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The Ultimate Guide to a Great Pelvic Exam

Everything you need to know to navigate your appointment with confidence and ease.



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If you were to ask a woman about her most recent pelvic exam, there's a good chance her description would be less than glowing. In a recent poll posted to my Instagram stories, 25% of my respondents reported their experience as awkward, uncomfortable, or judgmental and 33% described it as painful or traumatic enough to make them dread the next one.

This concerns all of us, regardless of gender. Bad experiences with a provider can make someone you care about less likely to return for routine screenings that may detect early signs of disease, leaving something untreated until it's untreatable. Having empowering information can help patients get the care they need *on their terms* and help us better support our loved ones.

I spent two months consulting experts whose insights I value to give you a comprehensive article that details what you can expect during a pelvic exam, how to advocate for yourself and support a loved one in a clinical setting, help you identify a trustworthy provider, and better understand the challenges you or someone you know may face. If you're a provider yourself, I'll share how to examine your blind spots and better support your patients.

What is a pelvic exam?

I interviewed Dr. Polina Rovner Kelly from [Midtown Obstetrics and Gynecology](#) about her process. “If it's somebody's first visit,” she said, “it's going over your whole medical history. From an insurance perspective, a wellness exam for a woman is a breast exam and a pelvic exam. I also do a thyroid exam and a belly exam.” This can be an opportunity to get STI testing, discuss birth control or address concerns you may have noticed over the last year, like unexplained vaginal bleeding or pain during sex.

A pelvic exam involves two parts:

1. A bimanual exam, where the provider inserts two lubricated, gloved fingers into the vagina and places the other hand on the abdomen. Applying pressure both internally and externally, they're able to feel the ovaries and uterus for any abnormalities.
2. A speculum exam, where a [speculum](#) (made of either plastic or metal) is lubricated and inserted into the vagina, then opened to hold the vaginal tissue. This enables the provider to see the cervix and vagina and swab for cervical cancer (also known as a Pap test, short for Papanicolaou) or any infections.

Note: Pap tests typically begin at age 21. A Pap test isn't always necessary - be sure to ask how often you need one. Your doctor's recommendation will depend on your age, family history, and your previous test results.

Preparing for your pelvic exam

Before your appointment, take some time to write down anything you want to discuss with your doctor, like:

- current medications, dosage amounts, and frequency of dosage
- pelvic or urinary concerns
- unexpected changes in your cycle
- any questions you'd like answered

Bring those notes with you and record the answers or information your doctor gives you.

Tip: to avoid scrambling to remember the last year, start a note on your phone and document questions or concerns as they arise between now and your next visit.

Physical comfort and safety

Consider what would make your body feel safest and most at ease. Would you be more comfortable if you wore cozy clothes or warm socks? Do you have headphones so you can listen to something relaxing while you're waiting at the office?

Would you like a trusted friend to accompany you? A second person can help keep track of what was said, ensure you ask the questions you need to, or help you set a boundary. If bringing a support person, tell them what kind of care you'll need: do you want comforting touch, distraction, or simply loving, grounding presence? If you're someone's support person, ask them what they need ahead of time.

After your appointment, do you want to get a treat on the way home? Do you have time planned for relaxation? Having pleasant rituals in place can give you something to look forward to and reaffirm your worthiness of care.

Body preparation

Your provider doesn't care about your body hair or if you're on your period, though if you need a Pap test, it's best if you're not bleeding heavily. According to Dr. Kelly, "Too much blood is going to obscure the cells that the pathologist needs to see to say, 'Are those cells normal or not?' The Pap might come back as unsatisfactory and we have to have you come back."

When in doubt, come in anyway. “If you've been waiting for this appointment for six months and it just happens to line up with your period, I wouldn't cancel [the appointment],” she said. “I’m not grossed out by it.”

The day of your appointment

Arrive early enough to look for parking and get to the office door by your check-in time. If you’ve brought a support person, let the front desk know you plan to bring them in with you.

You’ll be seen by medical staff who will record your health details and ask some preliminary questions. You will likely be weighed. If you have anxiety around being weighed and body weight discussions, *you have choices here*:

- You can choose to stand on the scale facing away from the screen.
- You can tell the provider you do not wish to hear your weight being read or discuss your weight.
- You can tell them you do not want to be weighed at all.

You may be asked to provide a urine sample. Urine can be analyzed for pregnancy, a urinary tract infection, or certain STIs.

In the exam room

You’ll be given instructions for undressing or changing into a gown. You will need to remove your underwear and, if you’re having a breast exam, your bra. *You do not have to remove any other clothing*, as long as what you’re wearing easily allows your doctor to see and touch the areas necessary for your exam. A loose-fitting shirt and skirt can both be lifted *by you* when you’re ready. Your provider will tell you what they need to access and when.

Once your doctor arrives, they’ll introduce themselves, ask you some questions then begin the exam. They may want to touch your neck, breasts, or abdomen to feel for abnormalities. As mentioned above, your doctor may perform a

bimanual exam (feeling the ovaries and uterus) and a visual examination of your vulva to check for any areas of concern.

Tip: your doctor's office should have a chaperone available if you would like someone else in the room with you at any point during your visit. Male providers typically bring one into the exam room by default. Regardless of the gender of your provider, you can always request a chaperone.

Speculum exam

Once your doctor has completed all manual (hands-on) exams, they may guide you into position for a speculum exam, which is typically on your back with your feet propped up and legs and knees wide. *Some providers can suggest a different position* (like on your side, on all fours, or bent over the exam table) if the feeling of being on your back with your legs open is a trauma trigger.

Tip: if you're a provider and don't know how to perform a speculum exam in any alternative positions, consider this a suggestion to learn a new skill. You'll be better equipped to provide more trauma-informed care and support your patients with mobility challenges.

Speculums can be made of plastic (single-use) or metal (sterilized and reused) and they come in many shapes and sizes. Your doctor will choose one based on the variables you've shared in your history. The speculum may be cold because of the material it's made of, because the room itself is cold, or because the water-based lubricant on it makes it feel colder.

If having someone else insert something into your vagina makes you uncomfortable, *you can always tell your doctor you'd like to insert it yourself.* Once you're both in position, your doctor can place the speculum at the right angle, then instruct you to reach down to guide it in.

Your doctor will open and brace the speculum so they can see your vagina and cervix. You should feel internal pressure and nothing more than mild discomfort. If you feel *any* pain - like pinching, stabbing, or burning - *tell your*

doctor immediately. A good provider will stop what they're doing, close and remove the speculum, then try again if or when you're ready. They may need to adjust the positioning, use a smaller speculum, or choose a different material.

Tip: while a plastic speculum can look less intimidating, some find they're more prone to pinching. A metal speculum may make things easier for you. You can try different sizes and materials to figure out what feels best!

Testing

If you're having a Pap test, your doctor will use a small tool to collect some cells off the surface of your cervix. This may feel twingy or crampy, but it should only last a few moments. *If you need to stop, say so!* If you're being tested for any infections, your doctor will use a different swab. Testing for STIs may also involve swabbing skin on external genitals or a blood draw.

Afterward, you'll be asked to get dressed and offered a chance to ask any questions. If you're awaiting lab results, your doctor can tell you when to expect those and whether or not you need to schedule any follow-up appointments.

Painful pelvic exams

For some patients, a pelvic exam is painful because *all vaginal penetration hurts*. I talked to Dr. Ditzka Katz, founder of [Women's Therapy Clinic](#). She specializes in urogynecologic rehabilitation and the treatment of female sexual dysfunction - particularly, penetrative pain disorders like vaginismus.

“Vaginismus,” she told me, “is always an anxiety-based condition. It is never a physical condition, not a pathology. It's not an anatomical disfiguration. A woman typically knows she has vaginismus. She may not have the name for it, she may not know exactly why she has it, but she knows *me and my vagina are not friends.*”

Dr. Katz said this revelation is quite common: “*One in every five women in her lifetime will experience some sort of vaginismus condition.* Sometimes it's

temporary - just a passing situation.” However, just because it’s common doesn’t mean it’s normal. Dr. Katz said, “We are fiercely standing behind the statement: *no, it is not normal to have pain with penetration*, provided there is no underlying problem and provided [penetration] is safe and consensual.”

It’s important to seek treatment for painful penetration *before* pelvic exams when possible. According to Dr. Katz, when patients realize they have vaginismus, their instinct is to find a clinician who understands the disorder and will perform an exam gently. However, she said, “When your anxiety is there, it doesn't make a difference who is in the room with you. You are going to react.” If a patient wants to proceed with an exam, they need to understand that pain may be present, and if it happens, tell your doctor you want to stop. “Then go and seek treatment immediately,” she advised. “It’s not just about the gyno exam. *It’s about being able to be friends with your vagina.*”

In a situation where an exam is urgently necessary before treatment can be sought, Dr. Katz suggested discussing with your provider whether sedation is possible. Not all clinicians or practices are equipped for sedation, but *a good provider will refer you out if they can’t give you what you’re requesting.*

Obstacles to compassionate care

Unfortunately, not all patients feel they can rely on their provider for such care. Many share experiences of uncaring physicians, being shamed or judged for their sexuality, or having their concerns dismissed due to racial bias, their body weight, or their gender expression. Some have experienced outright abuse or assault in a clinical setting.

A history of distrust

J. Marion Sims, a white doctor often credited as the “father of gynecology” in the United States, committed horrific atrocities against Black enslaved women in the 1840s, using their bodies to practice gynecological surgeries - without

anesthesia or consent. The 1800s may seem long ago, but racial disparities in healthcare persist today.

I talked to Briana Simmons about how racism and unconscious bias can affect doctors and, in turn, their patients of color. Briana is the Black Healing, Health & Joy Manager for [Soul 2 Soul Sisters](#) and [Sacred Seeds Black Birthworker Collective of Colorado](#).

According to Briana, “The history of gynecology in the US is an egregious example of the violence committed against Black enslaved women. Unfortunately, it is one example of many. The books [Killing the Black Body by Dorothy Roberts](#) and [Medical Apartheid by Harriet Washington](#) detail at length the reasons why *Black folks, in particular, rightfully distrust the medical system.*”

She added, “The history of medical abuse and negligence of Black folks persists in all facets of life, including gynecology, birth care, and the healthcare system in general...*Racism, misinformation, and lack of competent leadership have failed all of us, especially the Black community.*”

Hurdles to equality

Transgender, non-binary, and gender-diverse folks also find themselves facing challenges in medical care that cisgender women do not. This is further compounded when that patient is also a person of color. I spoke with Dr. Krystyna Holland, a pelvic floor physical therapist and founder of [Inclusive Care](#), about the challenges trans and non-binary patients face and how they can navigate them. She told me, “The number one thing is that any symptom they have is attributed back to being transgender or back to someone's gender identity.” In addition, she said, “*People assigned female at birth, in general, are not believed in medicine, especially not believed in pelvic health and especially not believed in pelvic pain.*”

These dismissals come at a cost, as Dr. Holland has seen firsthand. “It has been very challenging to get non-binary and trans people, particularly those assigned female at birth, to come in for care. And I think it's because *there's just so much mindfuckery.*” To expand, she added, “It is often not safe for trans and non-binary people to access healthcare. We have literature that tells us that people have been harmed in the healthcare system.”

Identifying a safe provider

The first step to finding competent care is for patients to be intentional about the providers they choose. I asked Dr. Holland if trans and non-binary patients can see any gynecologist or if they should see a trans specialist for pelvic exams. She said, “First, *find a practitioner who feels like they give a shit about you.* They don't have to know the most about trans care. They don't have to know the most about hormones. They just have to feel like they're not going to judge [you] and they're going to try and help [you]. And if you get that, everything is a little bit easier. We want to make sure you have someone who isn't going to do harm: misgender you, misname you, make you feel less than, or make you feel like you're too much.”

Dr. Polina Kelly said she recommends asking people in your community which doctors they recommend. Ask what your friends like about their providers. *Word of mouth speaks volumes.* Dr. Holland suggested doing some research online first to see if that practice accepts your insurance or offers specific services you need. If so, call their office and tell them what you're looking for. You're allowed to express preferences about the gender of your doctor. You're allowed to say you need a doctor who supports a specific demographic, like LGBT+ patients.

Briana Simmons added, “Consultations or initial appointments are the perfect opportunities to tune into your gut instincts about your interaction and ask as many questions as you can. *Healthcare providers are for hire* and should you find yourself dissatisfied, there should be no hesitation in finding another person to support you.”

Suggestions for providers

If you're a provider yourself, there are many things you can do to make sure your patients feel safe and cared for. Dr. Kelly emphasized the necessity of clear communication and consent. "I say, 'You're the boss here. Tell me how everything's feeling. I will stop if you need me to stop.' I've always been in the habit of asking permission before I do anything. [I'll say], 'This is what I'm going to do. Is that okay?' I'm looking at their face as much as I can during [the pelvic exam]."

Regarding inclusivity, Dr. Holland shared the importance of not making assumptions about your patient's sexual orientation or relationship structure. "Instead of asking about their husband, try asking, 'Are you currently partnered? Do you have a partner or partners?' Use as few gendered words as possible." She added, "Reflect the language your patients use. I will start with the least gendered words, then if someone refers to themselves as a woman or a mom, I'm going to use whatever language they're using."

On becoming a trauma-informed provider, Briana Simmons shared, "To be trauma-informed means you work with a patient to ensure *they are in the driver's seat of their care*. It requires humility to break down power dynamics and establish trustworthiness between a provider and a patient. *It's all about establishing safety and maintaining a commitment to avoid re-traumatizing folks within their interactions.*"

Specifically to white providers, she asks, "Do you see and honor the value and worthiness of all your patients or do you tend to treat your patients of color differently? *Ultimately, we need a cultural shift in our healthcare system.* Providers must be honest in their self-reflection of biases they hold and the actions or inactions they take because of them."

Our beautiful stories

As encouragement, Briana advised, “Just as there are stories of medical trauma and abuse, there are also beautiful stories that deserve to be uplifted. *Surrounding yourself with a loving community, setting boundaries, and protecting your peace is just as important as empowering yourself with information on what’s happening to your body and the options available to you.*”

While a single article cannot overhaul harmful systems, heal all pain, or undo every injustice, I hope you now feel empowered with knowledge that can serve you and your communities. Together, we can shine a light on common experiences, cultivate compassion, use our voices, and consider new ways to approach preventative healthcare and beyond.

Please share this article to support your loved ones in getting the care they deserve.

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Special thanks to: Dr. Polina Rovner Kelly, [Midtown Gynecology and Obstetrics](#), Dr. Ditzka Katz, [Women’s Therapy Center](#), Briana Simmons, [Soul 2 Soul Sisters](#), [Sacred Seeds Black Birthworker Collective of Colorado](#), [Dr. Krystyna Holland](#), [Inclusive Care LLC](#) and [Denver Health LGBTQ+ Health Services](#). Click their links to learn more about the amazing work they’re doing!

Note: if you are a person of color or part of the LGBTQ+ community, please reach out so I can gift you a paid subscription and allow you access to the rich information shared in these expert interviews.