

Low vaginal swabs (LVS)



Target audience	Maternity and neonatal staff
Patient group	Maternity patients. The term 'women/birthing people' is used within this document to include women, girls, trans men, and non-binary and intersex people, who are pregnant or have recently been pregnant.

Summary

This guideline is for maternity patients undertaking a low vaginal swab (LVS) – either because the patient has vulvovaginal symptoms or due to previous infection/colonisation.

It provides a step-by-step guide on the procedure.

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

Guidance

Signs of infection include a thick or curd-like discharge which may be green or be offensive to smell. Symptoms include an offensive vaginal odour, dysuria, vaginal itch and soreness or pain during sex. Patients with these symptoms should be offered a LVS. Patients with any history of Group B Streptococcus (GBS) outwith pregnancy or in a previous pregnancy should be offered a LVS at 36 weeks of gestation.

Patients should take the swab themselves unless they specifically ask for a healthcare 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 whilst avoid touching the cotton tip.
- Part the labia and put the applicator end about 2cm length inside the vagina.
- Gently turn the swab around once then leave in place for 10 seconds.
- Remove the swab from the vagina (being careful not to touch any other skin surfaces).
- Place the swab directly into its container.
- Wash hands.

The healthcare professional should do the following:

- Ensure the swab is labelled with the correct patient identifiable characteristics.
- Send the swab for culture and sensitivity.
- Patients should be informed that the swab does not test for chlamydia or gonorrhoea.
- If chlamydia screening is thought to be required, a full history should be taken and the patient should then be offered this test if appropriate.

Preliminary results are normally available after 48 hours. However, GBS positivity can take up to 5 days to be resultd.

Before informing the patient of the results and recording these on BadgerNet, please ensure the tests are fully validated.

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References

Remote Primary Healthcare Manuals (2024) Self – collected lower vaginal swab
<https://remotephcmmanuals.com.au/document/36937.html> Accessed 15/9/25

NICE (2021) Antenatal Care London NICE

Lead author	L MacMillan	Date approved	8.12.25
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