Notes on Obstetric Examination

GENERAL EXAMINATION
- BP, pulse temperature and urinalysis
- Head and neck
  - Face: pregnant chloasma – brown patches on forehead and cheeks (normal)
  - Nose: congestion
  - Mouth and eyes: anaemia and jaundice
  - Thyroid: symmetrical enlargement normal in pregnancy

ABDOMINAL EXAMINATION
- Patient comfortable lying flat

Inspection:
- Distension: including (a)symmetry or foetal movements
- Scars: especially previous lower segment transverse / longitudinal c-section or laparascopic around umbilicus.
- Skin changes:
  - Linea nigra – dark line from just below xipi sternum to supra pubic region
  - Striae Gravidarum – old – silver / white – indicate previous pregnancy
  - Striae albicans - old – silver / white – indicate previous pregnancy
  - Umbilicus – flat or everted as increased intra abdominal pressure
  - Superficial veins – altered path of venous drainage due to pressure on IVC by uterus
  - Excoriations – due to obstetric cholestasis

Palpation:
- Uterus
  - Size: symphyseal - fundal height
    - Upper margin of the bony pubic symphysis → fundus (move down from xipi sternum)
    - Measure with a tape measure
    - Should be approximately the gestation from 20 weeks ± 2cm until 36cm, & ±3cm from 36cm.
      - ↑ size late on due to increased foetal size, increased amniotic fluid, no foetal descent
      - ↓ size late on due to reduction in amniotic fluid or descent of foetal head
    - at 20 weeks fundus should be ~ at umbilicus

Lie
- relationship of longitudinal axis of foetus to longitudinal axis of uterus
  - Longitudinal (LOP, LOA, LOL, ROP, ROA, ROL) – cephalic (head 1st) or breach (buttoks 1st)
  - Transverse – longitudinal axis of foetus is across the horizontal axis of the uterus
  - Oblique – head or breach is in one of the iliac fossas

- Face the woman and place one hand each side of the uterus and apply gentle pressure
  - One side feels firm and is the back, the other side may be able to feel limbs
  - Walk hands up the side of the abdomen until you feel the back

Presentation
- Important after 37 weeks when women is likely to deliver
- Put both hands on lower pole of uterus while facing women’s feet
  - Watch mothers face for discomfort – be gentle as possible
- Move hands towards the midline to ascertain the presenting part
  - Round part suggests cephalic presentation
  - Broader soft object suggests breech presentation
If cephalic state number of 1/5 palpable
  - Number of finger breadths needed to cover foetal head above pelvic brim
If the head engaged
  - If hands converge above the pelvis then the head is not engaged
  - If hands diverge it suggests head is engaged (more than half head is in the pelvis)

Ausultation
- Find the back and place the sonicaid just behind the anterior shoulder
- Should be 110-150 bpm
- Feel the mother pulse at the same time

PRESENTING YOUR FINDINGS:
“This is a pregnant lady who appears to be generally well, not in any distress or pain. On inspection of
the abdomen it appears distended which is consistent with (an advanced stage of) pregnancy. There is
/isn’t evidence of linea nigra, scarring or striae, excoriations and / or superficial veins, and the
umbilicus is everted / flat.
On palpation the symphysis fundal height is Xcm (which is consistent with gestation), the lie is
longitudinal / transverse / oblique with cephalic / breech presentation in the LOA/P / ROA/P position.
The head is / is not engaged and X/5 palpable. On auscultation the foetal heart beat is audible at X
bpm.”

Please Note
These notes were compiled by Mona Zaky as a medical student in 2007. They are presented in good faith and every effort has been taken to ensure their accuracy. Nevertheless, medical practice changes over time and it is always important to check the information with your clinical teachers and with other reliable sources. Disclaimer: no responsibility can be taken by either the author or publisher for any loss, damage or injury occasioned to any person acting or refraining from action as a result of this information.

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