Training of obstetrical skills in assessing fetal station
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**Background:**
We aimed to explore the accuracy in a junior doctors’ clinical examination before and after a structured clinical training program.

**Methods:**
First, fetal station was assessed by abdominal examination of level of engagement, given by fifths palpable above the symphysis. Station was then assessed by vaginal examination using the ischial spine, the ramus tuber ischiadicum, the symphysis pubis and the sphincter ani muscle as anatomical reference points. Station was classified from -5 to +5. Ultrasound video clips were examined by an experienced examiner not involved in the clinical examinations, and station measured as head-perineum distance.

**Association between ultrasound measurements and clinical assessments before and after training**

**Results:**
The correlation between clinical examinations expressed as Pearson’s correlation coefficient (r) by the junior doctor and ultrasound was 0.59 before training vs. 0.76 after training. The association between clinical assessments by the supervisor and junior doctor expressed as ICC’s was 0.62 before training and 0.78 after training.

**Conclusion:**
Obstetrical skills in assessing fetal station can be improved with training.