

MALPRESENTATIONS & MALPOSITIONS

General Considerations

OSAMA M WARDA MD

Prof. OBS/GYN

Mansoura University-EGYPT

MANSOURA OBSTETRICS



UNDERGRADUATES

The purpose of these lectures is to deliver the basic obstetrical, and gynecological knowledge to the undergraduate medical student, without sophistications or unnecessary details.



ان الغرض من وراء هذه المحاضرات هو تقديم المعلومات الأساسية في علم التوليد و أمراض النساء دون تفاصيل لا تفيد طالب البكالوريوس. والله من وراء القصد.

MALPRESENTATIONS ITEMS & TITLES

- 1. GENERAL CONSIDERATIONS (#1)**
- 2. OCCIPUT POSTERIOR POSITION (#2)**
- 3. FACE PRESENTATION & Brow presentation (#3)**
- 4. BREECH PRESENTATION. (#4)**
- 5. SHOULDER , COMPLEX, AND CORD (#5)**

DEFINITION

The only normal presentations & positions are left occiput anterior (LOA) & right occiput anterior (ROA).

- **Malposition:** Normal presentation (vertex) but with malposition of occiput which is directed posteriorly (OP).
- **Malpresentation:** Presentation other than normal presentation (vertex).

CAUSES OF MALPRESENTATIONS

- **Causes of mal presentations in general may be faults in powers (uterine contractions), faults in the passenger (fetus), or faults in the passages (birth canal), or may be combined.**

CAUSES OF MALPRESENTATIONS

A- Faults in powers:

1. **Laxity of uterine & abdominal muscles (pendulous abdomen): Commonest cause in multiparas.**
2. **Marked dextrorotation of uterus**

B) Faults in passages

1. **Bony pelvis:**
 - a) **Contracted pelvis: Commonest cause in nulliparas.**
 - b) **Abnormal pelvic shape: As android & anthropoid pelvis.**
2. **Soft tissue passages:**
 - a) **Uterine anomalies: As septate, bicornuate or arcuate uterus.**
 - b) **Tumors: As uterine fibroid, ovarian tumors & pelvic tumors.**
 - c) **Excessive obliquity of uterus.**

CAUSES OF MALPRESENTATIONS

C-Faults in passengers:

I- FETUS	OTHERS
<p>a. Prematurity: Commonest cause in general.</p> <p>b. Large sized fetus.</p> <p>c. Congenital anomalies: hydrocephalus & anencephaly.</p> <p>d. Multifetal pregnancy.</p> <p>e. Dead fetus: Absence of fetal movements prevents flexion.</p>	<p>2- Placenta: Placenta previa or fundal insertion of placenta (resulting in transverse lie).</p> <p>3 Umbilical cord: Short cord (resulting in transverse lie) or coils of cord around fetal neck (resulting in face presentation).</p> <p>4- Amniotic fluid: Polyhydramnios & oligohydramnios.</p>

DIAGNOSIS OF MALPRESENTATIONS

General features:

A) History: ↑ fetal movements or lump in epigastrium.

B) Abdominal Examination:

- 1) Pendulous abdomen.
- 2) Unengaged head in last 3-4 weeks in primigravida.
- 3) FHS are heard above level of umbilicus.
- 4) Delay in descent of presenting part during labor.

DIAGNOSIS OF MALPRESENTATIONS

C) Vaginal Examination:

- 1) Feeling anything other than vertex.
- 2) PROM or membranes are bulging through non-dilated cervix (membranes are felt as a sausage shaped projection).
- 3) High presenting part.

D) Ultrasound & X-ray: Diagnosis of malpresentation & fetopelvic disproportion.

COMPLICATIONS OF MALPRESENTATIONS

A) Maternal Complications

- 1) **PROM:** Leading to cord prolapse, dry labor & chorioamnionitis.
- 2) **Iry uterine inertia & delayed engagement.**
- 3) **Prolonged labor:** Leading to maternal exhaustion.
- 4) **Obstructed labor:** Leading to rupture uterus.
- 5) **↑ incidence of instrumental deliveries.**
- 6) **↑ incidence of maternal birth injuries.**
- 7) **PPH:** Due to prolonged labor, anesthesia, maternal exhaustion & instrumental deliveries.
- 8) **Puerperal sepsis:** Due to PROM & frequent vaginal examinations.

COMPLICATIONS OF MALPRESENTATIONS

B) Fetal Complications

- 1) **Asphyxia:** Due to prematurity, cord prolapse, placental compression & ICH.
- 2) **Fetal birth injuries.**

Differential Diagnosis in MALPRESENTATIONS

D.D. of irregular presenting part:

- 1) Face presentation.
- 2) Brow presentation.
- 3) In breech presentation: Complete breech, footling presentation & knee presentation.
- 4) Shoulder presentation.
- 5) Complex presentation.
- 6) Cord presentation.

Differential Diagnosis in MALPRESENTATIONS

Head is delivered by flexion in:

- 1) Face to pubis.(direct OP)
- 2) Face direct MA.
- 3) After-coming head of breech.

The undeliverable presentations

- 1) Brow full term
- 2) Shoulder full term
- 3) Face mento-posterior
- 4) Deep transverse arrest of the head in macrosomic baby.

thank you

tusind tak
謝謝 dakujem vám
ngiyabonga
dziękuję
merci
baie dankie
धन्यवाद molte grazie

suksema
danke
gracias
obrigada
obrigado
teşekkür ederim
tack så mycket

takk
gràcies
tänan
dank u
teşekkür edire
mahalo

