



King Khalid University Hospital
Department of Obstetrics & Gynecology
Course 482



**ABNORMAL
PRESENTATION**

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- Occipital bone is the landmark in vertex presentation.
 - Mentum is landmark for face presentation,
 - Frontal bone is land mark for brow presentation
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MALPRESENTATIONS

- Fetal lie .
- This is the relationship of the longitudinal axis of the fetus to longitudinal axis of the mother.
- There are three lies longitudinal , oblique , and transverse lie .
- Fetal attitude , this is the relationship of the different parts of the baby to each others , usually flexion attitude .

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- Presentation.
 - It is which part of the fetus occupies the pelvis eg ,cephalic , breech , shoulder presentation .
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BREECH PRESENTATION

- Baby is presenting with buttocks and legs and incidence is 3% at term .
- Types .
- Complete breech where the leg are flexed at hip joint and knee joint ,
- Frank breech flexed hip but extended knee joint .
- Footling breech with extended hip and knee joints and high buttocks .

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- Fetal causes .
 - Hydrocephalus , poly hydramnios oligohydramnios , placenta previa , short umbilical cord .
 - Maternal causes .
 - Uterine anomalies, fibroid uterus, small pelvis
 - The most important cause is preterm labor

MANAGEMENT

- The patient can be offered the option of either vaginal breech delivery , caesarian section or external cephalic version .
- External cephalic version ECV .
- Done after 38 weeks.
- Contra indications .
- Contracted pelvis , scar uterus, placenta previa , hypertensive patient .
- Complications.
- Membrane rupture , uterine rupture, abruptio placenta , cord prolapse

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- Cont.
 - It should be done in the theater with every thing ready four c/s .
 - If blood group is rhesus negative should receive anti D immunoglobulin
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- Complications of vaginal breech delivery.
 - Cord prolaps , lower limb fracture , abdominal organs injuries , brachial plexus nerve injuries,
 - Difficulties in delivering the head and intracranial bleeding .
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Management of breech delivery

- Patient in lithotomy position ,
- Cervix should be fully dilated .
- When buttocks protrudes through the vulva an episiotomy should be performed .
- Legs are delivered easily unless it is an extended that need to be flexed .
- With delivery of the umbilicus small loop of cord is pulled down to feel the pulsations .
- Then delivery of both arms first the anterior then the posterior .

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- Delivery of the head .
 - Keep the baby hanging to promote head flexion (Burn Marshal) manoeuvre .
 - Jaw flexion shoulder traction .
 - Obstetrical forceps for the after coming head.

Face presentation

- Incidence 1-500 .
- Occurs as the result of complete extension of the head .
- In majority of case the cause is unknown but is frequently attributed to excessive tone of the extensor muscles of the fetal neck.
- Rare causes like tumor of the neck , thyroid , thymus gland and cord around the neck

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- The presenting diameter of the face is the submento –bregmatic , which measures 9.5 cm .
 - Diagnosed in labor by palpating the nose, mouth ,and the eyes on vaginal examination.
 - In case of mento-anterior vaginal delivery is possible and the head is delivered by flexion.
 - If the face is mento posterior the delivery is not possible and patient should be delivered by caesarian section.

Brow presentation

- Incidence is 1-2000.
- It occurs when there is less extension of the fetal head than that seen in face presentation, mid way between face and vertex presentation .
- The presenting diameter is mento-vertical 13.5 cm.
- Is diagnosed in labor by palpating the anterior fontanelle ,supra orbital ridges, and nose on vaginal examination .
- Delivery is by caesarian section.

Shoulder presentation

- It due to oblique or transverse lie in labor .
- Common in women with high parity .
- Also occurs in placenta previa , uterine anomalies , pelvic tumor.
- If diagnosed in early labor with intact membrane and no other pathology external cephalic version can be tried .
- In case of rupture of the membranes exclude cord prolaps .
- Delivery of shoulder presentation in labor with rupture membrane is by caesarian section.