SI	Steps	Yes( 🗸 )	No(X)	Remarks			
no.							
1	Informs mother about the procedure						
2	Asks mother to empty the bladder						
3	Positions mother and asks mother to loosen						
	clothing and reveal abdomen						
4	Provides privacy by pulling curtains						
5	Washes and dries handsand rubs to make						
	them warm						
Inspection							
6	Observes and records						
	size, shape, contour, level of						
	umbilicus,marks,scars and abdomen						
Measuring fundal height							
7	Faces the mother and informs her about						
	palpation process						
8	Asks mother to straight the knees						
9	Placing ulnar border of left hand on the						
	xyphisternum						
10	Walks down along the medial line gently but						
	firmly till the point of maximum resistance on						
	abdomen						
11	Puts palm edge on abdomen to mark location						
	of fundus						
12	Divide the area from umbilicus to						
	xyphisternum into equal three parts to assess						
	the period of gestation						
13	Determines the growth of fetus compare						
	with fundal height						
Palpation							
14	Ask mother to flex her knees slightly and						
	widely	•					
Fundal grip							
15	Palpates the fundus using the finger pads of						
10	both hands						
16	Identifies accurately the fetal part(buttock or						
	head)occupying the fundus	 					
17	Lateral gr	h Ih					
1/	Supports the opposite side while palpating the lateral part of uterus						
18	Identifies the fetal part(back or limbs)						
ΤÕ	occupying the left lateral side of uterus						
	correctly						
19	Identifies the fetal part(back or limbs)						
13	occupying the right lateral side of uterus						
	accurately						
		l in					
Pelvic grip First pelvic grip(superficial pelvic grip)							
20	Advices mother to take a deep breath and						
20	release it as palpation is done						
	I release it as paipation is done						

21	Spreads right hand widely over symphysis					
21	pubis with the ulnar border of the hand					
	•					
22	touching the symphysis pubis					
22	Determines presenting part (head or					
	breech).head will feel hard and					
	globular,breech soft and irregular					
23	If it is head ,try to move side to side ,if cannot					
_	be moved, it is engaged					
	Pawlick grip					
24	Places palms of the hands on the sides of the					
	uterus with the fingers held close					
	together, pointing downwards and inwards					
	and palpate to recognize the presenting part					
25	Feels presenting part, firm, round mass					
	suggestive of head, which is ballotable unless					
	engaged					
26	If the fingers diverge below the presenting					
	part it indicates engagement of presenting					
	part has not engaged					
	Auscultation of fetal h	eart rate(FHR	k)			
27	Correctly locates the area on abdomen for					
	auscultating fetal heart sounds. Place					
	foetoscope or bell of stethoscope on the side					
	of the uterus where fetal back is felt(FHS are					
	best heard midway between the umbilicus					
	and anterior superior iliac spine in the vertex					
	and at the level of the umbilicus or just above					
	it in breech )					
28	Count fetal heart sounds for full one minute					
29	Gives mother an option to hear fetal heart					
	beats					
30	Explains the findings and their implications to					
	mother					
31	(At the end of palpation), records: fetal					
	lie, presenting part, and location of heart					
	sounds					
32	Terminates the procedure					
				L		