

Abdominal Assessment

Label: AA6

Date xx/xx/xxxx

Gravida/ Parity	2: 1
Indication	<i>Examples include:</i> <ul style="list-style-type: none"> • Application of a CTG • To assess fetal growth and wellbeing • Prior to a vaginal examination
Inspection (size, Shape, skin changes)	Size: Appropriate for gestation (if not then describe in the midwifery management what the plan is) Small gestation age (SGA) or Larger gestational age (LGA) Shape: Round/Oval Skin Changes: Linea nigra/Striae gravidarum/Hair growth/Trauma
Presentation	Cephalic/Breech/Shoulder (consider gestation)
Fundal Height	Measure if greater than 24 weeks, record in cms
Lie	Longitudinal/Oblique/Transverse
Position	Cephalic: Left/Right occipitoanterior (LOA or ROA) OR Left/Right occipitotransverse (LOT or ROT) (interchangeable with Left/Right occipitolateral) OR Left/Right occipitoposterior (LOP or ROP) Breech: Left/Right sacrolateral
Fifths above the brim	1/5, 2/5, 3/5, 4/5, 5/5 (You record how much of the presenting part is felt)
Uterine tone	<ul style="list-style-type: none"> • Soft/Firm • If contracting, state the tone during and post contraction.
Fetal movements	<ul style="list-style-type: none"> • Assessment of fetal movements • Discuss the pattern felt by the woman, is it regular? Time of day? Strong movements? Reduction or other changes in FM (state management)
Amniotic fluid volume	<ul style="list-style-type: none"> • Increased- Polyhydramnios- difficult to determine fetal parts • Reduced- Oligohydramnios. Fetal parts easily identified/ palpated. • Normal/ appropriate for gestation
Gestation	Record gestation in weeks and days

Auscultation of the Fetal Heart

- CTG interpretation if available (accelerations, variability, decelerations, baseline, uterine tone)
- FHR via doppler: 150bpm. Auscultation present, no decelerations auscultated
- Pinards
- *Note maternal HR*

Midwifery Management:

- Document any discussions, interventions, management etc

Or are there any investigations required following the abdominal assessment, for example:

- Growth scan: state this management here and the rationale behind.
- Decrease in fetal movements taken to women's assessment for further management. CTG application.
- Signature and designation of the supervising midwife or doctor. Date of signature and date of the episode of care must match (*retrospectively signed records will not be counted*).

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