

Choosing Wisely- 100 High vaginal swabs

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Abstract

Ascending infection is associated with preterm birth, preterm rupture of membranes and neonatal sepsis. [1] High vaginal swabs (HVS) are collected for microscopy, culture and sensitivity to detect infections. This audit looks at the indications and results/outcome of 100 HVS taken on birth suite.

Objectives

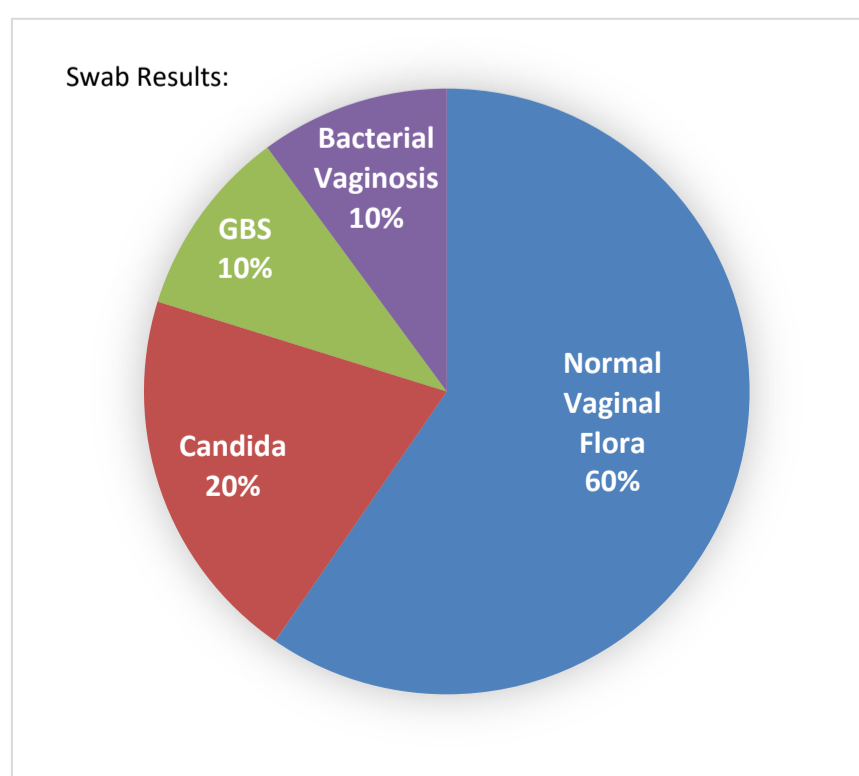
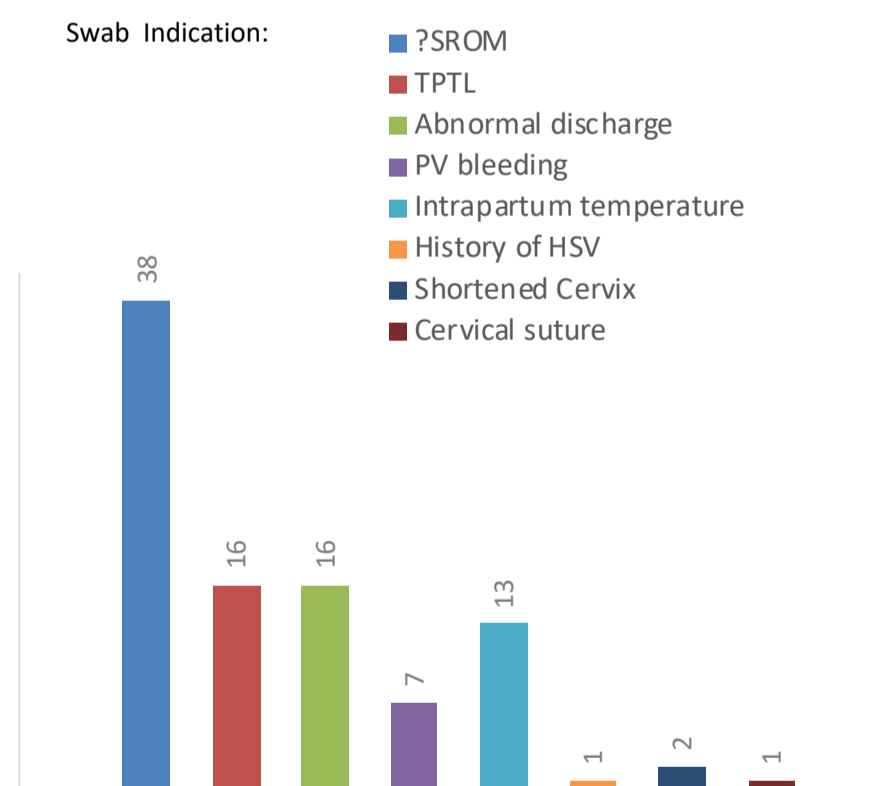
Appropriateness: To look at the indications for performing HVS
Effectiveness: To look at the outcome/results of the HVS performed
To review the impact of the HVS on the management of patients with a positive results

Methods

Reviewed Birth Suite Registry: October- November 2018, searched each URN for HVS test on AUSCARE, HVS results were obtained thru AUSCARE. Indications were identified by reviewing notes on EMR and documentation on pathology request form
Data recorded and analyzed using Excel.

Sample size:
100 HVS = 387 women who presented to Birth suite (25%)
Time period: October- November 2018

Results



Results

60% had appropriate indications for performing HVS
40% of swabs showed a positive result, however only 20% had clinical significance (10% if GBS not included)

High Vaginal Swab MCS = \$33.75 x40 (unindicated HVS) = \$1350, \$40500/year (3000 women)

Conclusion

Work place based instruction for HVS in pregnancy
Have a clinical diagnosis in mind, take a thorough history, review indications, before performing HVS
Results reviewed and managed appropriately
Not every speculum examination in pregnancy is an indication for HVS.

References

1. *Intrauterine infection and prematurity*, [Ment Retard Dev Disabil Res Rev](#). 2002;8(1):3-13.