirth, and should be conducted only when necessary, and if possible, by the same provider. This will decrease the laboring women’s unnecessary suffering from pain and discomfort.

• Midwives and physicians should advocate for women’s rights to information, respect and dignity and should strive to protect women’s privacy during VE.

• Medical and midwifery students should be taught not only to acquire the skill to conduct VE, but should also learn how to respect women during this crucial period in their lives.

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