Pregnant Abdomen Examination

Introduction

- **W**ash hands, **I**ntroduce self, ask **P**atients name & DOB & what they like to be called, **E**xplain examination and get consent
- Expose patient's abdomen, lying at 15˚
- Be chatty throughout: congratulate patient and ask how it's going so far. Ask if they have thought of a name.

General Inspection

- **General:** stable, comfortable, breathlessness, pallor
- **Pulse rate**
- **Head and neck:** chloasma, anaemia/ jaundice in eyes, nasal congestion, facial oedema
- **Legs and feet:** swelling, oedema and varicose veins

Abdominal Inspection

- **Distension**
- **Fetal movements**
- **Scars** (especially previous lower segment transverse/ longitudinal (c-section) or laparoscopic around umbilicus (ectopic))
- **Skin changes**
    - **Linea nigra:** dark line from umbilicus (/xiphi sternum) to supra pubic region
    - **Striae gravidarum**: purplish striae of no clinical significance
    - **Striae albicans**: old silvery-white striae (parity)
    - **Excoriations** (obstetric cholestasis)
    - **Distended superficial veins** (inc IVC pressure due to gravid uterus)
    - **Umbilicus eversion** (eversion due to inc abdominal pressure)
- **Cough for hernias**

Abdominal Palpation

Warm hands first, ask if there's any pain and always watch mums face

1. **Fundal height:** use the ulnar edge of your left hand to press down in a stepwise fashion from xiphisternum downwards to find fundus (first bit of resistance), then measure from there to the pubic symphysis (find by palpating down from few cm above pubic hairline) with tape. Measure on inches side then turn over for cm reading (to eliminate bias).
   Measurement should be approximately the same as the gestation from 20 weeks onwards (± 2cm until 36cm, and ±3cm from 36cm as may engage after). Uterus should be palpable after 12 weeks, at 22 weeks fundus should be near umbilicus and at 36weeks near xiphisternum.
   (↑ expected= macrosomia, polyhydramnios, multiple pregnancy, wrong dates, fibroids; ↓ expected= intrauterine growth retardation, oligohydramnios, small baby)
2. **Lie:** face the woman's head and place hands each side of top pole of the uterus and apply gentle pressure. Walk hands down the sides of the abdomen using your palms and all 4 fingers (One side feels firm and is the back, and on the other side you may be able to feel limbs). You can support each side in turn and push everything up against it with other hand to help. You can also feel around and on top for parts - the head should be ballotable.
   (Back to which side? Orientation? Longitudinal= cephalic or breach; transverse; oblique. Single or multiple fetuses)
3. **Presentation** (important over 37 weeks when woman may be likely to deliver)**:**
    a. Put hands on each ASIS while facing women's feet (watch mothers face for discomfort & be gentle as possible) and push hands in moving towards the midline to ascertain the presenting part (round part suggests cephalic presentation; broader soft object suggests breech presentation).
    b. **Engagement:** note how many 1/5ths of the head are palpable. See if your hands can come together below head (unengaged) or hands remain separate (engaged). Ballot head. Some people do a finger pinch of the head from below to assess but it is not recommended because it is very painful ("engaged"= largest diameter is inside pelvis)
4. **Liquor volume:** feel around and ballot fluid to see the approximate quantity (oligohydramnios; polyhydramnios)

Auscultation of fetal HR

- Find the back of fetus and place the sonicaid just behind the anterior shoulder (ROUGHLY= half way between umbilicus and ASIS on the side of the back - try both if unsure). Feel mother's pulse at the same time. Baby's should be 110-160 bpm. Heard >24w. Measure for 1min.

To Complete exam

- Thank patient and cover them
- "To complete my exam, I would measure blood pressure and dipstick the urine"
- Summarise and suggest further investigations you would do after a full history