

### Obstetric palpation – Mark Scheme

Component	Mark (%)
<b>Initiation</b>	
Introduces self and explains status, checks patient id (name, DOB) explains the examination/procedures and gains consent. Washes hands using Ayliffe technique.	
Indicates/offers a chaperone	
Asks patient if she has emptied her bladder	
<b>Examination</b>	
Exposes patient from below breasts to top of symphysis pubis	
<p>Inspects the abdomen and comments on:</p> <ul style="list-style-type: none"> <li>• Scars</li> <li>• Striae gravidarum</li> <li>• Linea nigra</li> <li>• Fetal movements</li> <li>• Rashes</li> </ul>	
Demonstrates a fundal height measurement; uses landmarks of top of fundus and top of symphysis pubis; performs abdominal palpation to identify the fundus; measures longitudinal uterine axis without correcting to midline, measures only once, tape face down	
Gives correct fundal height in cm and checks with gestational age	
Palpates uterus using both hands using correct technique	
Comments on foetal lie, presentation, position and engagement	
Correctly identifies the lie and presentation. Foetal position is consistent with the lie and presentation	
Correctly identifies if the presenting part is engaged	
Auscultates the baby's heart over its shoulder (should be 120-140bpm) – checks maternal pulse to ensure not hearing transmission of maternal heart rate	
Offers a urinalysis (to check for proteinuria) and BP check	
<b>Generic Skills</b>	
Communication skills	
Minimises patient discomfort throughout	
Maintains patient dignity throughout – covers patient appropriately, explains as they go along ...	