OSCE checklist for obstetric abdominal examination

An OSCE checklist for obstetric abdominal examination covers consent, positioning, inspection, measuring symphysis-fundal height, palpating lie, presentation and engagement, listening to the fetal heart and explaining the findings.

OSCE checklist for obstetric abdominal examination: steps to practise

1. Clean your hands, introduce yourself, confirm the patient's name and date of birth (and wristband if an inpatient), explain the examination and gain consent.
2. Ask the woman to empty her bladder, offer a chaperone and make sure of privacy. Expose the abdomen from just below the breasts to the top of the pubic bone, covering the rest.
3. Position her semi-reclined, not flat. If she feels faint or sick, tilt her onto her left side.
4. Ask about pain and tenderness before you touch, and use warm hands and a gentle approach.
5. Inspect the abdomen for size, shape, scars, striae, linea nigra and visible fetal movements.
6. Palpate the fundus with both hands to find its height and feel which part of the baby is there.
7. Measure the symphysis-fundal height with a paper tape, numbers facing down: start at the top of the fundus and measure to the top of the pubic bone. Read the value in centimetres and plot it on a growth chart if one is used.
8. Palpate down the sides of the uterus to find the back and the limbs, and so determine the lie.
9. Palpate gently above the pubic bone to find the presenting part, and assess how many fifths of the head are palpable above the pelvis.
10. Feel the woman's pulse while you listen to the fetal heart with a hand-held Doppler, or a Pinard later in pregnancy, so you know you are hearing the baby and not the mother. Count for a full minute.
11. Cover the woman, help her to sit up, thank her and clean your hands.
12. Summarise the lie, presentation, engagement, size for dates and fetal heart rate. Say you would document the findings and escalate to a senior or midwife if the size does not fit the dates, the fetal heart is abnormal or absent, or she reports reduced fetal movements, pain or bleeding.

What candidates commonly forget

- Not asking the woman to empty her bladder
- Leaving her lying flat, which can make her faint
- Measuring with the numbers on the tape facing up, which can bias the reading
- Not feeling the maternal pulse while listening to the fetal heart
- Not counting the fetal heart rate for a full minute
- Not saying the lie, presentation and engagement, or not saying when to escalate

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 obstetrics and gynaecology OSCE for MBBS students page: obstetrics and gynaecology OSCE for MBBS students, or see the full OSCE checklist list.

Common questions

What is the OSCE checklist for obstetric abdominal examination?

Introduce, consent, chaperone, position semi-reclined, inspect, palpate the fundus, measure symphysis-fundal height, palpate lie, presentation and engagement, auscultate the fetal heart while feeling the maternal pulse, thank the woman, summarise and escalate anything abnormal.

Why is symphysis-fundal height measured?

It helps check whether the baby is growing as expected for the dates. A measurement that does not fit the dates needs review, usually with an ultrasound scan, following local policy.

Why should she not lie flat?

In later pregnancy the womb can press on the large blood vessels when she lies flat, which can make her feel faint. Sit her semi-reclined, and tilt her to the left side if she feels unwell.

How is this different from the nursing Leopold's manoeuvres?

The grips are similar. A medical student also gives a summary and a plan, so say what you would do next.

Sources

- NICE NG201: antenatal care
- GMC: good medical practice

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