

Guidelines, Policies and Statements

ASUM Transvaginal Ultrasound Policy

Approved by the ASUM Board of Directors, October 2026

This document supersedes ASUM Policy on Vaginal Scanning by Sonographers

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1 Introduction

The Australasian Society for Ultrasound in Medicine (ASUM) is a multidisciplinary society dedicated to enhancing patient outcomes through the safe, effective and high-quality use of ultrasound. ASUM provides leadership in education and the development of professional standards to support excellence in diagnostic and clinical ultrasound practice across Australia and New Zealand, underpinned by evidence-based practice and academic integrity.

1.1 Purpose

This policy outlines the standards, responsibilities, and procedural requirements for ultrasound practitioners performing transvaginal ultrasound. It ensures that patient care, safety, professionalism, and diagnostic quality are upheld in accordance with ASUM standards, relevant legislation, and best clinical practice.

1.2 Scope

This policy applies to all ultrasound practitioners performing transvaginal ultrasound and to students and trainees undertaking transvaginal ultrasound under appropriate supervision. Ultrasound practitioners must perform transvaginal ultrasound within their defined scope of practice, appropriate training and credentialing, and an approved clinical governance framework.

1.3 Definitions

For the purposes of this document, the following terms and definitions apply.

Term	Definition
Transvaginal Ultrasound (TVUS)	An internal ultrasound examination with a transducer placed in the vagina. The term is synonymous with Transvaginal Sonography (TVS).
Endovaginal	Describes an ultrasound examination performed using a transducer inserted into the vaginal canal to image pelvic structures. The term is synonymous with transvaginal ultrasound. For consistency, this policy uses the term transvaginal ultrasound throughout.
Observer (Chaperone)	A trained staff member present to observe communication and/or an examination on the ultrasound practitioner's behalf. The role and level of interaction must be agreed with the patient and ultrasound practitioner prior to the examination.
Support Person	An individual chosen by the patient to provide emotional or personal support during the examination. A support person does not have a clinical or safeguarding role and does not replace the role of a trained observer (chaperone) where one is required or requested.

Informed Consent	A voluntary and explicit decision made by a patient to undergo an examination or procedure after receiving adequate information about the examination or procedure, alternatives, risks, benefits, and their right to decline or withdraw.
Ultrasound Practitioner	A sonographer, medical practitioner, or other appropriately qualified healthcare professional who is trained and credentialled to perform diagnostic ultrasound examinations in accordance with the regulatory, professional, and organisational requirements of their practising jurisdiction.

2 Key Principles

2.1 Clinical Indications

- Transvaginal ultrasound is an integral part of an ultrasound examination to assess for gynaecological pathology and the pelvic anatomy.
- Transvaginal ultrasound is commonly used as an adjunct to transabdominal ultrasound when additional diagnostic information is required or when pelvic structures cannot be adequately visualised transabdominally.
- Transvaginal ultrasound is necessary in many clinical situations during pregnancy.
- Each practice should develop a written protocol with the supervising medical practitioner(s) indicating the circumstances when transvaginal ultrasound may be suggested.
- Transvaginal ultrasound may be performed with consent when:
 - Specifically requested by the referring doctor.
 - When transvaginal ultrasound is deemed the optimal method to achieve an accurate diagnosis by the performing ultrasound practitioner.
 - Any other circumstances as agreed with the supervising medical practitioner.

2.2 Training and Competency

- Ultrasound practitioners performing transvaginal ultrasound must be appropriately trained and demonstrate competency relevant to their professional role and scope of practice. Training should encompass:
 - Transvaginal ultrasound techniques.
 - Interpretation of the resultant image.
 - Communication and patient care.
 - Consent.
 - Infection prevention and control and probe reprocessing procedures.
 - Awareness of safety principles.
- Ultrasound practitioners performing transvaginal ultrasound should maintain competence through ongoing clinical practice, continuing professional development and participation in relevant quality assurance activities, in accordance with professional and organisational requirements.

- When students and trainees are performing transvaginal ultrasound, this must occur under appropriate supervision from a suitably qualified professional, consistent with their level of training and competence and applicable professional and organisational requirements.

2.3 Informed Consent

- Before commencing a transvaginal ultrasound examination, the ultrasound practitioner must confirm the patient's identity and verify the intended procedure and clinical indication in accordance with local organisational policies, the Australian Commission on Safety and Quality in Health Care Standards, and Diagnostic Imaging Accreditation Scheme requirements. Any discrepancies must be resolved prior to proceeding.
- Clinicians and their healthcare facility must comply with the applicable consent requirements for medical examinations within their jurisdiction.
- In New Zealand, informed consent must also be consistent with the Code of Health and Disability Services Consumers' Rights ^[5], which affirms the patient's right to be fully informed and to make an informed choice before any procedure is undertaken. Clinicians should also be guided by the Medical Council of New Zealand guidance on informed consent ^[6], which outlines professional expectations regarding communication, shared decision-making and patient autonomy.
- The ultrasound practitioner must first assess the patient's capacity to consent. Where a patient lacks capacity other imaging modalities should be considered. If no other alternative is suitable, consent must be obtained from the designated substitute decision-maker in accordance with local legislation, and the patient's views should be sought and respected as far as possible.
- Explicit informed consent must be obtained before commencing the examination. Implied consent alone is not sufficient for transvaginal ultrasound.
- Consent may be verbal or written in accordance with applicable jurisdictional requirements and organisational policy and must be documented in the patient clinical record. ^[5,6]
- At the time of the examination, the ultrasound practitioner must:
 - Provide an adequate explanation of what is involved.
 - Inform the patient about the nature, purpose of the examination, including relevant benefits, risks and alternative options.
 - Provide the patient with an opportunity to ask questions and have any questions or concerns addressed.
 - Ensure the patient understands they have the right to decline and terminate the examination at any point without prejudice. ^[5]
 - Immediately stop the examination if the patient withdraws consent (i.e. requests to stop the examination).
 - Offer an alternative if transvaginal scanning is declined.

- Document consent in accordance with applicable jurisdictional requirements and organisational policy.
- Consent is an ongoing process throughout the examination. The ultrasound practitioner should monitor the patient's willingness to proceed and provide opportunities for questions or concerns to be raised.
- Immediately prior to transducer insertion, the ultrasound practitioner must reconfirm the patient's consent and readiness to proceed.
- Written information about the examination should be available to support informed decision-making.
- Additional considerations may be required to support informed consent for some patients, including minors, patients with a history of sexual trauma, culturally and linguistically diverse individuals and patients with cognitive impairment or disability. Communication and information should be adapted to the patient's individual needs and circumstances.
- Where a student or trainee will participate in the examination, the patient must be informed of their status and role, and consent to their participation must be obtained. The patient may decline student or trainee involvement without prejudice to their care.
- Transvaginal ultrasound examinations in minors should only be performed when clinically indicated and with appropriate consent. The minor's capacity to consent must be assessed in accordance with applicable jurisdictional requirements, including consideration of Gillick competence where relevant ^[1].
- Requirements relating to the age and capacity at which a minor may provide consent vary between jurisdictions. Clinicians must comply with applicable legislation, professional requirements and organisational policy.

Refer to **ASUM Guidelines on the Performance of a Gynaecological Scan (2026)** for further information.

2.4 Patient Dignity, Comfort and Respect

- Ultrasound practitioners performing the examination should be aware of the sensitive nature of such an examination and the potential for eliciting discomfort during the procedure.
- Cultural and religious sensitivities, as well as language barriers, must be respectfully acknowledged. This includes culturally safe care for Aboriginal and Torres Strait Islander peoples and Māori, and recognition of diverse gender identities and sexual orientations. Where appropriate, supports should be offered, such as the use of interpreters or culturally sensitive communication strategies, to facilitate informed consent and patient comfort during transvaginal ultrasound procedures.
- The ultrasound practitioner performing the examination must:
 - Ensure adequate privacy at all times, utilising any privacy aids available such as curtains, screens and additional drapes, ensuring only the areas necessary for the examination are exposed.

- Allow the patient time to undress and dress privately.
 - Ensure modesty is maintained and provide a gown and/or sheet.
- During the examination, ultrasound practitioners should maintain clear communication, explain the procedure as appropriate, and regularly check the patient's comfort. The patient should be informed before transducer insertion, advancement or any manoeuvre that may cause discomfort.
- Where clinically appropriate, patients should be offered the option of introducing the transducer themselves.
- The ultrasound practitioner performing the examination should monitor for signs of distress and alter the examination in response to patient concerns. The examination must be discontinued if requested.
- Significant distress, adverse events or concerns arising during the examination should be documented in the patient clinical record and managed in accordance with the healthcare facility's incident management and reporting procedures.
- Where practicable, reasonable patient preferences regarding the gender of the ultrasound practitioner performing the examination should be accommodated. Where this is not possible, available options should be discussed with the patient. ^[5]

2.5 Use of Chaperones

For the purposes of this policy, the term chaperone includes a formal observer acting in a professional capacity during a transvaginal ultrasound examination, consistent with guidance from relevant professional colleges.

- A chaperone (observer) is a trained staff member present during all or part of the examination to observe the interaction on the ultrasound practitioner's behalf, including communication with the patient and any examination performed. A chaperone (observer) must not be a family member or friend of the patient.
- The role of the chaperone (observer) is distinct from that of a support person, family member, or friend. A support person may provide emotional support but does not fulfil the formal role of a chaperone (observer).
- A chaperone (observer) should be offered to patients undergoing transvaginal ultrasound where feasible and in accordance with local organisational policies.
- A chaperone (observer) must be present if requested by either the patient or the ultrasound practitioner.
- Where the ultrasound practitioner requests the presence of a chaperone (observer), the patient must be informed of the reason for their presence and consent obtained prior to the examination.
- The level of interaction of the chaperone (observer) during the examination should be agreed in advance between the ultrasound practitioner, the chaperone (observer), and the patient.
- The offer of a chaperone (observer) and the patient's response must be documented in the clinical record, including the chaperone's name where present.

- If a chaperone (observer) is requested by either party and is not available, the examination must be deferred unless it is clinically urgent. Any decision to proceed without a requested chaperone (observer) must be documented.

2.6 Technical Considerations

- The examination should be performed with a transducer specifically designed for transvaginal ultrasound examinations, in accordance with manufacturer specifications.
- The ASUM Guideline on the Reprocessing of Ultrasound Transducers ^[2] and relevant local infection prevention and control policies must be strictly adhered to, including high-level disinfection and appropriate storage of transvaginal transducers.
- The use of scanning wedges or gynaecology-specific scanning tables should be available to support patient comfort, examination access and optimal ergonomics.

2.7 Special Considerations Related to Transvaginal Ultrasound

- **Conditions Affecting the Vaginal Canal and Pelvic Floor** (such as vaginal obstructions, vaginal atrophy, vaginismus, vaginitis, pelvic floor hypertonia or recent vaginal surgery): These clinical presentations are not contraindications to transvaginal ultrasound but may make the examination uncomfortable or limit the insertion of the transducer. In these instances, clear communication about the procedure, informed consent and monitoring of patient comfort levels are essential.
- **Pessary in situ:** In many cases, transvaginal ultrasound can be performed with a pessary in situ; however a gentle approach is required. The patient should be given the option to remove their pessary prior to the examination if they are able to do so.
- **Tampons and Menstrual Cups:** The patient should be advised to remove tampons and menstrual cups prior to transvaginal ultrasound.
- **No prior penetrative sexual intercourse:** A lack of previous penetrative sexual experience (i.e. a patient being “non-sexually active”) is not a contraindication to transvaginal ultrasound. Transvaginal ultrasound should be offered when clinically indicated, irrespective of their sexual history, relationship status, gender identity or sexual orientation. ^[3]
- **Pregnancy:** Transvaginal ultrasound may provide important additional clinical information during pregnancy. ^[4] In cases of prelabour rupture of membranes (PROM), transvaginal ultrasound should be undertaken in consultation with the managing obstetric team and in accordance with local healthcare facility protocols. Further pregnancy-specific indications and considerations are addressed in relevant ASUM obstetric ultrasound guidelines.
- **Placental position:** Transvaginal ultrasound may be clinically appropriate for assessment of placental position, including suspected low-lying placenta or placenta praevia, where clinically indicated.
- **Diverse gender identities:** Transvaginal ultrasound may be clinically appropriate for individuals of diverse gender identities. Ultrasound practitioners should use

respectful, inclusive communication and confirm patient preferences regarding terminology, examination approach and consent, including discussion of alternative imaging options and their limitations where appropriate.

- **Other clinical considerations:** The clinical appropriateness and potential additional value of transvaginal ultrasound should be considered on an individual basis. Certain clinical circumstances, including active vaginal bleeding, cervical cerclage in situ, post-hysterectomy vaginal vault and female genital cutting may require additional consideration or modification of the examination approach.

3 Governance Review and Quality Assurance

This policy will be reviewed periodically by ASUM and updated in line with clinical evidence and evolving standards of patient-centred care.

Healthcare facilities providing transvaginal ultrasound should have appropriate clinical governance and quality assurance processes in place. These may include audit of compliance with relevant policies and procedures, review of clinical practice and outcomes, incident monitoring and consideration of patient experience and feedback.

4 References

1. Humphries-Hart F, Bethune M, Donnan A, Stone K, Lee A, Grover S. [Consent for gynaecological imaging in Australian and New Zealand adolescent patients: a discussion of legal considerations in sonography](#). Sonography. 2023;10(3):118–22. doi:10.1002/sono.12360.
2. Peters N, Juraja M, Isles N, Woodcock E, Kennedy-Smith E, Costello C, McCann J, Mizia K. [Guidelines for reprocessing ultrasound transducers: 2026](#). Australas J Ultrasound Med. 2026;29(2):e70038. doi:10.1002/ajum.70038.
3. Kim D, Deslandes A, Childs J, Osborne B. [Are transvaginal ultrasounds withheld from non-sexually active adults? An online survey of current practices and opinions of Australasian sonographers](#). Sonography. 2025. doi:10.1002/sono.12521.
4. International Society of Ultrasound in Obstetrics and Gynecology, Bilardo CM, Chaoui R, Hyett JA, Kagan KO, Karim JN, Papageorgiou AT, Poon LC, Salomon LJ, Syngelaki A, Nicolaides KH. ISUOG Practice Guidelines (updated): performance of 11–14-week ultrasound scan. Ultrasound Obstet Gynecol. 2023;61(1):127–143. doi:10.1002/uog.26106.
5. [Health and Disability Commissioner. \(Code of Health and Disability Services Consumers' Rights\)](#). Regulations 1996.
6. [Medical Council of New Zealand. Informed consent](#). Wellington: Medical Council of New Zealand; 2021.

5 Appendix A – Related Documents

Australian Commission on Safety and Quality in Health Care

[Action 1.21: Improving cultural competency | Australian Commission on Safety and Quality in Health Care](#)

[Partnering with patients in their own care | Australian Commission on Safety and Quality in Health Care](#)

[Correct identification and procedure matching | Australian Commission on Safety and Quality in Health Care](#)

[Diagnostic Imaging Accreditation Scheme | Australian Commission on Safety and Quality in Health Care](#)

[Informed Consent - Practical Guidance for Clinicians Fact Sheet](#)

Australasian Society for Ultrasound in Medicine (ASUM)

[ASUM Guidelines for the Performance of First Trimester Ultrasound](#)

[ASUM Guidelines on the Performance of a Gynaecological Ultrasound Examination](#)

[ASUM Guidelines for the Performance of Second \(Mid\) Trimester Ultrasound](#)

ASUM & ACIPC [Guidelines for Reprocessing Ultrasound Transducers: 2026](#)

[Discussion Paper on Consent.pdf](#)

Regulatory and Government Guidance

[Australian Health Practitioner Regulation Agency - Gender based restrictions & chaperone protocol](#)

[Fact Sheet - Consent](#)