



## Checklist for Abdominal Examination

S.No.	Task	Cases				
		1	2	3	4	5
1.	<b>Foetal Lie and Presentation (32 Weeks Onwards)</b>					
	Now ask the woman to flex her knees					
a.	<b>Carry out fundal palpation/grip</b> <ul style="list-style-type: none"> <li>Place both hands on the sides of the fundus to determine which part of the foetus is occupying the uterine fundus (the foetal head feels hard and globular, whereas the buttocks (breech) feel soft and irregular.</li> </ul>					
b.	<b>Carry out lateral palpation/grip</b> <ul style="list-style-type: none"> <li>Place your hands either side of the uterus at the level of the umbilicus and apply gentle pressure. The foetal back feels like a continuous hard, flat surface on one side of the midline, while the limbs feel like irregular small knobs on the other side.</li> <li>In a transverse lie, the baby's back is felt across the abdomen and the pelvic grip is empty.</li> </ul>					
c.	<b>Carry out superficial pelvic grip</b> <ul style="list-style-type: none"> <li>Spread your right hand widely over the symphysis pubis, with the ulnar border of the hand touching the symphysis pubis.</li> <li>Try to approximate the fingers and thumb, by putting gentle but deep pressure over the lower part of the uterus. The presenting part can be felt between the thumb and four fingers. Determine whether it is the head of breech (the head will feel hard and globular, and the breech soft and irregular).</li> <li>If the presenting part is the head, try to move it from side to side. If it cannot be moved, it is engaged.</li> <li>If neither the head, nor the buttocks are felt on the superficial pelvic grip, the baby is lying transverse. This is an abnormal lie. Refer the woman to an FRU in the third trimester.</li> </ul>					
d.	<b>Carry out deep pelvic grip (only in 3<sup>rd</sup> trimester)</b> <ul style="list-style-type: none"> <li>To perform this grip, face the foot end of the bed.</li> <li>Place the palms of your hands on the sides of the uterus, with the fingers held close together, pointing downwards and inwards, and palpate to recognize the presenting part.</li> <li>If the presenting part is the head (feels like a firm, round mass, which is ballotable, unless engaged), this manoeuvre, in experienced hands, will also be able to tell us about its flexion.</li> <li>If the fingers diverge below the presenting part it indicates engagement of the presenting part. If the fingers converge below the presenting part it indicates that the presenting part has not</li> </ul>					

		<p>engaged.</p> <ul style="list-style-type: none"> <li>• If the woman cannot relax her muscles, tell her to flex her legs slightly and to breathe deeply. Palpate in between the deep breaths.</li> <li>• Feel to assess if there is more than one baby.</li> </ul>					
			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>2</b>		<b>Foetal Heart Rate (FHR)</b>					
		<b>Note:</b> Check after 24 weeks.					
	<b>a.</b>	<ul style="list-style-type: none"> <li>• Place the foetoscope/bell of the stethoscope on the side of the uterus where the foetal back is felt (foetal heart sounds are best heard midway between the umbilicus and anterior superior iliac spine in the vertex and at the level of the umbilicus, or just above it in the breech).</li> <li>• Count the foetal heart sounds for one full minute. This is the FHR.</li> </ul>					
	<b>b.</b>	<ul style="list-style-type: none"> <li>• Record all your findings on the Mother and Child Protection Card and discuss them with the woman.</li> </ul>					

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