


**KING SAUD UNIVERSITY MEDICAL CITY  
DEPARTMENT OF OBSTETRICS & GYNECOLOGY  
COURSE 482**

**ABNORMAL  
PRESENTATION**

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- ▶ Objectives .
  - ▶ Know the definition of the fetal lie , attitude , presentation , and position .
  - ▶ Know the different landmarks of the various fetal presentation and their engaging diameter .
  - ▶ Management and mode of delivery of the different malpresentations

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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

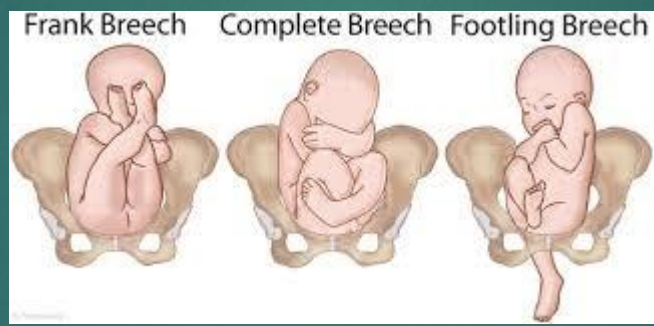
# MALPRESENTATIONS


- ▶ 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 .

# 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 .

# Management of breech delivery

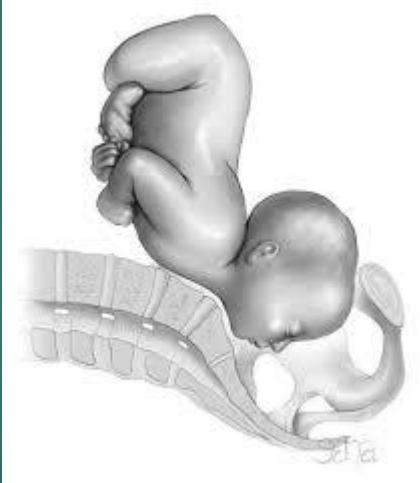
- Patient in lithotomy position ,
- Cervix should be fully dilated .
- When buttocks protrudes through the vulva an episiotomy should be performed .
- Legs are delivered easily unless it is an extended that need to be flexed .
- With delivery of the umbilicus small loop of cord is pulled down to feel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

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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

- ▶ 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.
- ▶

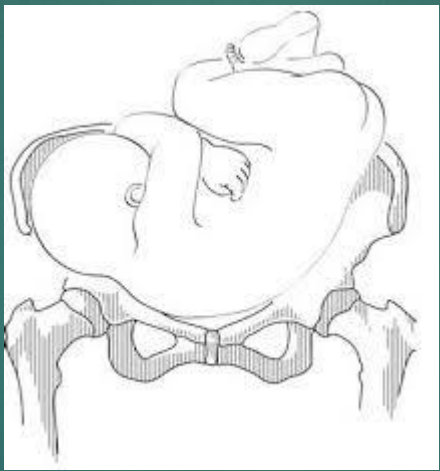
## Brow presentation



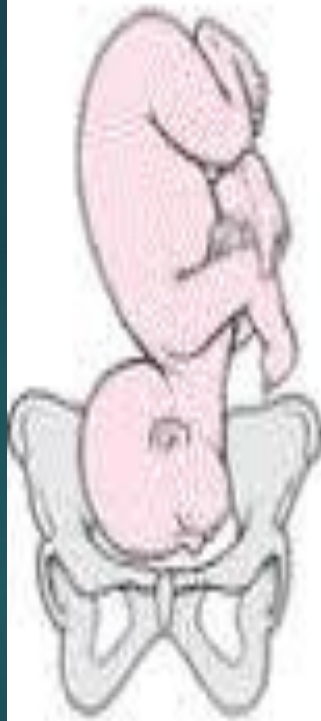


# Shoulder presentation

- ▶ 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.



Face



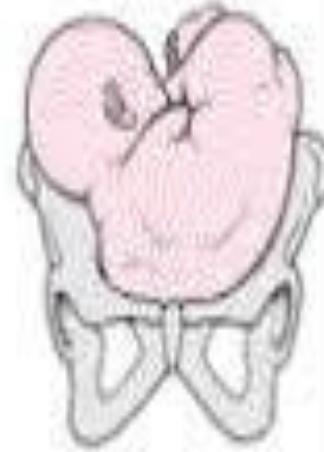
Brow



Breech



Shoulder



Abnormal Presentations