

All skill guidelines are adapted from Fundamentals of Nursing (9th Ed.) Potter and Perry (2017).

Maternal Health Competencies - Specimen Collection

Collection of Any Specimen

Before Specimen Collection

1. Introduce self to patient
2. Have patient verbally state two acceptable identifiers:
 - a. Name (First and Last)
 - b. Date of Birth (DOB)
3. Review provider or standing order
4. Obtains patient's written consent if required per agency policy
5. Provide patient with laboratory testing name and purpose
6. Gather equipment for specimen collection
7. Review manufacturer's collection guidance and agency policy
8. Provide privacy for patient to disrobe if indicated
9. Request patient to remove articles of clothing for specimen collection if indicated
10. Assist patient with positioning for collection
11. Perform hand hygiene prior patient contact
12. Don gloves

After Specimen Collection

1. Label container per agency policy
2. Doff gloves into appropriate biohazard receptacle
3. Perform hand hygiene
4. Document specimen collection in the patient's record
5. Specimen should be accompanied by completed laboratory requisition
6. Facilitate specimen processing per agency policy

Urine Pregnancy Test (UPT)

1. Provide patient with collection cup
2. Request patient to void in cup
 - a. Specimen is not required to be a clean-catch unless also being used for urinalysis
3. Allow patient to complete voiding
4. Request patient to secure cap to the specimen before returning it to designated area
5. Clean any urine from exterior surface of container

Routine Prenatal Laboratory Testing

Includes but is not limited to:

1. Human chorionic gonadotropin (hCG)
2. Syphilis screening (VDRL, RPR)
3. Hepatitis B screening (Hep B)
4. Human Immunodeficiency Virus (HIV)
5. Genetic serum screening
6. Blood group, Rh determination, and antibody screening
7. Rubella/Varicella immunity screening
8. Cervical cytology
9. Baseline urine dipstick for protein content
10. Urine culture for Group B Strep identification
11. Hemoglobin/Hematocrit (Hgb/Hct)
12. Hemoglobin electrophoresis
13. Lead

Vaginal Group Beta Strep Screening (GBS)*

Collection without speculum

1. Partially peel open swab without contaminating
2. Remove swab with gloved hand
3. Insert swab into the vagina about 2 cm past the introitus
 - a. Gently rotate for several seconds
 - b. Swab should touch walls of the vagina
4. Remove swab and proceed to inserting it into the anus approximately 1 cm
5. Withdraw from anus and replace swab into specimen container securing cap

Wet Prep*

1. If applicable, collects GC culture specimen prior to wet prep, but collects wet prep prior to vaginal specimens for gonorrhea or chlamydia NAAT testing
2. Omits use of speculum in pregnant patient. Inserts 1 non-bacteriostatic, Dacron® or rayon sterile swab with plastic or metal shafts into the vagina and gently rotates the swab over the lateral wall of the vagina, avoiding contact with the cervix, blood, or vaginal pool
3. With narrow range (3-6) pH paper, obtains the pH of the vaginal secretions by touching the 1st swab to the pH paper
4. Inserts a 2nd swab into the vagina to soak up secretions, then places this 2nd swab into the specimen collection tube containing 1 ml of sterile saline

5. If the soft tips of the swabs are touched, laid down, or dropped at any time during the collection, discards them and uses new swabs to collect specimens

All skill guidelines are adapted from *North Carolina State Laboratory of Public Health Guidance* (2018).

Chlamydia (CT) & Gonorrhea (GC) NAAT Testing*

Collection can be performed by the RN or by the patient self-collecting with instructions from below

1. Perform hand hygiene
2. Partially peel open the swab package. Do not touch the soft tip or lay the swab down. If contamination occurs begin again with a new APTIMA Multitest Swab Specimen Collection Kit
3. Remove the swab
4. Carefully insert the swab into the vagina about 2 inches (5 cm) past the introitus
5. Gently rotate for 10-30 seconds, making sure the swab touches the walls of the vagina ensuring that moisture is absorbed by the swab
6. Remove swab without touching other surfaces
7. Unscrew cap from tube without spilling contents of tube
8. Immediately place swab into specimen tube soft tip downward
9. Snap the swab shaft at the scoreline and discard the end of the stick
10. Secure the cap of the specimen

Herpes Simplex Virus Testing (HSV)*

1. Use a sterile instrument (e.g. 18-gauge needle) to open the fluid filled vesicle.
2. If lesion is crusted, remove crust with moist gauze and scrapes base of the lesion with sterile swab
3. Use a Dacron-tipped, rayon-tipped, or flocked swabs with plastic or aluminum shafts
 - a. Cotton-tipped swabs with wooden shafts are not recommended; calcium alginate swabs are not accepted
4. Using firm pressure, absorb fluid with swab and scrape the perimeter of the lesion obtaining cellular material
5. Snap swab into the vial of transport medium
6. Secure cap on specimen
7. Most specimens can be held at 4-8°C for several days before there is a significant loss of infectivity
8. If transport to the laboratory will be delayed for more than several days, freezing specimens to -70°C or below will preserve viral infectivity of specimens almost indefinitely
9. Many viruses lose infectivity rapidly when stored at -20°C or warmer

* indicates specimens collected by ERRNs or agency trained RNs