

NURSING 201 - NURSING CARE OF SPECIAL POPULATIONS

LEOPOLD MANEUVERS

The four Leopold maneuvers provide a clinical assessment tool to ascertain the following information on fetal presentation and position. It provides a systematic evaluation method.

1. Is the lie longitudinal or transverse?
 2. What presents at or in the pelvic inlet?
 3. Where is the back?
 4. Where are the small parts?
 5. What is in the uterine fundus?
 6. On which side is the cephalic prominence?
 7. Has engagement taken place?
 8. How high in the abdomen is the uterine fundus?
 9. Size and # of fetus'
 10. Is there fetal movement?
- Prior to the examination, the nurse should explain the procedure and the purpose.
 - Have the patient empty her bladder.
 - Supine position with head slightly elevated and knees slightly flexed.
 - Examiner stands to the right of the patient, facing her.
 - Apply gentle but firm and continuous pressure using the entire palm and fingers of both hands. (cold hands and digging or jabbing movements with the fingertips will create tension in the abdominal wall)

First Maneuver

Purpose:

Discover which part of the fetus is lying in the fundus.

Procedure:

Stand facing the patient; place both hands on opposite sides of the abdomen around the fundus. Attempt to gently grasp the fetal part in the fundus between the hands.

If the fetal head is uppermost, it will feel hard, smooth, round and will be readily moveable.

Buttocks will feel softer, more irregular in contour, less mobile.

If neither head nor buttocks then the lie is longitudinal.

Second maneuver

Purpose:

Determine location of the fetal back and appendages in relation to the patient's right or left side.

Procedure:

Stand facing the patient. Slide both hands firmly but gently down the sides of her abdomen, alternatively pressing the surface of both palms inward toward the maternal umbilicus.

The hand that palpates the fetal back will find a smooth, hard surface that resists continuous pressure. The other hand can be pressed inward farther and it will encounter irregular lumps that are hands, feet, or knees. This maneuver allows the examiner to determine if the fetal back is in the anterior, posterior, or transverse portion of the maternal pelvis.

Third Maneuver

Purpose:

Determine the presenting part of the fetus and determine whether the presenting part is engaged.

Procedure:

Stand facing the patient. The thumb and fingers of one hand are separated and applied to the abdominal area just above the symphysis pubis. Gently grasp the lower pole of the uterus.

If the head is present, it will be felt between the thumb and fingers as a hard smooth, round object. If it has not descended into the pelvic inlet, the head can be moved slowly from side to side.

Fourth Maneuver

Purpose:

Provide further information about the attitude of the presenting part and the degree of descent.

Procedure:

Stand facing the patient. Place both hands on the patient's lower abdomen so that the fingertips on each hand are directed toward the pelvic inlet, pressing downward and inward. The hands are directed along both sides of the fetus until one hand is stopped by cephalic prominence if it is a vertex presentation. If the head is flexed, the prominence encountered is the brow; occiput is the presenting part. If the cephalic prominence palpated is on the same side as the back of the fetus then the neck and head are hyperextended – the face is presenting.

Examples:

ROA

- Head in pelvis – round and firm
- Small parts – left side
- Buttocks – fundus

LOA

- Head in pelvis
- Small parts – right side
- Buttocks – fundus