OSCE checklist for Leopold's manoeuvres

An OSCE checklist for Leopold's manoeuvres covers asking the woman to empty her bladder, explaining and positioning her, then using four grips to find the fetal lie, presentation, position and engagement, before checking the fetal heart.

OSCE checklist for Leopold's manoeuvres: steps to practise

1. Wash your hands, introduce yourself, confirm identity, explain the examination, obtain consent and offer a chaperone.
2. Ask the woman to empty her bladder, then help her lie semi-reclined with her knees slightly bent, not flat on her back for long, with her abdomen uncovered, privacy and warm hands.
3. Look at the abdomen for the size and shape, scars, stretch marks and fetal movements, and ask her to say if anything hurts.
4. First manoeuvre (fundal grip): face the woman's head, use both hands to feel the top of the uterus and find which part of the baby is there, such as the soft buttocks or the firm round head.
5. Second manoeuvre (lateral grips): move your hands down the sides and feel for the smooth firm back on one side and the small parts on the other.
6. Third manoeuvre (pelvic grip): gently grasp the lower uterus just above the symphysis pubis with one hand to find whether the presenting part is the head or the breech, and whether it moves freely.
7. Fourth manoeuvre (deep pelvic grip): face the woman's feet and slide your fingertips towards the pelvis to feel how much of the head is in the pelvis, recorded as fifths palpable.
8. Listen to the fetal heart with a Pinard stethoscope or Doppler over the fetal shoulder, and feel the mother's pulse at the same time so you count the baby's heart, not hers.
9. Help the woman sit up, wash your hands and explain what you found in simple words.
10. Record the lie, presentation, position, engagement and fetal heart rate, and report at once a heart rate outside the normal range, a lie that is not longitudinal near term, pain, a hard tender uterus or vaginal bleeding.

What candidates commonly forget

- Not emptying the bladder first
- Leaving the woman flat on her back for too long
- Using cold hands or pressing too hard
- Not facing the correct direction for each grip
- Not feeling the mother's pulse while listening to the fetal heart

Local policy comes first

This is our own practice checklist. Your college, hospital or country may do some steps differently. Where local policy and this list disagree, follow local policy.

Practise the hands-on steps with a classmate or in a skills lab, because an AI patient cannot watch your technique. You can practise the talking part with an AI patient, and try one station free with no sign-up. Next, try Midwifery: Routine antenatal appointment at 34 weeks. Back to the OBG nursing OSCE page: OBG nursing OSCE, or see the full OSCE checklist list.

Common questions

What is the OSCE checklist for Leopold's manoeuvres?

Explain and get consent, empty the bladder, position semi-reclined, then fundal grip, lateral grips, pelvic grip and deep pelvic grip, listen to the fetal heart while feeling the mother's pulse, explain and record lie, presentation, position and engagement.

What do the four grips find?

Which part is at the top, where the back is, what is presenting at the pelvis and how deeply it has entered.

When should I stop and get help?

Be gentle and stop if it hurts. If there is vaginal bleeding, constant pain or a hard, tender uterus, stop and call the midwife or doctor at once.

Sources

- NICE NG201: antenatal care
- NMC: standards of proficiency for registered nurses

Checked 2026-11-13. Fees and rules change, so confirm them with the regulator before you book.