Malpresentation

By

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Definition

- **Malpresentation** = Fetal presenting part other than vertex & includes breech, brow, transverse, face.

- **Malposition** = Refers to positions other than an occipito-anterior position.

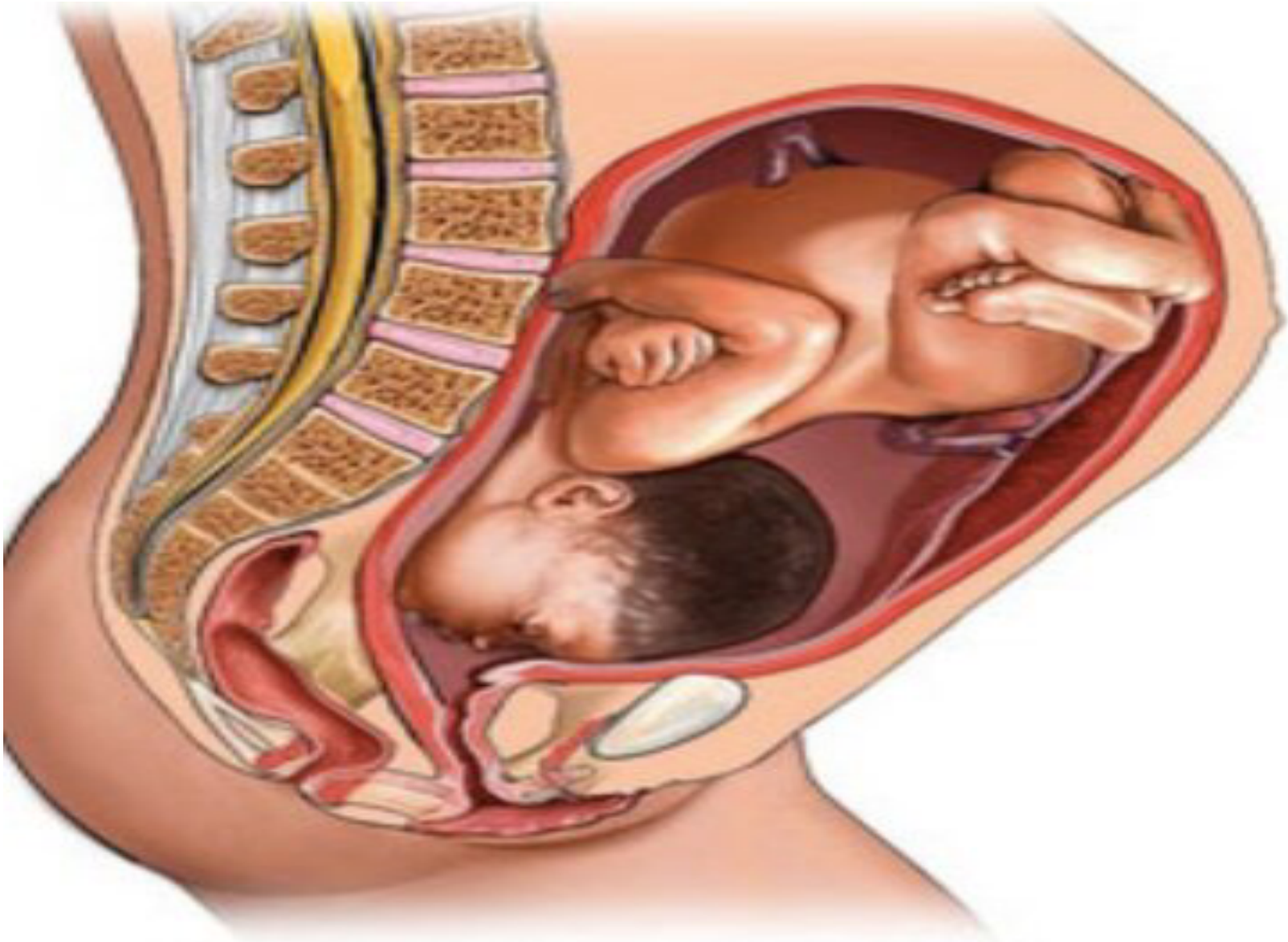
Causes of malpresentation

Maternal

- Lax abdominal and uterine muscles
- Uterine abnormality
- Contracted pelvis

Fetal

- Pre-term pregnancy
- Multiple pregnancy
- Polyhydramnios
- Macerated fetus
- Placenta praevia



Face Presentation

INCIDENCE: 1 IN 500 BIRTHS

ETIOLOGY:

Primary- during pregnancy	Secondary- onset of labor

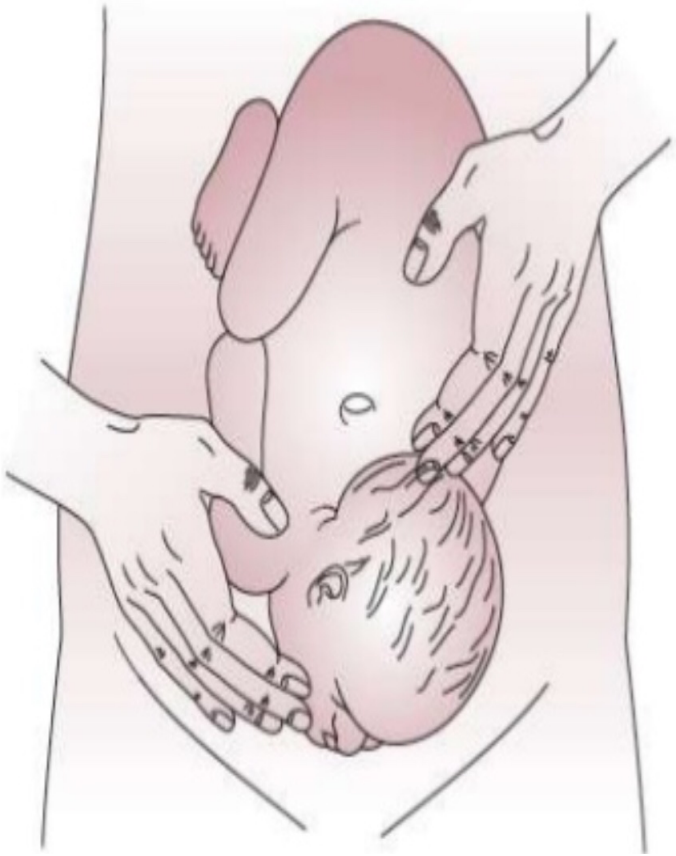
Fetal :

1. congenital malformations
   - a) anencephaly
   - b) goitre
   - c) dolichocephalic head
   - d) bronchocoele
2. Twist of cord round the neck
3. Hypertonicity of extensor group of neck muscles

Maternal:

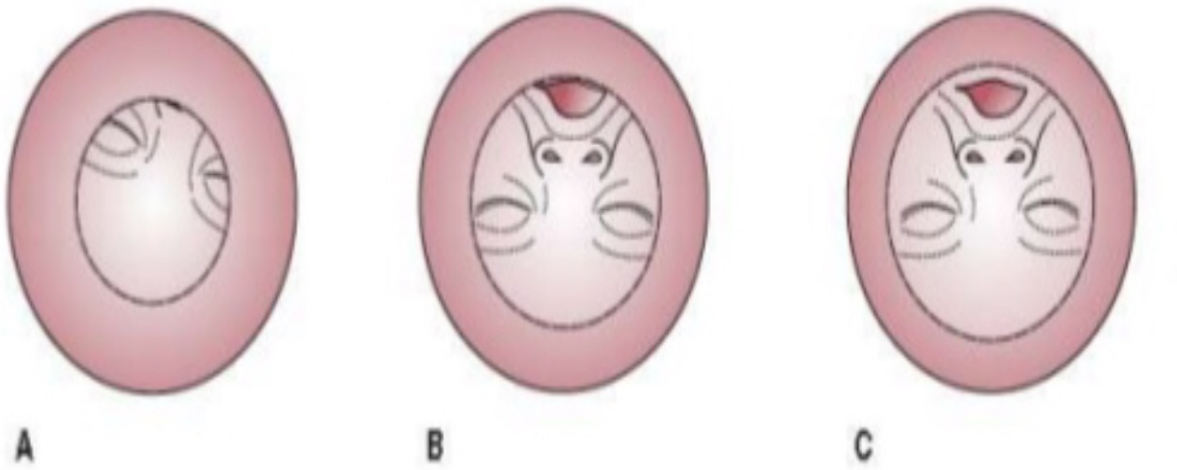
1. Multiparity with pendulous abdomen
2. Lateral obliquity of uterus
3. Contracted pelvis
4. Flat pelvis
5. Pelvic tumours

Diagnosis
Abdominal examination



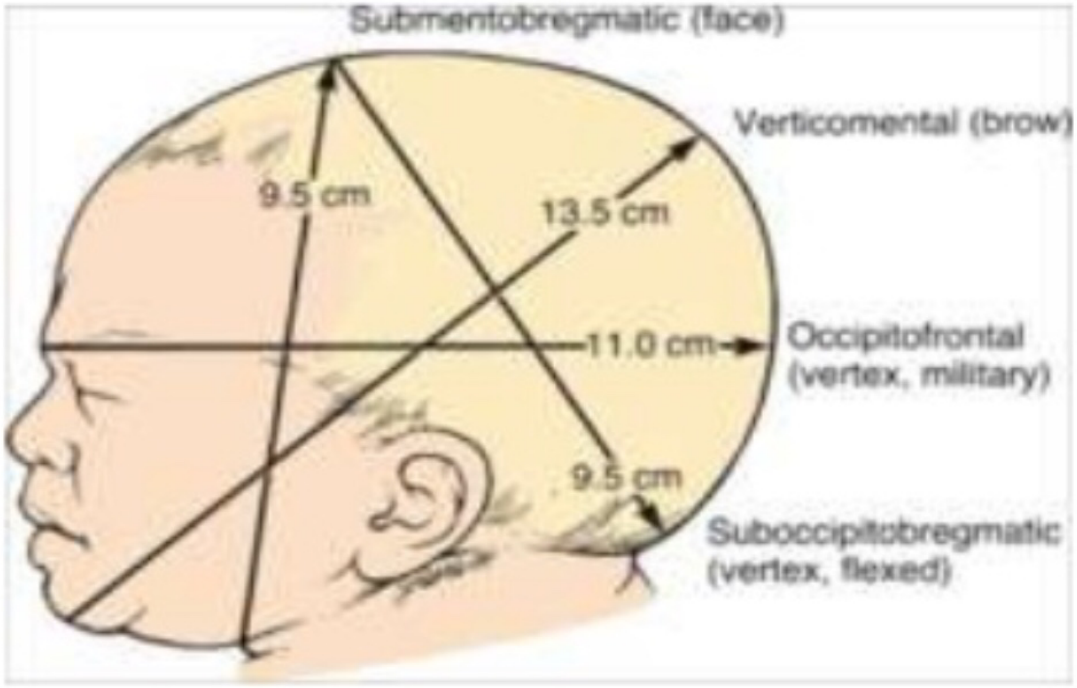
Vaginal examination

- The presenting part is high, soft and irregular. When the cervix is sufficiently dilated, the orbital ridges, eyes, nose and mouth may be felt.



Mechanism of labour

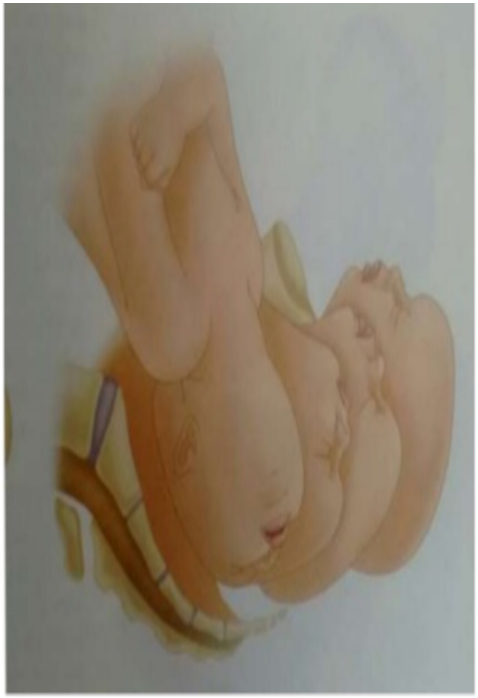
- The denominator is the mentum
- The presenting diameters are the submentobregmatic (9.5cm) and the bitemporal (8.2cm)



MECHANISM OF LABOUR

THE PRINCIPLE DIFFERENCES BETWEEN OCCIPITOANTERIOR AND MENTOANTERIOR ARE:

OCCIPITO ANTERIOR	MENTO ANTERIOR
Engagement	Engagement
Descent	Descent
Flexion	**Extension**
Internal rotation	Internal rotation
Extension	**Flexion**
Restitution	Restitution
External rotation	External rotation
Expulsion by lateral flexion	Expulsion by lateral flexion



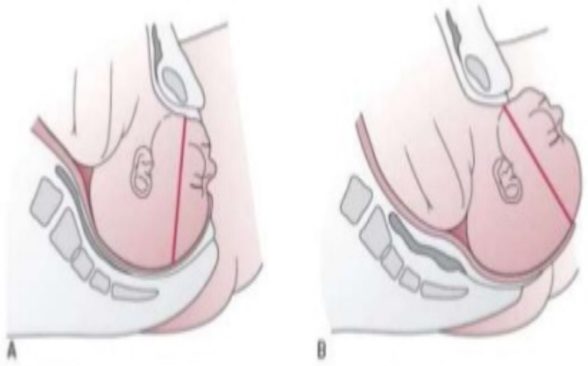
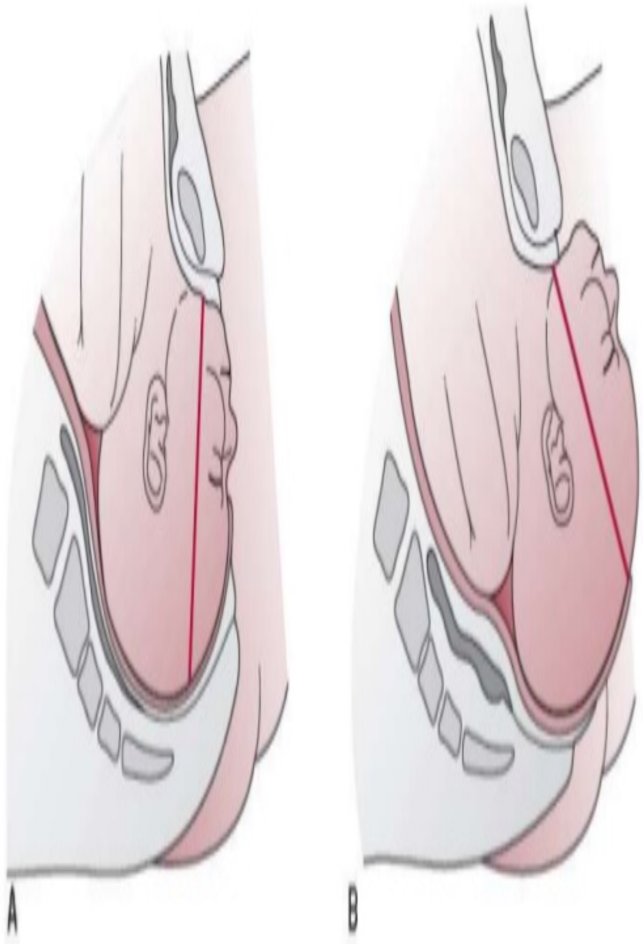
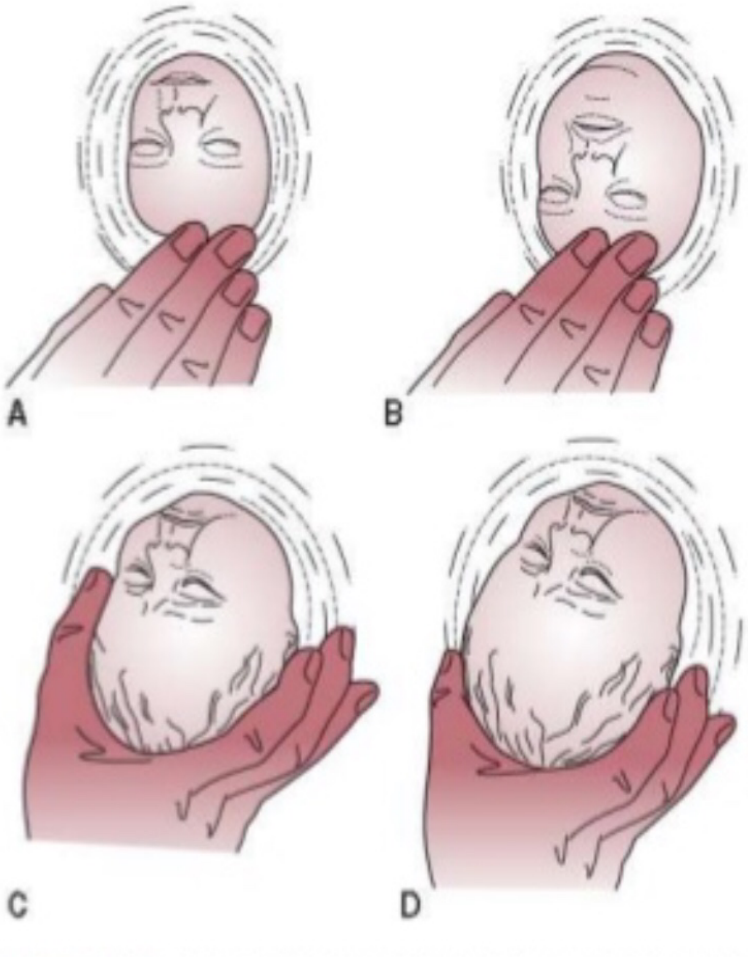


Figure 31.27 Birth of head in mentoanterior position: (A) The chin escapes under symphysis pubis. Sub-mentobregmatic diameter at outlet. (B) The head is born by a movement of flexion.



Delivery of the head



Management

- Ultrasound examination should be performed to exclude fetal or pelvic abnormality that may preclude vaginal delivery.
- Vaginal delivery is possible with the mento-anterior position, but not mento-posterior. However, mento-posterior position may rotate during the second stage to mento-

- Following diagnosis in the first stage of labour, the mother should be fully informed of all the possible risks. At the time of diagnosis, facial oedema and bruising may have already occurred. The diagnosis may occur at the time of diagnosis of failure to progress [E].
- Although augmentation has been used, it is generally not advised and lack of progress should usually prompt delivery by caesarean section [E].
- In the second stage of labour, given a mento-anterior position, the fetal head may be born by flexion, assisted if required by forceps.
- The vacuum delivery is contraindicated [E].

Complications

- Obstructed labour
- Cord prolapse
- Facial bruising
- Cerebral haemorrhage