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Antenatal Assessment and Investigations

Midwifery & Obstetrical Nursing

Maternal assessment, fundal height measurement, abdominal palpation, Leopold's manoeuvres, fetal heart rate assessment, laboratory investigations, ultrasound and high-risk screening.

For educational purposes only.

CHAPTER 07 / MIDWIFERY AND OBSTETRICAL NURSING 07. Antenatal Assessment and Investigations

1. Maternal assessment

Verify identity and consent, obtain history and gestation, check BP with suitable cuff, pulse, temperature when indicated, weight/BMI context, pallor, oedema, symptoms and overall condition. Assess nutrition, anaemia, medication and mental health, previous obstetric risk. Sudden severe symptoms require assessment before routine examination.

2. Fundal height and abdominal palpation

Symphysis-fundal height measured in centimetres from upper pubic symphysis to uterine fundus with nonstretch tape and consistent technique, commonly serially after about 24 weeks, with interpretation according to growth chart and clinical context. Around 20 weeks fundus often near umbilicus; after midpregnancy cm tends to approximate weeks in singleton gestation, but obesity, multiple pregnancy, fibroids, fluid and fetal lie affect measurement. A discrepancy or poor interval growth warrants evaluation, not diagnosis by tape alone.

3. Leopold's four manoeuvres

1. 1. Fundal grip: identify fetal pole in fundus (head or breech).
2. 2. Lateral/umbilical grip: locate smooth fetal back and small parts to assess lie/position.
3. 3. Pawlik's grip: assess presenting part above symphysis and mobility.
4. 4. Pelvic grip: face mother's feet, assess descent and flexion of presenting part.

Explain procedure, empty bladder if appropriate, position comfortably with slight lateral tilt as needed and warm hands, avoid painful pressure; trained examiner confirms uncertainty with

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ultrasound. Lie is relationship of fetal long axis to maternal axis; presentation is part entering pelvis; position describes presenting denominator relative to maternal pelvis; engagement means widest presenting diameter has passed inlet.

4. Fetal heart rate and movements

Use approved Doppler/fetoscope and distinguish fetal heart from maternal pulse; normal baseline commonly 110-160 bpm. Record rate, method, position and timing. Assess fetal movement pattern; reduced movements compared with baby's usual pattern warrant prompt maternity assessment, not waiting for next appointment or home Doppler reassurance.

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5. Investigations

Test	Purpose
Hb/CBC	Anaemia, platelet assessment as indicated
Blood group/Rh & antibody screen	Identify transfusion and alloimmunization risks
Urine protein/glucose and urine testing	Hypertension-related proteinuria, infection and other evaluation
GDM screening	Glucose testing per national/local recommended timing and method
HIV, syphilis, HBsAg and others	Detect infections for maternal care/transmission prevention per approved policy and consent
Ultrasound	Dating (early), fetal anatomy, placental location, growth and high-risk evaluation as indicated
Other tests	Thyroid, renal/liver, coagulation, cultures or genetic screening based on protocol/risk

6. Nursing responsibilities

Explain purpose/limitations, obtain appropriate consent, maintain privacy, collect labelled specimens, verify results and notify abnormalities. Document growth trend, BP, fetal findings and risk category; arrange high-risk referral and ensure follow-up. Avoid unnecessary invasive exams.

7. Important Examination Questions

Long Answer Questions

1. 1. Describe antenatal examination and Leopold's manoeuvres with nursing responsibilities.

Short Answer Questions

1. 1. Explain fundal height
2. 2. describe fetal heart assessment
3. 3. list ANC investigations.

Very Short Answer Questions (with answers)

1. 1. Normal fetal baseline heart rate? - 110-160/min.
2. 2. What is presentation? - Fetal part entering pelvis.

8. Quick Revision

- Use trends, not isolated fundal height.
- Reduced fetal movements warrant assessment.
- Verify maternal and fetal heart rates separately.

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9. Conclusion

Use trends, not isolated fundal height. Reduced fetal movements warrant assessment. Verify maternal and fetal heart rates separately.

Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. Which Leopold manoeuvre identifies the fetal pole in the uterine fundus?

A. Lateral grip
B. Fundal grip
C. Pawlik's grip
D. Pelvic grip

2. What does fetal lie describe?

A. The part of the fetus entering the pelvis
B. The presenting denominator relative to the pelvis
C. The relationship of fetal and maternal long axes
D. The distance of the fundus from the symphysis

3. What should follow a report of reduced movements compared with the baby's usual pattern?

A. Waiting until the next routine appointment
B. Reassurance from a home Doppler alone
C. Ignoring the change if fundal height was previously normal
D. Prompt maternity assessment

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Answer key and explanations

1. B - Fundal grip

The fundal grip identifies whether the head or breech is in the fundus.

2. C - The relationship of fetal and maternal long axes

Lie describes the relationship between the fetal and maternal long axes.

3. D - Prompt maternity assessment

A change from the usual movement pattern warrants prompt assessment.

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