



CLINICAL PRACTICE GUIDELINE

Fundal height : measuring with a Tape Measure

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Aims

- To determine the gestation and growth of the fetus.
- To identify multiple pregnancies and complications of pregnancy e.g. amniotic fluid disorders, hydatidiform mole, and fetal growth disturbances.

Background Information

Fundal-symphysis height (FSH) measurement refers to the distance measured in centimetres on the longitudinal axis of the abdomen from the top of the fundus to the upper border of the symphysis pubis. A measurement discrepancy of more than 2cm can be suggestive of a fetus that is small/large for gestational age, multiple pregnancy, or an inaccurate estimated due date.² Other causes include molar pregnancies, polyhydramnios/oligohydramnios, an oblique or transverse lie.¹ Between 20 to 34 weeks gestation the height of the uterus correlates closely with measurements in centimetres, however obesity has been shown to distort the accuracy of these measurements³. Also towards the end of pregnancy measurements become less accurate due to the descent of the fetal presenting part into the maternal pelvis.²

KEY POINTS

- Fundal-symphyseal height it to be performed at every scheduled antenatal visit after 24 weeks gestation.
- Fundal-symphyseal height must always be documented in centimetres.
- If there is a discrepancy in size and gestation of > 2cm, the midwife must discuss this with the obstetric team at the level of registrar or above.

Procedure

Obtain maternal consent.

Encourage the woman to empty her bladder if she has not done so in the last 30 minutes.

Position the woman in a supine position with her legs extended.

It has been demonstrated the fundal height can be 3 cm higher at 17-20 weeks gestation if the woman has a full bladder.³

While not the preferred position for most women, a supine position has been found to yield least variation in measurements.⁴

Consider placing a wedge under the right buttock if the gravid uterus is of a size likely to compromise maternal and/or fetal circulation.

An enlarged uterus can compress the inferior vena cava and the lower aorta leading to maternal supine hypotension and reduced utero-placental blood flow which can cause fetal compromise.⁵

Ensure hands are clean and warm.

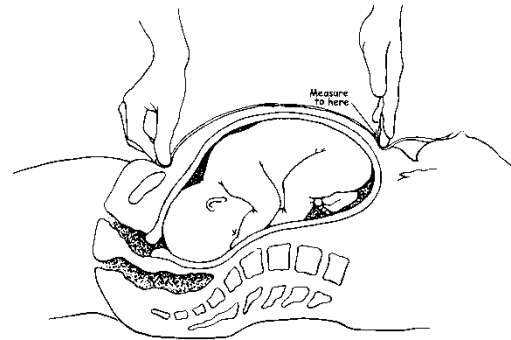
Warm hands minimise maternal discomfort and potential for inducing contraction of the uterus.⁵

Place the zero mark of the tape measure at the uppermost border of the uterine fundus.

Run the tape measure along the midline of the woman's abdomen to the uppermost border of the symphysis pubis.

To locate the fundus the hand is moved down the abdomen below the xiphisternum until the curved upper border of the fundus is felt.⁵

The distance is measured from the top of the symphysis pubis to the depression in front of the pad of the middle finger.⁷



Document the distance in centimetres and compare with the calculated gestation.


If there is a >2cm discrepancy the midwife should discuss this with the obstetric team registrar or above.

References

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Related WNHS policies, procedures and guidelines

KEMH Clinical Guideline: Antenatal Care: [Abdominal Examination](#)

Keywords:	Abdominal, fundal, height, tape measure, symphysis, fetal, gestation		
Document owner:	OGIDMC		
Author / Reviewer:	Evidence Based Clinical Guidelines Co-ordinator		
Date first issued:	July 2001		
Last reviewed:	July 2016 (amended Oct 2016)	Next review date:	July 2019
Endorsed by:	Maternity Services Management Committee	Date:	18.10.2016
Standards Applicable:	NSQHS Standards: 1  Clinical Care is Guided by Current Best Practice		

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