WHERE CLASSICAL WISDOM MEETS INTELLIGENT LEARNING

14c. Part 2. Per abdomen - Obstetric Abdominal Examination

Obstetric Abdominal Examination: An OSCE-Ready, Step-by-Step Guide

Aim and scope

A practical, systematic approach to examining the pregnant abdomen—covering preparation, positioning, inspection, palpation (lie, presentation, engagement), symphyseal-fundal height (SFH), fetal heart localisation, and safe completion.

Equipment

- · Measuring tape
- Pinard stethoscope (or Doppler)

Before you begin

- Hand hygiene & PPE; introduce yourself and confirm identity.
- Explain: "I'll look at and feel your tummy and take some measurements; it shouldn't be painful—tell me to stop anytime."
- Chaperone: offer and proceed with consent.
- **Position**: start semi-recumbent (30-45°); **offer to pass urine** first; **ask about pain** and proceed gently. **Expose** from xiphisternum to pubic symphysis, preserving dignity.

General inspection (at the end of the bed)

Look for overall comfort/pain, surgical **scars** (e.g., Pfannenstiel), **pallor**, **jaundice** (think obstetric cholestasis), and **oedema** (local vs widespread—if face/hands/legs are involved, consider pre-eclampsia). Scan the area for **charts** (vitals, fluids) and medications that hint at current issues.

Hands & pulse

- Colour, oedema, palmar erythema; assess temperature (perfusion) and capillary refill time (<2 s normal).
- Radial pulse: rate/rhythm; expect a slightly higher baseline HR in pregnancy (often 80-90 bpm).

Face

Check for jaundice, melasma, facial oedema, and conjunctival pallor (anaemia).

Safe positioning and why it matters

- Early pregnancy: supine with slight head elevation (15-30°).
- Late pregnancy: left-lateral tilt (~15°) to avoid aortocaval compression (syncope, hypotension, fetal compromise).

[©] Ayurvite Wellness Pvt Ltd. All rights reserved. This PDF is for personal use only Unauthorized reproduction, distribution, or commercial use is strictly prohibited.



WHERE CLASSICAL WISDOM MEETS INTELLIGENT LEARNING

Abdominal inspection

Expose from xiphisternum to pubis and note:

- Abdominal shape (first clue to fetal lie) and visible fetal movements (typically ≥24 weeks).
- Scars, linea nigra, striae gravidarum (reddish) and striae albicans (silvery, mature).

Abdominal palpation (start with tenderness check)

1) Light screen palpation

Briefly palpate the nine regions to identify non-obstetric tenderness/masses (e.g., appendicitis).

2) Define the uterus

Trace the **upper and lateral borders**; typical fundal level landmarks:

- 12 wk: at the pubic symphysis
- 20 wk: at the umbilicus
- 36 wk: near the xiphoid process

3) Determine fetal lie (sides of uterus)

Facing the patient, place hands on each side: a smooth, firm "back" on one side; limbs on the other.

• Longitudinal (normal), oblique, or transverse lie.

4) Identify presentation (lower pole)

Hands just above the pubic symphysis, apply firm, medial pressure:

- Cephalic: hard, round, ballotable head.
- Breech: broader, softer, less defined. Warn this may be briefly uncomfortable.

5) Assess engagement (late pregnancy)

Divide the head into "fifths" palpable abdominally:

• **5/5** palpable = not engaged; **0/5** palpable = fully engaged.

Measuring Symphyseal-Fundal Height (SFH)

From upper pubic symphysis to fundus in cm: after 20 weeks, SFH ≈ gestational age ± 2 cm.

Tips: locate fundus with the ulnar border of your hand; keep the tape face down to avoid bias; record the value.

Locating the fetal heartbeat (Pinard/Doppler)

- Use your lie/presentation findings to **aim over the fetal back** (between the shoulders).
- Palpate maternal radial pulse simultaneously to avoid mistaking uterine flow for fetal heart.
- With a Pinard, apply **gentle** pressure for a good seal; too much is uncomfortable, too little is inaudible.

[©] Ayurvite Wellness Pvt Ltd. All rights reserved. This PDF is for personal use only Unauthorized reproduction, distribution, or commercial use is strictly prohibited.



WHERE CLASSICAL WISDOM MEETS INTELLIGENT LEARNING

To complete the examination

- Explain you've finished; thank the patient; PPE off; hand hygiene.
- Summarise: lie, presentation, engagement, SFH, fetal heart (if assessed).
- **Next steps if needed**: blood pressure and **urinalysis** (proteinuria) for pre-eclampsia screen, ultrasound (position/well-being), speculum if bleeding/PPROM, plus weight/height as indicated.

Red flags you shouldn't miss

- Aortocaval symptoms when supine (reposition immediately).
- Widespread oedema, hypertension, or proteinuria → suspect pre-eclampsia.
- Jaundice with pruritus (palms/soles) → consider obstetric cholestasis.
- **Abdominal tenderness** out of proportion to exam or **vaginal bleeding** → urgent obstetric review.

OSCE talk-through (concise template)

"I examined a comfortable, late-third-trimester patient with no facial or peripheral oedema. Abdomen showed linea nigra and healed Pfannenstiel scar. Uterus was palpable to the xiphisternum; lie **longitudinal**; **cephalic** presentation; head **3/5** palpable (part-engaged). **SFH 36 cm**, correlating with gestation. Findings are consistent with a normal obstetric abdominal exam. I'd complete by checking **BP/urine** for protein and confirm **fetal heart** and position with **ultrasound** if required."

Quick checklist (memorise)

- Hygiene, intro, consent, **chaperone**, pain, bladder empty, exposure.
- General look: scars, pallor/jaundice, oedema; hands/CRT/pulse; face.
- **Position** (left-lateral tilt in late pregnancy).
- Inspect abdomen (shape, movements, linea/striae).
- Palpate: screen abdomen \rightarrow define uterus \rightarrow **lie** \rightarrow **presentation** \rightarrow **engagement**.
- **SFH** (cm ≈ weeks ± 2).
- **Fetal heart** over the back; distinguish from maternal pulse.
- Close; summary; targeted investigations.

Adapted for teaching from the Geeky Medics Obstetric Abdominal Examination OSCE Guide.

[©] Ayurvite Wellness Pvt Ltd. All rights reserved. This PDF is for personal use only Unauthorized reproduction, distribution, or commercial use is strictly prohibited.