ALGORITHM

"Abdominal circumference and uterine fundal height measurement. Calculation of estimated fetal weight and the estimated date of delivery"

1. Greet, present yourself, and confirm the patient’s details (the name and age), explain the main point and course of inspection and get verbal consent on realization.

2. Position: a woman is in supine position. Bladder should be empty.

3. Standing the right side from the patient by the index and middle finger of right hand palpate the top of the pubic bone, and put the 0 (zero) on the measuring tape (the beginning) right here. Holding the 0 (zero) on the tape at the top of the pubic bone lay a tape on the mother’s abdomen, follow the curve of her abdomen from the top of the pubic bone to the top of the uterine by the left hand define a number of centimeters that indicates the level of uterine fundal height (FH) above the pubis.

4. For determination of abdominal circumference (AC) take a measuring tape in left hand, ask a woman to lift up a pelvis. With the left hand start and intercept beginning of measuring tape behind the back of woman with the right hand. Put a tape on the middle of lumbar area. Ask a woman to lift down a pelvis. With the right hand put the beginning of tape at the umbilical level. Put a tape with the left hand so that parts of tape crossed, take away a right hand. The tape must lie on a middle distance between an iliac crista and lower edge of ribs. Look at a scale and define a number of centimeters that coincided with a zero mark of tape. It’s an abdominal circumference.

5. For determination of estimated fetal weight:
   - by Volsky’s formula: multiply FH on AC (FH x AC)
   - by Yakubova’s formula: add FH and AC, divide a result into 4 and multiply on 100. (FH+AC) / 4 x 100.

6. For determination of the estimated date of delivery:
   - by Negele’s rule: from the date of 1 day of last menstrual period count back 3 calendar mounts and add 7 days.
   - by WHO: from the date of 1 day of last menstrual period deduct 3 calendar months.

7. Inform the patient about the results of examination.
8. Fill in the case history.
9. Interpret the obtained results.