

## EXAMINATION OF THE PREGNANT ABDOMEN

### Aims of Examination

- Observe the signs of pregnancy and parity
- Assess foetal size and growth
- Detect any deviation from normal
- Locate foetal parts to indicate position and presentation
- Auscultate the foetal heart

### Vitals

- Temperature
- Pulse
- Blood pressure
- Respiratory rate
- Urine sample

### Preparation

- Hand hygiene before and after patient contact
- Explain procedure to the woman
- Ensure bladder is emptied – Full bladder can make examination uncomfortable and reduce the accuracy of fundal height measurement
- Position
- Ensure woman is covered appropriately – privacy and comfort is maintained.

### Inspection

- Abdominal size
- Abdominal shape *Primigravid* uterus is ovoid  
*Multigravid* uterus is rounded
- Abdominal scars
- Examine skin *Stretch marks (stria gravidum)*  
*Linea nigra*
- Observe for foetal movements

### Palpation

Estimating gestational size. Palpation of the abdomen is done using the physical landmarks of the xiphisternum, the umbilicus and pubic symphysis.

- **Fundal height**
  - Varies depending on:
    - Lie of foetus
    - Amount of amniotic fluid
    - Number of foetuses

WEEK	HEIGHT OF UTERUS
12	Palpable above pubic bone
16	Midway between symphysis and umbilicus
20	Lower border of umbilicus
28	Midway between umbilicus and xiphisternum
34	Just below xiphisternum
38-40	Height drops as foetal head engages pelvis

- **Fundal palpation**
  - Both hands are placed around the fundus to determine the contour of the baby
  - Can determine if presentation is cephalic, or breech
- **Lateral palpation**
  - Hands are placed at umbilicus level on either side of the uterus.
  - Gentle pressure is used with each hand to determine which side offers the greatest resistance
  - Walking the fingers over the abdomen can also locate the position of the back and distinguish between foetal parts.
  - Is the lie; longitudinal, transverse or oblique
- **Pelvic palpation**
  - Advice woman to bend knees slightly
  - To confirm presentation and engagement of the head both hands placed at either side of the presenting uterine pole
- **Liquor volume**
  - Is it normal, reduced (oligohydramnios), increased (polyhydramnios)
  - **OLIGOHYDRAMNIOS** – Uterus may feel small and compact and foetal parts easily palpated  
*Associated with: Renal agenises, Potters syndrome, Cystic kidneys, IUGR*
  - **POLYHYDRAMNIOS** – Uterus may be larger than expected, skin may appear stretched and shiny, uterus may feel tense to palpate.  
*Associated with: Multiple pregnancies, anencephaly and oesophageal duodenal atresia*

### Ausculatation

- Locate the foetal heart by identifying the foetal position and presentation
- Foetal heart varies according to gestational age
- Reassuring heart rate is between 110 and 160 beats per minute with no irregularities.

### Documentation