
Clinical Practice Guideline Abdominal Examination/ Palpation
Department Obstetrics and Gynaecology

Purpose

Inspection, palpation and auscultation are the fundamentals to the abdominal examination. It allows the practitioner to determine the appearance, fundal height, lie, presentation, position and attitude of the fetus. It also determines the descent of the presenting part, fetal heart rate and any abnormalities.

Scope

To assess the fetal size and growth. To determine if there are any deviations from the normal that may influence the assessment of fetal wellbeing, and the future management of the pregnancy and labour.

Responsibilities
Guideline

Performed by:

- Registered midwife
- Medical officer
- Student midwife under the supervision of a registered midwife or medical officer

Indications

- Abdominal assessment is recommended as part of the assessment for any woman that presents for outpatient or inpatient care in pregnancy.
- Palpation should be part of the daily assessment of antenatal and postnatal women who are inpatients on the ward. It should also be performed if the clinical status of antenatal or postnatal women deteriorates in any way during their admission.

If absolutely necessary, perform a **GENTLE** palpation only for any woman with:

- History of ante partum haemorrhage
- Premature labour
- Severe (acute) abdominal pain

Contraindications

- Palpation should only occur with the woman's verbal consent, having explained what the practitioner is intending to do.
- Palpation should only occur when appropriate privacy is ensured and the woman has given permission for other individuals (including visitors, family, clinicians and students) to be present.

REQUIREMENTS

- Sonicaid or CTG machine to identify the fetal heart rate.
- Aqueous gel
- Tape measure
- Tissues

PROCEDURE

- Attendant to wash hands or cleanse with alcoholic hand rub
- Explain procedure to client

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- Client should empty bladder
- Ensure privacy
- Position client in semi recumbent or dorsal position, arms loosely by sides. Be alert for supine hypotension (a wedge may be used under the right buttock if the size of the uterus is likely to compromise maternal/fetal circulation).

Inspection- noting

- The size and shape of the abdomen
- Contour of the abdominal walls
- Skin changes- e.g. striae gravidarum
- Presence of scars
- Muscle tone
- Fetal movements

Palpation- To be performed gently with warm hands, not during a contraction. Note

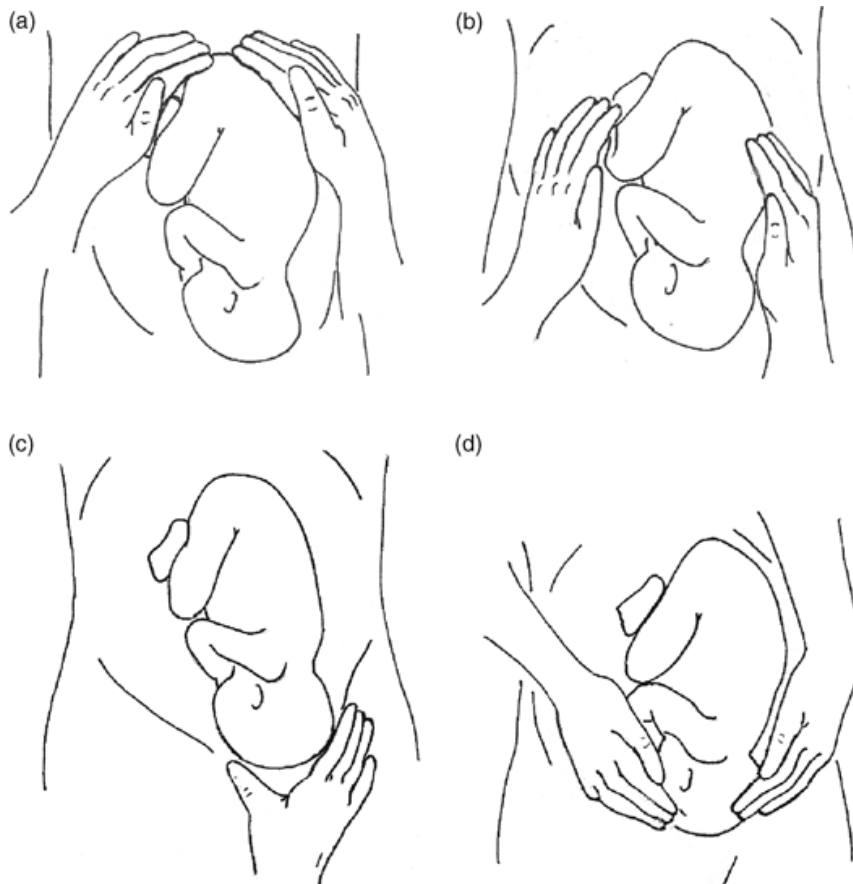
- Fundal height
 - A clinical estimate followed by a symphyso-fundal height using a tape measure. Documentation of fundal height is advised from 24/40 [4]
 - A combination of both methods (palpation/measuring) should be used
 - A consistent approach to measurement increases accuracy between clinicians [5]:
 - Palpate the fundus to identify the upper limit
 - Use the tape measure with the cm marks on the underside of the tape
 - Secure the tape at the top of the fundus with one hand
 - Measure from the top of the fundus to the top of the pubic symphysis
 - The tape measure should stay in contact with the skin.
 - Note the measurement. Do not repeat the measurement.
 - Document the fundal height in the medical records.
 - This measurement may vary depending on maternal size, the lie of the fetus, the volume of amniotic fluid, the descent of the head and the number of fetus' present
 - Fundal height measurement is of little value in a twin pregnancy.
 - Evidence to support fundal height assessment is limited but ultrasound should be arranged if slow or static growth is identified [6]. By convention, fundal height measurements that are more than 2cm below the equivalent gestation, in centimeters, may indicate a small for gestation fetus. In this setting further investigation by ultrasound is required [2]. Customised growth charts may be of value but have yet to be validated by randomised control trials. [6]
 - If the fundal height is >2cm below expected but the ultrasound shows normal growth, an obstetric opinion is advised to assess the need for follow up imaging.

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- Leopold's manoeuvres: This is a systematic approach to palpation that identifies the presentation, lie, position and engagement of the fetus:
 - a) Fundal palpation- to locate the upper pole of the fetus and note if cephalic or breech
 - b) Lateral palpation- to locate the fetal back, anterior shoulder and limbs
 - c) Pawlick's grip- to assess the presentation and station. This can be tender and some warning is appropriate. More relevant from 36/40 onwards.
 - d) Deep pelvic palpation (not performed if presenting part high and mobile or if known placenta praevia) - to assess the degree of mobility and flexion of the presenting part and the amount of presenting part above the brim of the pelvis. The clinician is turned facing the women's feet with the flats of the hands used to press into the suprapubic area. Again, this can be tender and may not be relevant before 36/40 [4].

Leopold's Manoeuvres [3]



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Auscultation

- Identify maternal pulse
- Locate the fetal heart. Note the rate, rhythm, character and location
- For twins, visualisation of two separate fetal heart beats with a portable ultrasound is recommended

Documentation

- Record the findings on all appropriate charts and report any abnormalities

Key Aligned Documents

The following Women's Health Clinical Practice Guidelines:

- Admission in Labour
- Antepartum Haemorrhage (APH)
- Breech Delivery (Vaginal)
- Normal Labour and Birth
- Twin Pregnancy (Antenatal and Intrapartum Care)

References

- [1] Baket PN (2006) *Obstetrics by Ten Teachers*, 18th Ed. Hodder Arnold London
- [2] Fundal Height: Measuring With a Tape Measure. [King Edward Memorial Hospital Clinical Practice Guideline. Oct 2016](#)
- [3] Christian Gerhard Leopold (1894) Die Leitung der regelmäßigen Geburt nur durch äußere Untersuchung. Arch Gynäkol 45: 337–368
- [4] [NICE. \(2017\) Antenatal care for uncomplicated pregnancies. CG 62](#)
- [5] [Fetal Growth – Fundal Height Measurement](#). The Perinatal Institute. www.perinatal.org.uk 2018.
- [6] [The Investigation and Management of the Small for Gestational Age Fetus. RCOG Green Top Guideline No.31. January 2014](#)

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