

A decorative floral pattern in a light red color is located on the right side of the slide. It features several stylized flowers of various sizes and shapes, along with swirling vine-like motifs. The pattern is semi-transparent and blends into the background.

ABDOMINAL EXAMINATION DURING PREGNANCY

Introduction

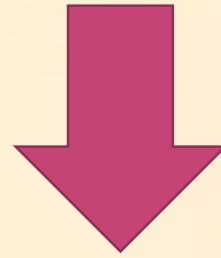
- Abdominal examination is a visual, tactile, and/or audible examination of the woman's abdomen during pregnancy.
- Abdominal examination is carried out from 25 weeks of gestation.

Objective of abdominal examination during pregnancy

1. Confirm pregnancy.
2. Estimate the gestational period.
3. Determine presentation, lie, position, attitude, and engagement of the presenting part.
4. Assess fetal wellbeing by checking fetal movement and fetal heart sounds.
5. Detect any deviation from normal.

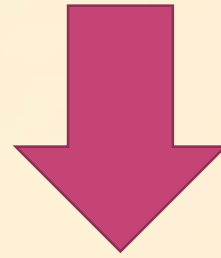
Equipment used in abdominal examination

1-Tape measure



Cont. Equipment

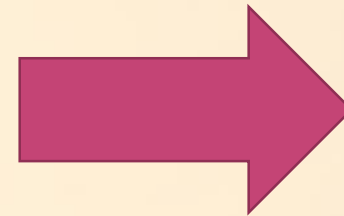
2- Pinard fetoscop or sonic fetal heart sound device



Cont. Equipment

3- Client record

4- watch



*Method of abdominal
examination*

Inspection

Palpation

Auscultation

Inspection

Inspect woman's abdomen for:

- 1. Size and shape of the uterus.**
- 2. Fetal movement.**
- 3. Skin changes such as (Linea negra, Steria gravidirum, and Previous scar of any operation& edema).**

Cont. Inspection

❑ **Linea negra:** it is Dark brown line extend from the umbilicus to symphysis pubis.



Cont. Inspection

- ❑ **Stria gravidarum** : it is Stretching marks in the skin around the umbilicus.



Palpation

(A) Fundal level

- To determine the height of the fundus of the uterus should be Place the ulnar border of the left hand just below the xiphisternum and move it down the abdomen to determine the height of the fundus



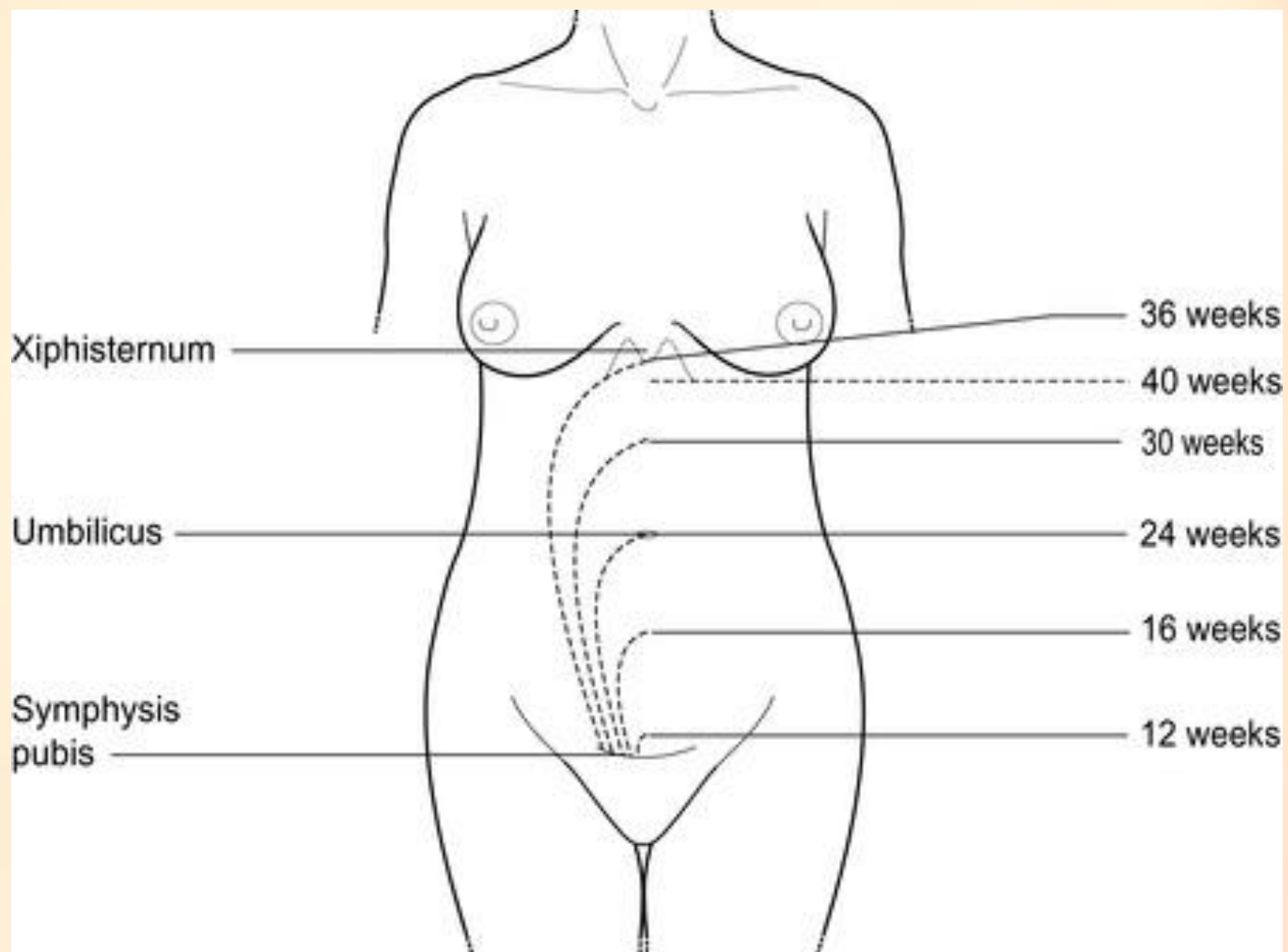
Fig. 8.5: To note the height of the uterus. Linea nigra and striae gravidarum are also visible

Cont.

Palpation

(A) Fundal level

- **Estimate the period of gestation by using one of this method:**
 1. Anatomical landmarks, i.e (symphysis pubis, umbilicus, and xiphisternum) and measure the number of fingers which can fit between the fundus and the nearest landmark in which every one finger equal one week.



Cont.

Palpation

(A) Fundal level

- **Estimate the period of gestation by using one of this method:**
 2. Measure the distance from the symphysis pubis to the fundus by using a tape measure, it's measure on inches then turn over for(cm) reading(**To eliminate bias**).
- The length in Cm roughly corresponds to how far along the woman is in weeks; **for example 36cm equals 36 weeks.**



Cont.

Palpation

**(B) fourth maneuver
(Grips)**

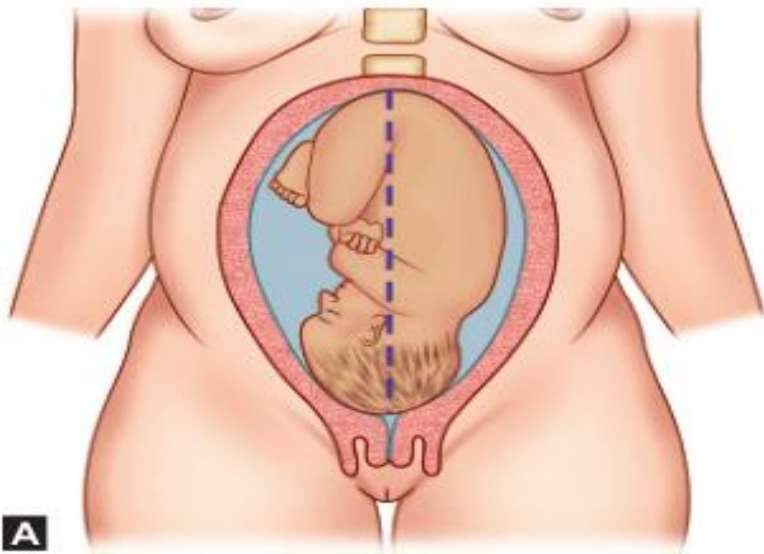
- **fundal grip(first maneuver):**
 - Facing the woman's head, place both hands with fingers closed together on the fundus.



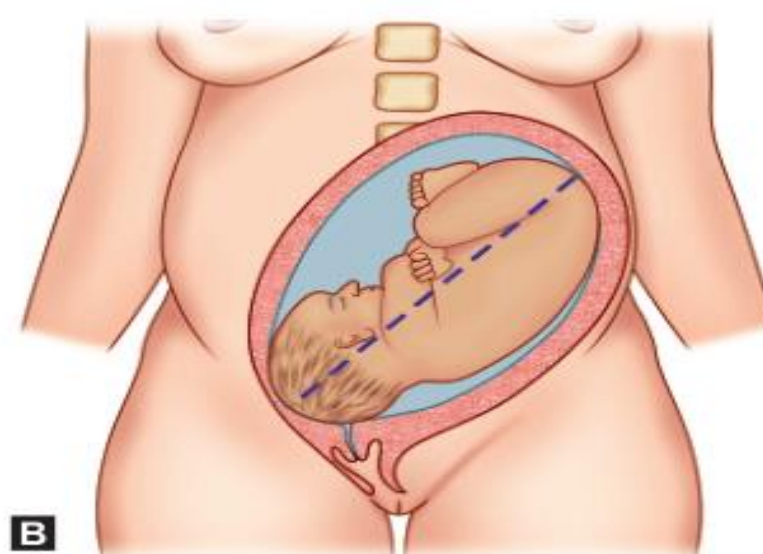
Cont.
Palpation

- **Fundal grip helps to determine:**

(1) **Fetal Lie** :Relationship between long axis of the mother to long axis of the fetus. (longitudinal ,transverse ,oblique)

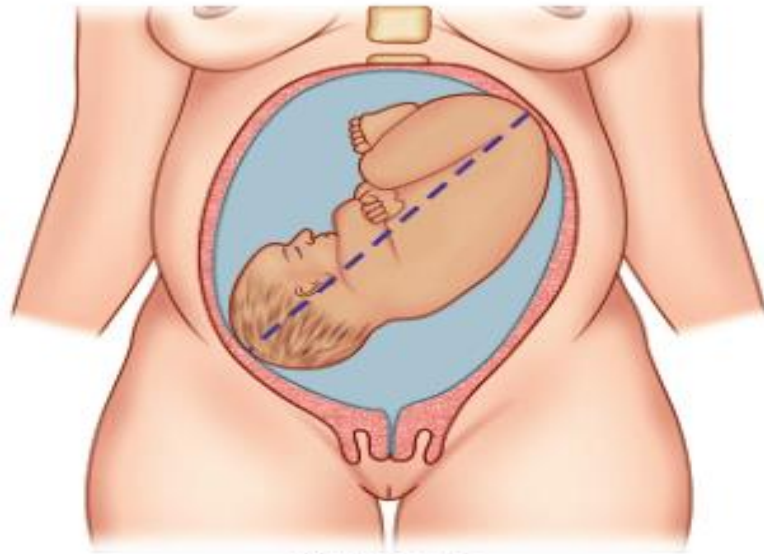


A

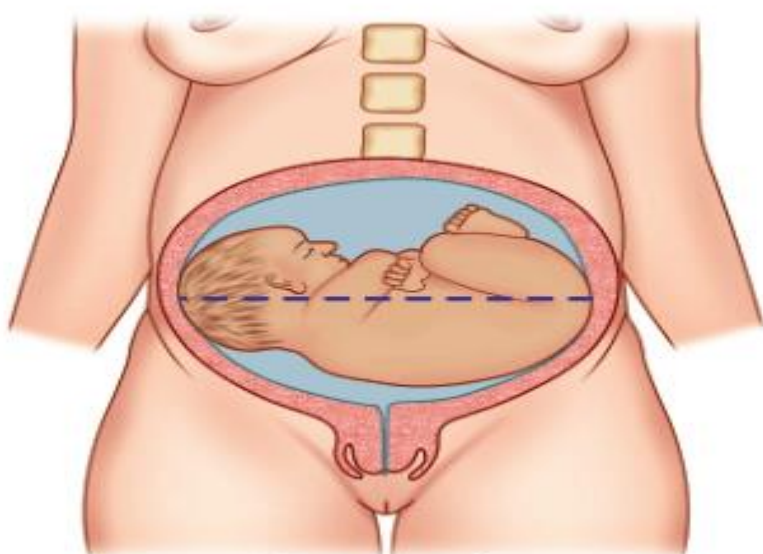


B

Longitudinal lie



Oblique lie

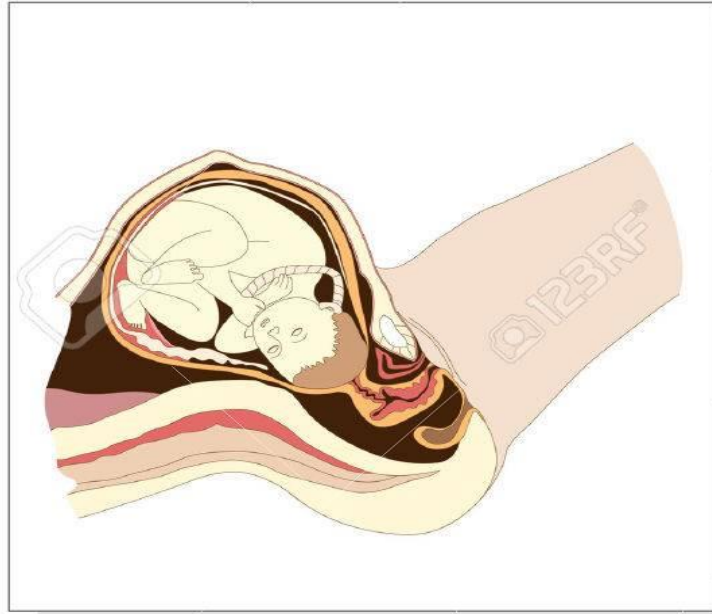


Transverse lie

Cont.
Palpation

(2) **Fetal presentation** :Refer to which anatomical part of the fetus is close to the pelvic inlet of the birth canal (breech or cephalic) .

VARIATION IN FETAL PRESENTATION



Cephalic presentation



Breech presentation

Cont.

Palpation

**(B) fourth maneuver
(Grips)**

- **lateral grip(second maneuver):**
 - Facing the woman's head, Put palms of the hands on both sides of the uterus to locate the fetal back and limbs; Use one hand to steady the uterus and locate the back



Cont. *Palpation*

- **Lateral grip helps to determine:**
 - (1) Fetal position :**
 - The relationship of the part of the fetus that presents in the pelvis to the four quadrants of the maternal pelvis, identified by initial **L** (left), **R** (right), **A** (anterior), and **P** (posterior).
 - The presenting part is also identified by initial **O** (occiput), and **S** (sacrum).

Fetal position in cephalic presentation

Right Occiput Anterior (ROA)



Left Occiput Anterior (LOA)



Right Occiput Posterior (ROP)



Left Occiput Posterior (LOP)



Cont.

Palpation

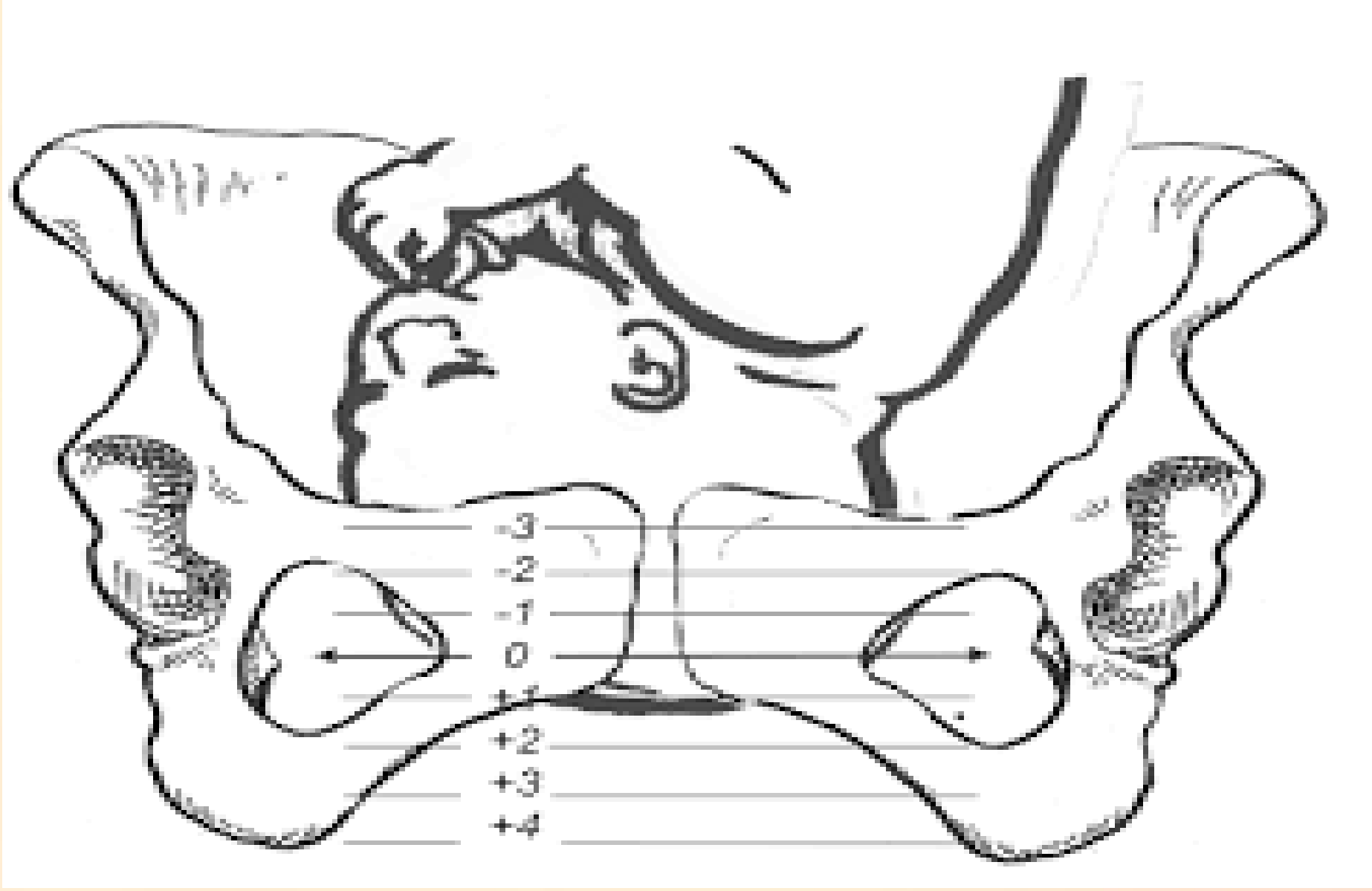
**(B) fourth maneuver
(Grips)**

- **The first pelvic or pawlic grip(third maneuver):**
 - Facing the woman's head, use the right hand to grasp the lower part of the uterus between the thumb and fingers.



Cont.
Palpation

- **Pawlic grip helps to determine:**
 - (1) The engagement of the presenting part :** The descent of the largest diameter of the fetal head through the maternal pelvic inlet.



Cont.

Palpation

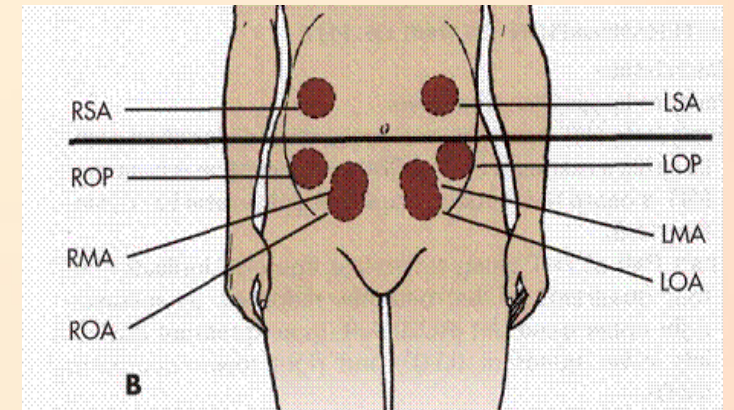
**(B) fourth maneuver
(Grips)**

- **The second pelvic grip(fourth maneuver):**
 - Facing the woman's feet, place both hands with fingers close together and pointing downwards below the umbilicus to determine the presenting part.



Auscultation

- Place Pinard fetoscop or fetal monitoring device on abdomen on the predetermined side on anterior shoulder.



- Place your ear in close & firm contact with Pinard fetoscop.

- Remove hands from fetal stethoscope and listen to fetal heart for a full minute.
- Feel the woman pulse at wrist to ensure that fetal heart tones and not maternal pulse are being measured.



post procedure care

1. Drape the exposed abdomen
2. Help the woman to get down from the table.
3. Return equipment
4. wash hands
5. Share your findings with the woman
6. Record findings and woman's reaction

Thank You...

