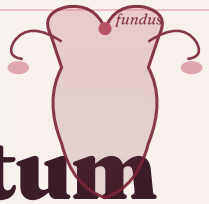
HIGH-YIELD CLINICAL JUDGMENT STUDY SHEET

Fundus *Assessment* Prelabor • Labor • Postpartum



A complete clinical-judgment reference for palpation technique, expected findings by phase, red-flag recognition, and priority nursing management — built to the 2026 NCLEX test plan.

MATERNAL / NEWBORN | PHYSIOLOGICAL ADAPTATION | REDUCTION OF RISK | PHARMACOLOGICAL THERAPIES

01 DEFINITION & WHY IT MATTERS

OVERVIEW

Fundus

/ ˈfʌn-dəs / · noun, Latin

The **top/dome of the uterus**, farthest from the cervix. Its position, tone, and size are the single most useful external indicator of uterine health across the childbearing cycle.

- **Antepartum:** fundal height tracks **fetal growth & gestational age** (McDonald's rule).
- **Intrapartum:** fundal palpation assesses **contraction frequency, duration, intensity, and resting tone**.
- **Postpartum:** fundal tone & height reveal **uterine involution** — and are the fastest bedside screen for **postpartum hemorrhage**, the #1 cause of maternal mortality.

02 PATHOPHYSIOLOGY (SIMPLIFIED)

MECHANISM FLOW

STEP 1 · GROWTH
Uterus enlarges with pregnancy → fundus **rises** out of pelvis

→

STEP 2 · CONTRACTILITY
Oxytocin + prostaglandins trigger rhythmic **myometrial contractions**

→

STEP 3 · DELIVERY
Coordinated contractions → **cervical effacement & dilation** → birth

→

STEP 4 · INVOLUTION
Sustained myometrial contraction **clamps spiral arteries** → stops bleeding

→

STEP 5 · RETURN
Uterus shrinks **~1 cm/day** → non-palpable by day 10

Clinical translation: A **firm** fundus = the muscle is contracting, vessels are compressed, bleeding is controlled. A **boggy** (soft) fundus = muscle is relaxed, vessels are open, patient is bleeding. This one concept drives nearly every postpartum priority decision on NCLEX.

03 ASSESSMENT & FINDINGS BY PHASE

EARLY · EXPECTED · RED FLAGS

A Prelabor — ANTEPARTUM

TECHNIQUE

- Empty bladder first · supine w/ slight L-tilt
- McDonald's method — tape from **symphysis pubis → top of fundus** in cm
- Leopold's maneuvers to confirm lie, presentation, position

EXPECTED LANDMARKS

12 wk	Just above symphysis pubis
16 wk	Midway symphysis ↔ umbilicus
20 wk	At the umbilicus
18–32 wk	cm ≈ weeks (± 2 cm)
36 wk	At xiphoid process
40 wk	Drops slightly (**lightening**)

RED FLAGS

≥ 3 cm discrepancy from expected → IUGR, macrosomia, oligo/polyhydramnios, or multiples.

MANAGEMENT

Recheck measurement · notify provider · anticipate **ultrasound** for fetal size & AFI · track serial measurements.

B Labor — INTRAPARTUM

TECHNIQUE

- Place **fingertips** (not palm) on fundus — the most contractile part
- Assess **frequency · duration · intensity · resting tone**
- Palpate for ≥ 10 min to capture a true pattern

INTENSITY SCALE

Mild	Feels like **tip of nose**
Mod	Feels like the **chin**
Strong	Feels like the **forehead**

EXPECTED PATTERN

- Duration **< 90 sec**
- Frequency ≤ 5 in 10 min (avg. over 30 min)
- Soft, relaxed **resting tone** between UCs

RED FLAGS

Tachysystole (> 5 UCs / 10 min) · duration > 90 sec · **no resting tone** · late / variable decels on EFM.

MANAGEMENT

STOP oxytocin · reposition **L-lateral** · IV bolus LR · O_2 10 L non-rebreather · notify provider · anticipate **terbutaline** for uterine relaxation.

C Postpartum — 4TH STAGE →

TECHNIQUE

- **Lower the bed flat** · have patient void first when possible
- One hand **anchors above symphysis** (supports lower segment) — the other palpates the fundus — **always**
- Document **tone · height · position**

FREQUENCY

- q 15 min × 1 hr → q 30 min × 1 hr → q 4 hr × 24 hr → q shift

EXPECTED INVOLUTION

Post-birth	Midway symphysis ↔ umbilicus
1 hr PP	At the umbilicus (U/0)
↓ 1 cm/day	1 fingerbreadth daily
Day 10	Not palpable abdominally

RED FLAGS

Boggy fundus = uterine atony = hemorrhage · **Deviated** (usually right) = full bladder · Fundus **above** expected line · **subinvolution** (slow descent) days later.

MANAGEMENT

Massage fundus FIRST (support lower segment) · have patient void · recheck q 15 min · if still boggy → **uterotonics** · estimate blood loss · VS & pad count.

04 PRIORITY NURSING INTERVENTIONS

ABCS · SAFETY · MASLOW

1
ASSESS tone first
Before anything else, **palpate**. Firm vs. boggy determines every next step.

2
MASSAGE if boggy
Cup fundus · **support lower segment** with opposite hand · circular massage until firm.

3
EMPTY the bladder
A full bladder displaces & relaxes the uterus. Void → straight cath if unable.

4
MONITOR bleeding
Pad count · weigh pads (**1 g = 1 mL**) · check under buttocks for pooled blood.

5
VITAL SIGNS
↑ HR is the **earliest** sign of shock; BP drop is **late**. Watch narrowing pulse pressure.

6
ADMINISTER uterotonics
Per order: **oxytocin → methergine → hemabate → misoprostol**. Know contraindications.

7
IV ACCESS & fluids
2 large-bore IVs · LR bolus · T&C for blood · elevate legs for perfusion.

8
DOCUMENT & escalate
Height (U/+1, U/–2) · tone (firm/boggy) · position (midline/deviated) · interventions · response.

05 PHARMACOLOGY — UTEROTONICS & ADJUNCTS

KNOW THE CONTRAINDICATIONS COLD

DRUG / CLASS	MECHANISM	KEY SIDE EFFECTS	NURSING CONSIDERATIONS
Oxytocin PITOCIN · POSTERIOR PITUITARY HORMONE	Stimulates uterine smooth-muscle contraction · **1st-line** for prevention & treatment of PPH.	Water intoxication (antidiuretic effect) · uterine tachysystole · hypotension if IV push.	Give IV (diluted) or IM · **never** IV push undiluted · monitor I&O, fundal tone, bleeding.
Methylergonovine METHERGINE · ERGOT ALKALOID	Direct, sustained uterine smooth-muscle contraction.	**Hypertension** · HA · N/V · chest pain.	**CI:** HTN, preeclampsia, cardiac dz. **Check BP before every dose.** IM route preferred.
Carboprost HEMABATE · PROSTAGLANDIN F2A	Potent uterine contraction when oxytocin / methergine insufficient.	**Bronchospasm** · diarrhea · fever · chills · N/V.	**CI:** asthma. Pre-medicate w/ antiemetic & antidiarrheal · IM deep muscle.
Misoprostol CYTOTEC · PROSTAGLANDIN E1	Promotes uterine contraction; useful when IV access limited.	Fever · shivering · diarrhea · HA.	Rectal, oral, or sublingual · off-label for PPH · room-temp storage.
Tranexamic acid TXA · ANTIFIBRINOLYTIC	Stabilizes clot by inhibiting plasmin-mediated fibrinolysis.	Thromboembolism risk · N/V · dizziness.	Most effective **within 3 hrs** of bleeding onset · IV over 10 min · assess for DVT/PE.
Terbutaline B2 AGONIST · TOCOLYTIC	**Relaxes** uterus — used for tachysystole or before version.	Maternal tachycardia · tremor · hyperglycemia · pulm. edema.	SubQ 0.25 mg · hold if HR > 120 · monitor fetal HR · **not** for PPH.

06 NCLEX TEST TRAPS ⚠️

WHERE STUDENTS LOSE POINTS

✗ TRAP: "HAVE THE PATIENT VOID FIRST, ALWAYS"

If the fundus is **boggy**, the **first** action is **massage**, *then* address the bladder. Stopping the bleed beats finding the cause.

✓ CORRECT PRIORITY

Boggy → **massage** · Firm + deviated → **void** · Firm + midline → document & continue.

✗ TRAP: "MASSAGE HARDER / LONGER IF FIRM"

Massaging an already-**firm** fundus causes **muscle fatigue & relaxation** → iatrogenic atony.

✓ CORRECT PRIORITY

Only massage when **boggy**. Support the lower segment every single time to prevent **uterine inversion**.

✗ TRAP: METHERGINE FOR THE HYPERTENSIVE PATIENT

Methergine + **HTN / preeclampsia** = wrong answer. It vasoconstricts.

✓ CORRECT PRIORITY

Use **oxytocin** or **carboprost** instead — as long as no asthma.

✗ TRAP: HEMABATE FOR THE ASTHMATIC PATIENT

Carboprost can trigger **bronchospasm** — deadly in asthma.

✓ CORRECT PRIORITY

Choose **oxytocin**, **methergine** (if BP ok), or **misoprostol**.

✗ TRAP: BP DROP IS THE "FIRST SIGN" OF HEMORRHAGE

Young healthy postpartum patients compensate — BP drop is a **late** finding.

✓ CORRECT PRIORITY

Tachycardia, narrowing pulse pressure, and **restlessness/anxiety** come first.

✗ TRAP: SATURATING ONE PERI-PAD IN 2 HOURS IS "HEAVY"

Clinically significant = **saturating 1 pad in ≤ 1 hr** or steady trickle of bright-red bleeding with a firm fundus (think laceration).

✓ CORRECT PRIORITY

If fundus is **firm** but bleeding continues → suspect **laceration**, not atony — call provider.

07 PATIENT EDUCATION

TEACH BEFORE DISCHARGE

Promoting Involution

- **Breastfeed** — releases natural oxytocin → faster involution
- **Void q 2–3 hr**; a full bladder delays shrinkage
- Expect **afterpains** (worse with multips & nursing) — use ibuprofen per order
- Ambulate early to promote circulation & bowel return

Lochia Progression

- **Rubra** — dark red, days 1–3
- **Serosa** — pink/brown, days 4–10
- **Alba** — yellow/white, days 11–≈ 6 wk
- Going **backward** in color, foul odor, or bright red after day 4 = **call provider**

TEACH PATIENT TO CALL IMMEDIATELY FOR:

Saturating **one pad in under an hour** · passing clots larger than a **golf ball** · feeling **faint, dizzy, or short of breath** · **fever ≥ 100.4 °F (38 °C)** · foul-smelling lochia · severe lower-abdominal pain unrelieved by medication.

08 MEMORY BOOSTERS

LOCK IT IN

BUBBLE-HE

THE COMPLETE POSTPARTUM HEAD-TO-TOE

B	**Breasts** — softness, engorgement, nipples, latch
U	**Uterus / fundus** — tone, height, position
B	**Bladder** — distention, output, first void
B	**Bowels** — sounds, passing gas, first BM
L	**Lochia** — color, amount, clots, odor
E	**Episiotomy / perineum** — REEDA assessment
H	**Homans / Hemoglobin** — DVT risk, labs
E	**Emotional status** — bonding, PP blues vs. depression

"12 – 16 – 20 – 36"

The four landmarks you must know for fundal height: **12 wk** above symphysis · **16 wk** midway · **20 wk** umbilicus · **36 wk** xiphoid.

Nose – Chin – Forehead

Contraction intensity by palpation: **mild** (tip of nose) · **moderate** (chin) · **strong** (forehead).

The 3 B's of PPH drugs

BP high → no Methergine · **B**reathing (asthma) → no Hemabate · **B**est first-line → **Oxytocin**.

"Firm · Midline · Umbilicus"

The three words you document on every postpartum fundal check. Miss any one → investigate.

One-line priority rule for the exam: If a postpartum patient has a boggy fundus — **massage first, ask questions later.** If a laboring patient has tachysystole — **stop the Pitocin, reposition left, bolus IV fluids.** If a pregnant patient's fundal height is off by ≥ 3 cm — **report it, expect ultrasound.**

END OF STUDY SHEET

— study well, nurse —

REVIEW Q 48 HRS UNTIL TEST DAY

ClinicalJudge RN-T
NGN NCLEX HIGH-YIELD REVIEW