

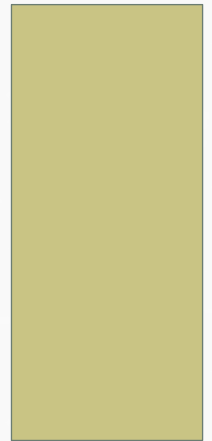
FETAL POSITION

Ina S. Irabon, MD, FPOGS, FPSRM, FPSGE

Obstetrics and Gynecology

Reproductive Endocrinology and Infertility

Laparoscopy and Hysteroscopy



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Doc Ina's lectures for Obstetrics and Gynecology topics

GYNECOLOGY SCHEDULE (CUSTOMIZED PROGRAM) 2018-2019

GYNECOLOGY SCHEDULE (LOCAL) 2018-2019

GYNECOLOGY SCHEDULE NOV BATCH (CUSTOMIZED PROGRAM) 2018-2019



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REFERENCE

- Cunningham FG, Leveno KJ, Bloom SL, Dashe JS, Hoffman BL, Casey BM, Sheffield JS, Spong CY (eds). William's Obstetrics 25th edition; chapter 9 Prenatal care
- Sumpaico WW, Ocampo-Andres IS, Blanco-Capito LR, Diamante An, Gamilla ZN. (eds). Textbook of Obstetrics 3rd edition. Chapter 15 Diagnosis of Pregnancy

OUTLINE

1. Fetal attitude
2. Fetal lie
 - transverse
 - longitudinal
3. Fetal presentation
 - Cephalic
 - breech
 - compound
 - shoulder
4. Fetal position
5. Leopold's maneuvers

THE PASSENGER

- **Fetal attitude:**

- Fetal posture or habitus
- Relationship of the fetal head to fetal back or extremities
- “universal flexion”
- *As a rule, the fetus forms an ovoid mass that corresponds roughly to the shape of the uterine cavity -- fetus becomes folded or bent upon itself in such a manner that the back becomes markedly convex; the head is sharply flexed so that the chin is almost in contact with the chest; the thighs are flexed over the abdomen; and the legs are bent at the knees.*

- Cunningham FG, Leveno KJ, Bloom SL, Dashe JS, Hoffman BL, Casey BM, Sheffield JS, Spong CY (eds). William's Obstetrics 25th edition; chapter 9 Prenatal care



FETAL ATTITUDE

Head flexed

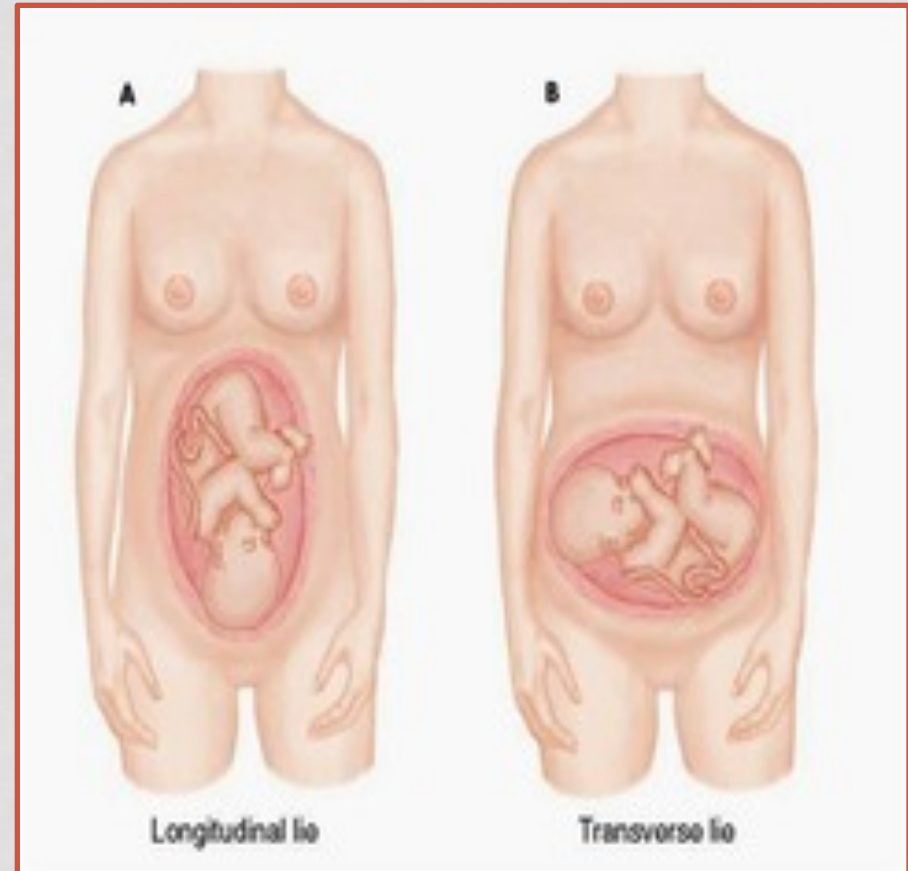


Head extended



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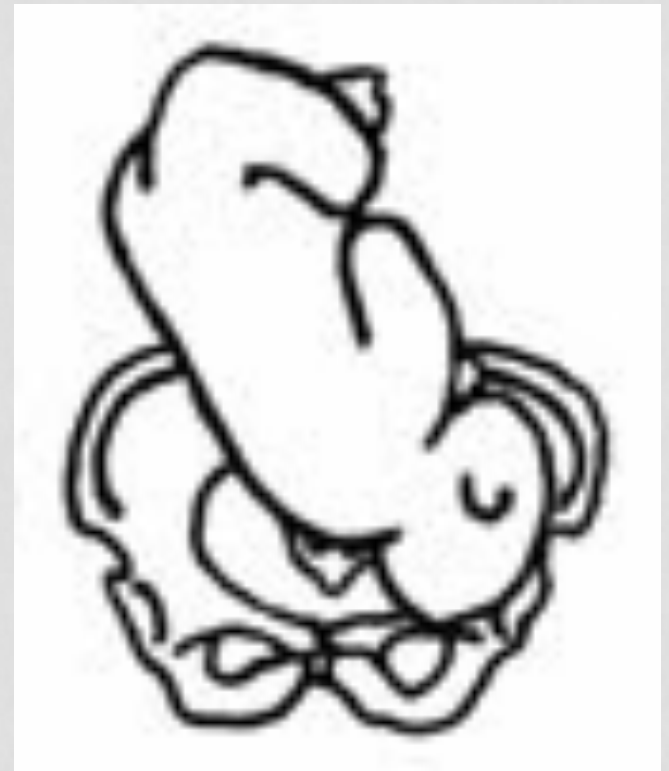
- **Fetal Lie:**
- Relationship of the long axis of the fetus to the long axis of the maternal abdomen



- Cunningham FG, Leveno KJ, Bloom SL, Dashe JS, Hoffman BL, Casey BM, Sheffield JS, Spong CY (eds). William's Obstetrics 25th edition; chapter 9 Prenatal care
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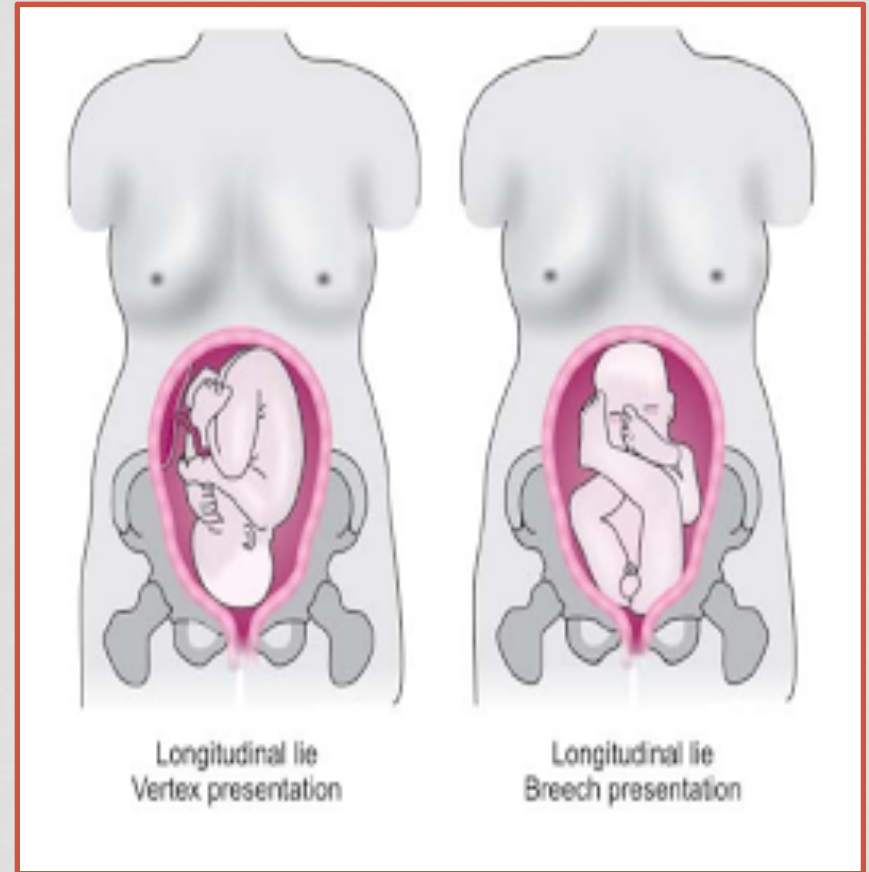
- Fetal lie: oblique



- Cunningham FG, Leveno KJ, Bloom SL, Dashe JS, Hoffman BL, Casey BM, Sheffield JS, Spong CY (eds). William's Obstetrics 25th edition; chapter 9 Prenatal care
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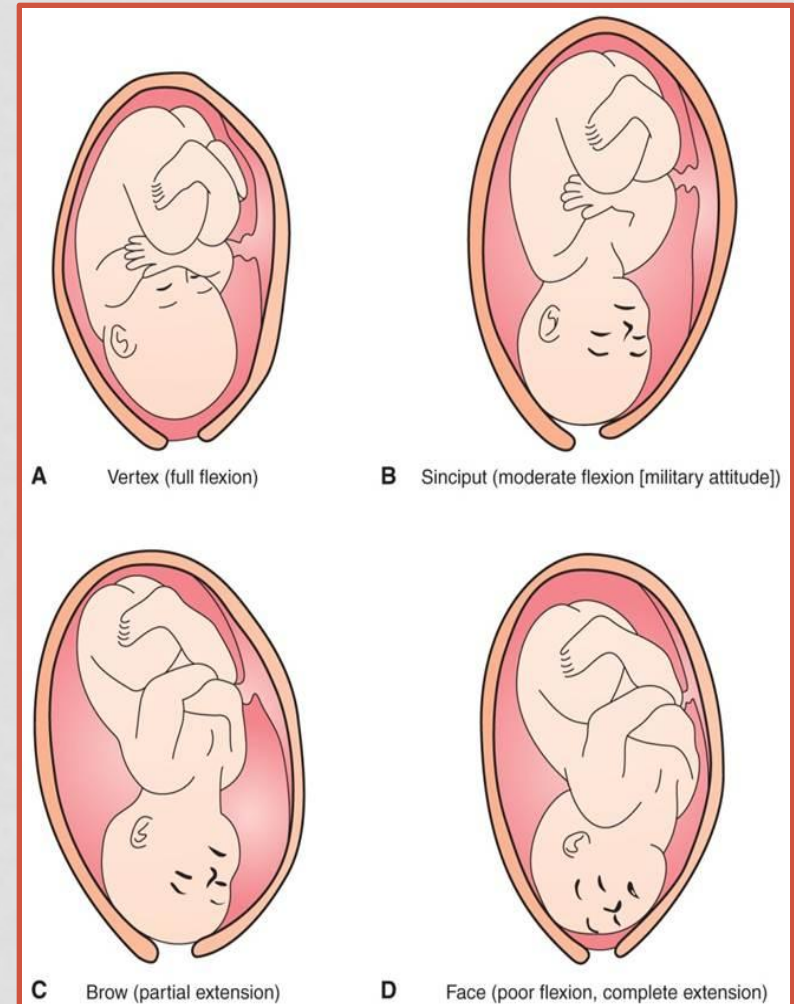
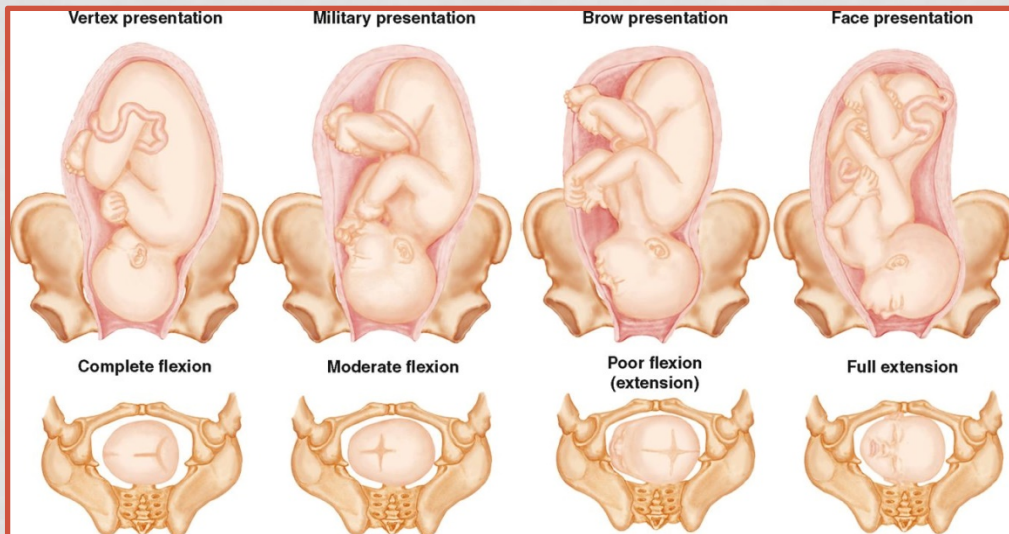
- **Fetal presentation**
- Portion of the body of the fetus that is foremost within the birth canal or in closest proximity to it
- Cephalic, breech, shoulder, compound



- Cunningham FG, Leveno KJ, Bloom SL, Dashe JS, Hoffman BL, Casey BM, Sheffield JS, Spong CY (eds). William's Obstetrics 25th edition; chapter 9 Prenatal care
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THE PASSENGER

- Cephalic presentation
 1. Vertex/occiput
 2. Sinciput/military
 3. Brow
 4. Face



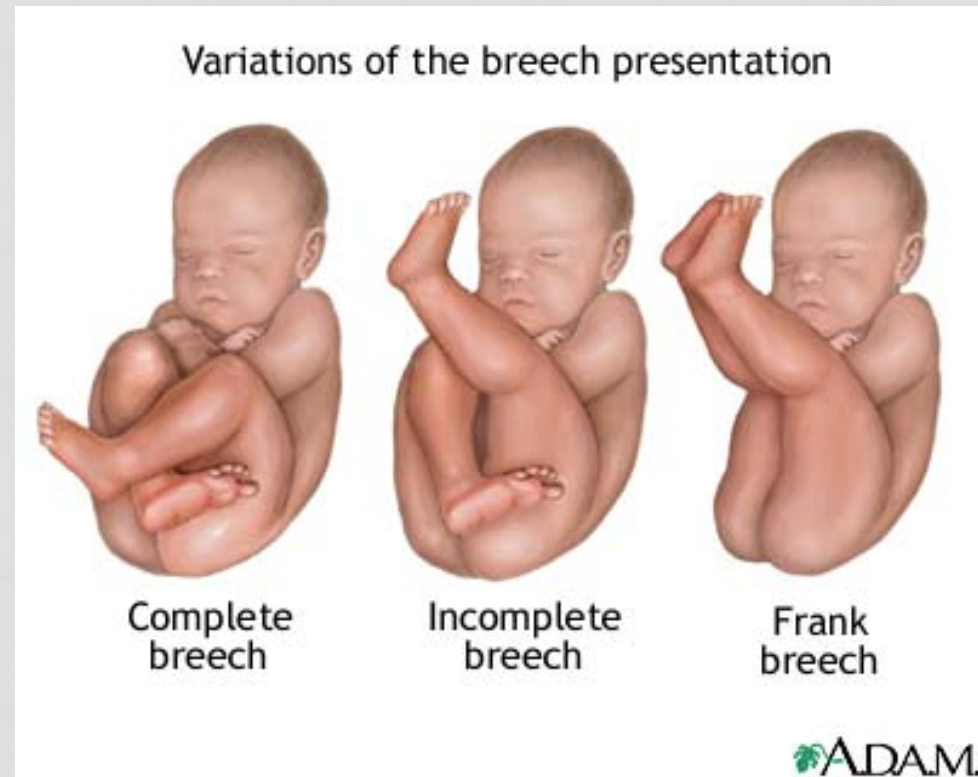
CEPHALIC PRESENTATION

- vertex or occiput presentation - occipital fontanel is the presenting part
- Face presentation - face is foremost in the birth canal; fetal neck may be sharply extended so that the occiput and back come in contact.
- Sinciput presentation- fetal head partially flexed, with the anterior (large) fontanel, or bregma, presenting
- Brow presentation –fetal head partially extended, with the brow presenting

THE PASSENGER

- Breech presentation
→ bitronchanteric diameter presents

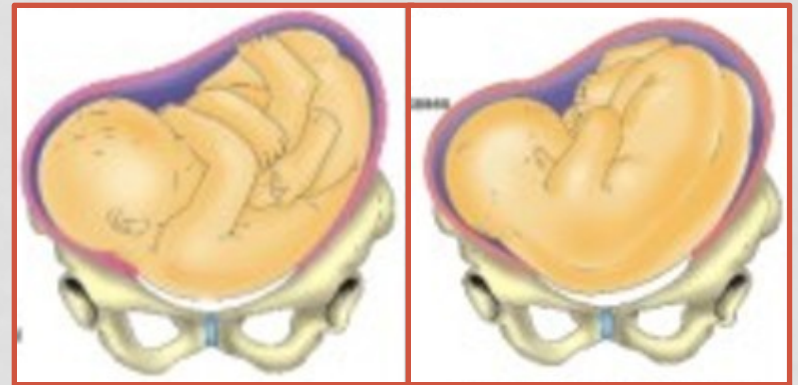
1. Frank
2. Complete
3. Incomplete/footling



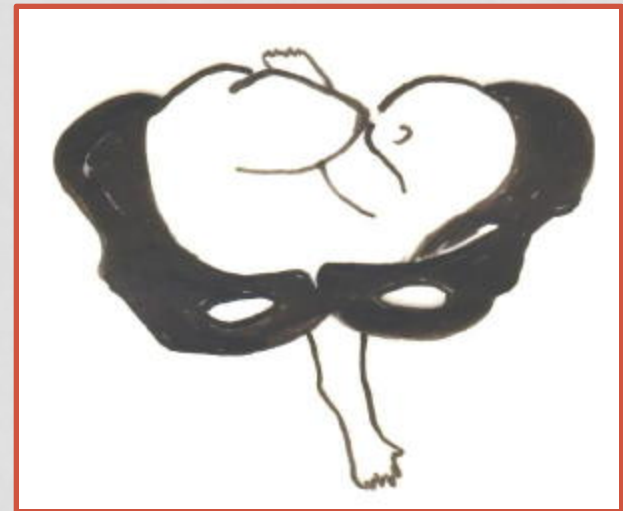
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THE PASSENGER

- Shoulder presentation
shoulder or acromion is presenting
into the pelvic inlet;
Bisacromial diameter (11cm)
presents

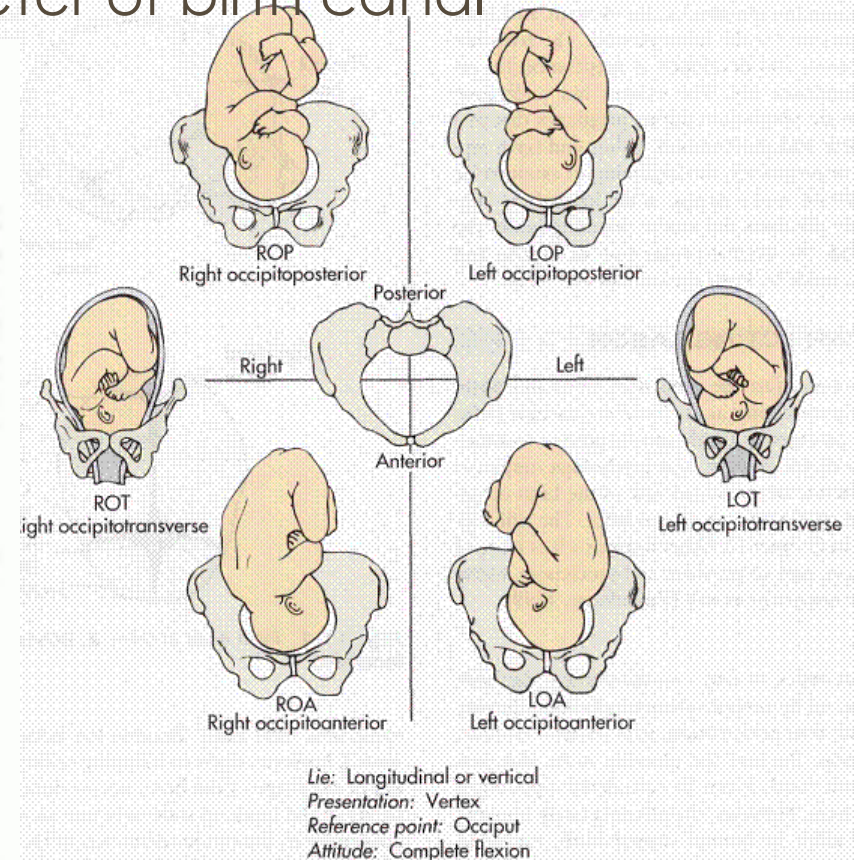
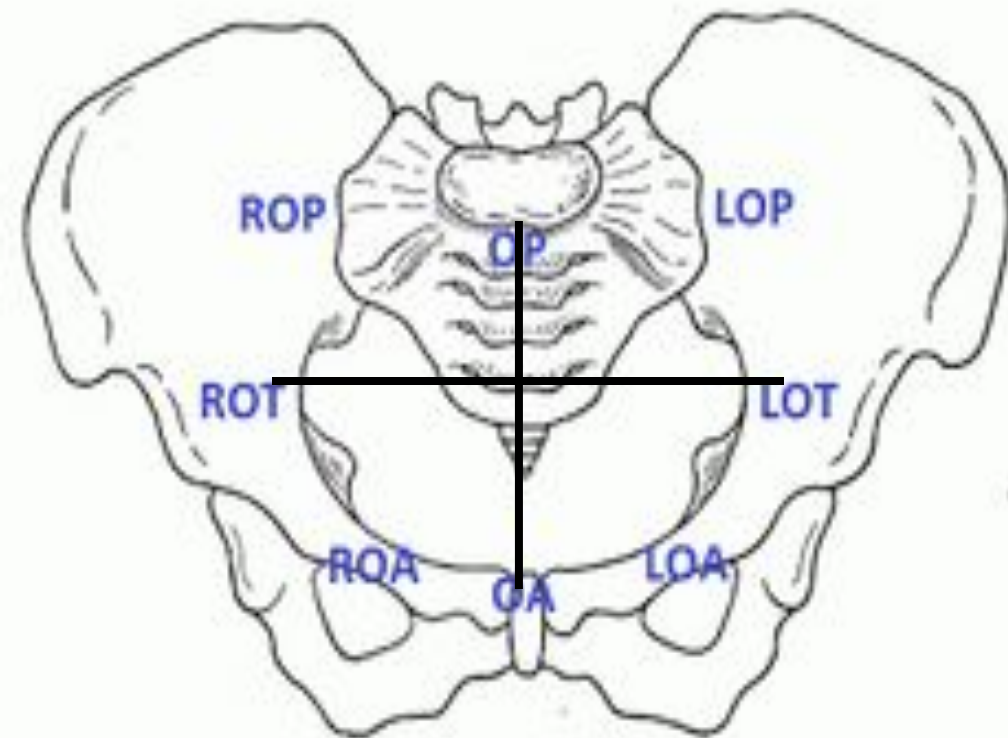


- Compound Presentation
Fetal hand or foot prolapses
alongside the presenting vertex or
breech

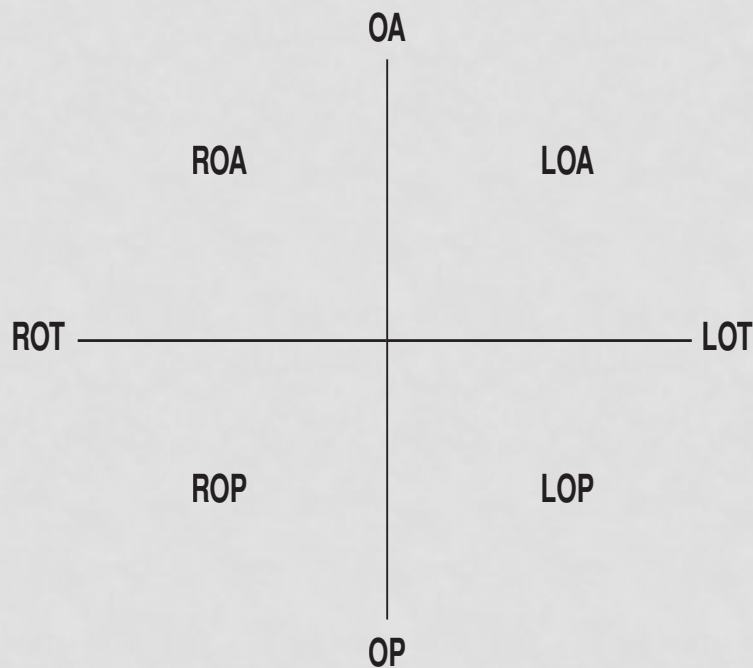


THE PASSENGER

- Fetal position: Relationship of the chosen portion of the fetal presenting part in reference to one of the 4 quadrants or transverse diameter of birth canal

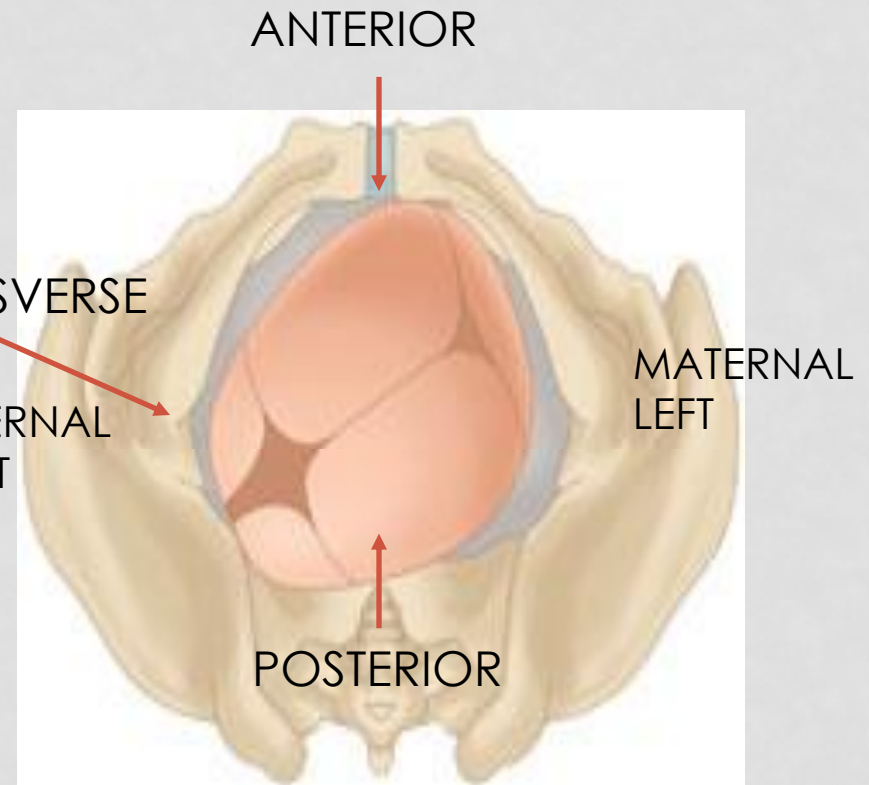


FETAL POSITION



TRANSVERSE

MATERNAL
RIGHT



LEFT OCCIPUT ANTERIOR

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FETAL POSITION

- Approximately two thirds of all vertex presentations are in the left occiput position, and one third in the right.

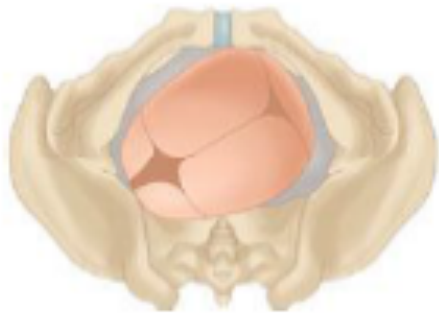


FIG. 323.—EPISIOTOMY INCISING SKIN, FOURCHET, AND URO-GENITAL SEPTUM.

This cut exposes the fascia over the left pillar of the levator ani, which may or may not be incised, depending on the size of the child and the distensibility of the tissues.

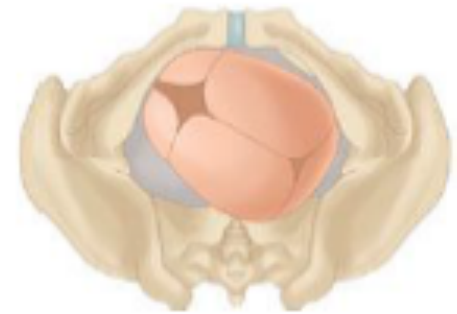
PRACTICE

A



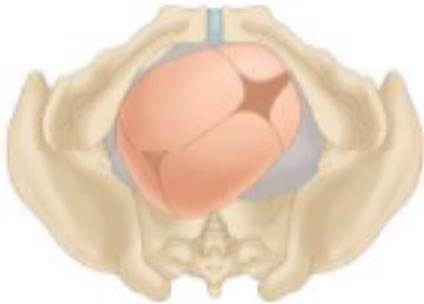
LEFT OCCIPUT ANTERIOR

B



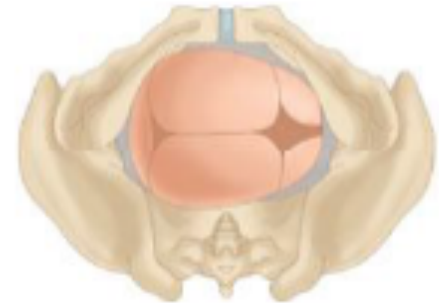
LEFT OCCIPUT POSTERIOR

A



RIGHT OCCIPUT POSTERIOR

B



RIGHT OCCIPUT TRANSVERSE

FETAL POSITION

- In defining position, the following determining points are used:
- **O** – occiput (cephalic/vertex presentation)
- **M** – mentum or chin (face presentation)
- **S** – sacrum (breech presentation)
- **A** – acromion or scapula (shoulder presentation)

PRACTICE

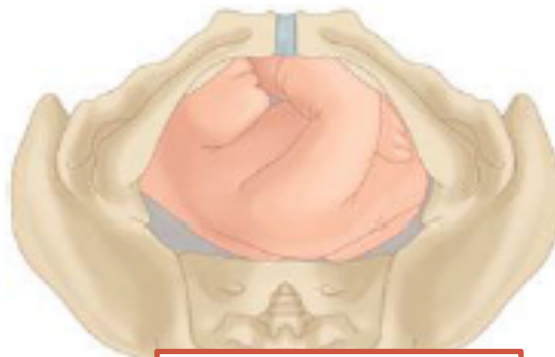
Left mentum
anterior



Right mentum
anterior



Right mentum
posterior



Right
dorsoacromion

PRACTICE

Left mentum
anterior



Right mentum
anterior

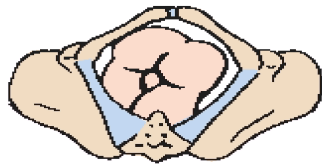
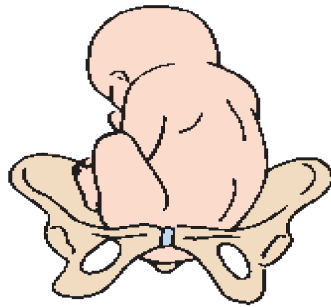


Right mentum
posterior

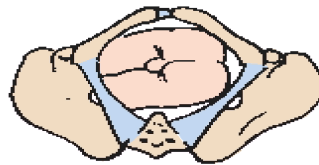
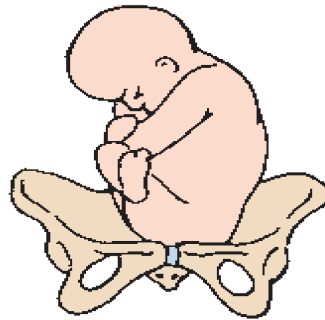


Right
dorsoacromion

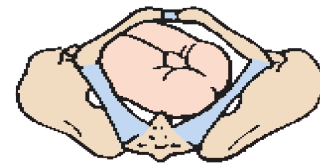
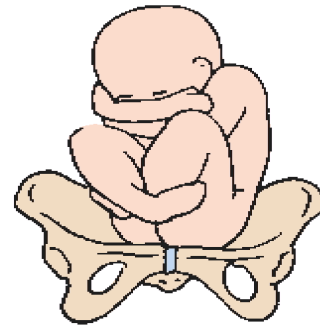
PRACTICE



Left
sacroanterior



Left
sacrotransverse



Left
sacroposterior

DIAGNOSIS OF FETAL PRESENTATION AND POSITION

- **Several methods can be used to diagnose fetal presentation and position:**
 1. abdominal palpation: Leopold's maneuvers
 2. vaginal examination
 3. Auscultation
 4. Sonography/ultrasound
 5. Rarely: plain radiographs, computed tomography, or magnetic resonance imaging may be used.

VAGINAL EXAMINATION

- With the onset of labor and after cervical dilatation, vertex presentations and their positions are recognized by palpation of the various fetal sutures and fontanelles.
- Face and breech presentations are identified by palpation of facial features and fetal sacrum

VAGINAL EXAMINATION

- First, the examiner inserts two fingers into the vagina and the presenting part is found.
- Second, if the vertex is presenting, the fingers are directed posteriorly and then swept forward over the fetal head toward the maternal symphysis pubis

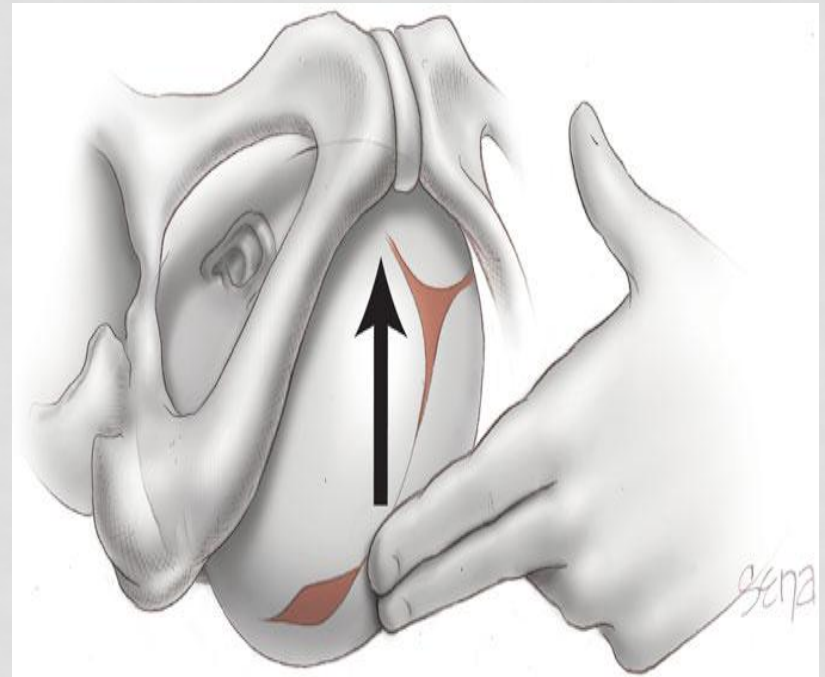


FIGURE 22-9 Locating the sagittal suture by vaginal examination.

VAGINAL EXAMINATION

- Next, the positions of the two fontanelles are ascertained → fingers are passed to the most anterior extension of the sagittal suture, and the fontanel encountered there is examined and identified.
- With a sweeping motion, the fingers pass along the suture to the other end of the head until the other fontanel is felt and differentiated

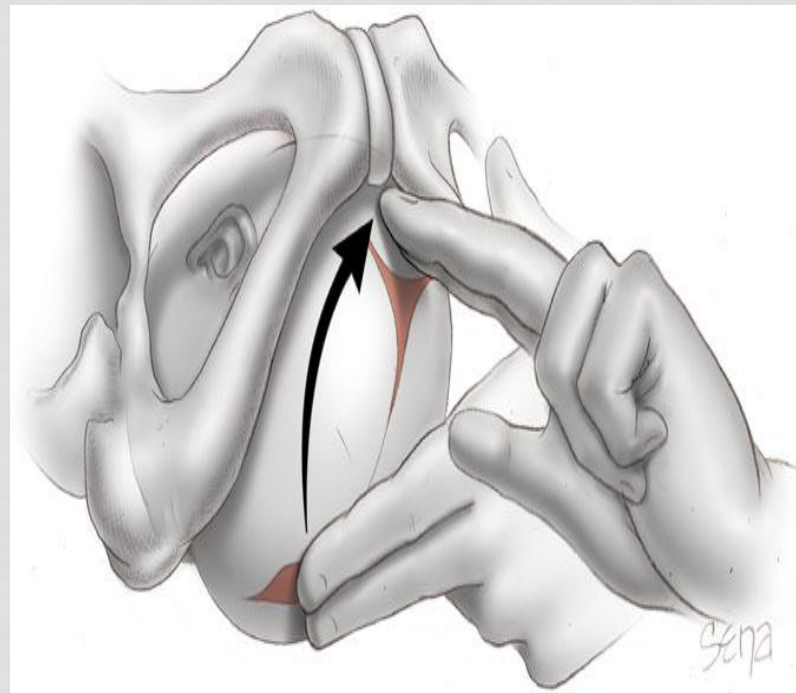
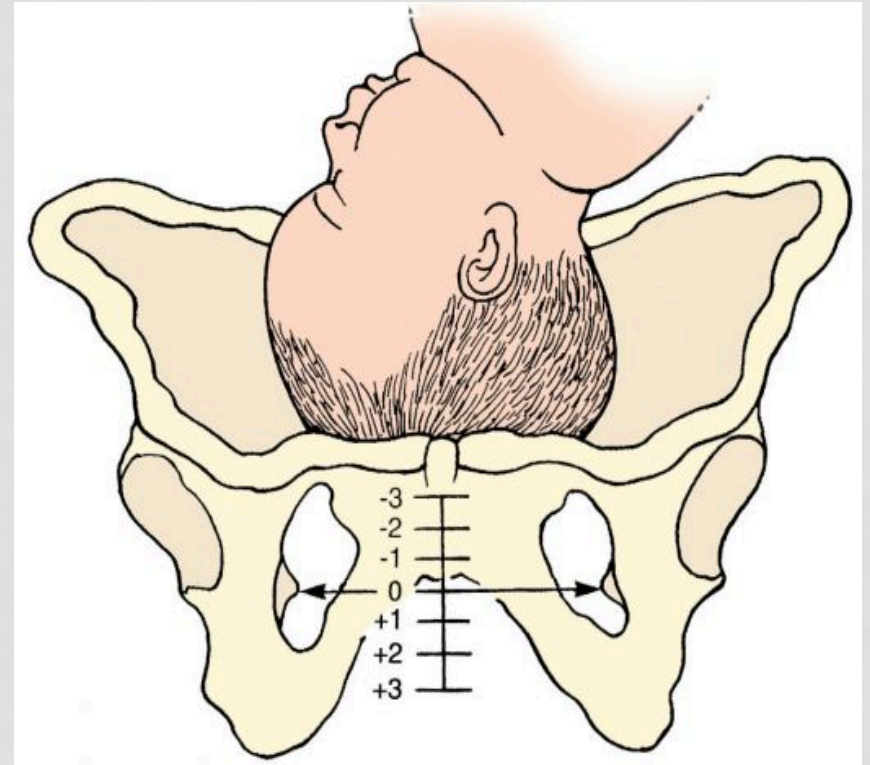


FIGURE 22-10 Differentiating the fontanelles by vaginal examination.

VAGINAL EXAMINATION

- Last, the station, or extent to which the presenting part has descended into the pelvis, can also be established at this time



- Iliac spines: station 0

LEOPOLD'S MANEUVERS



LEOPOLD'S MANEUVER

- Abdominal exam to determine fetal presentation

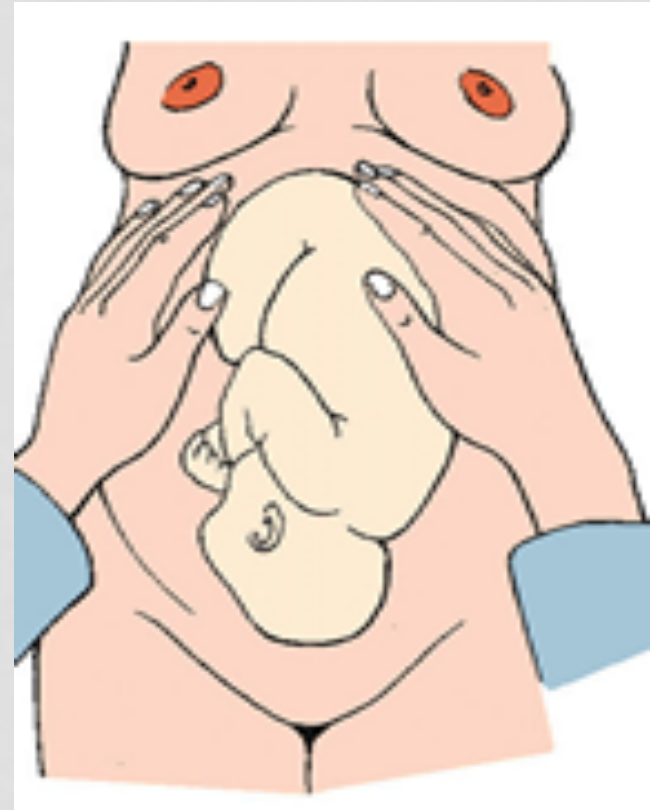


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LEOPOLD'S MANEUVER

1. Leopold's maneuver #1 (LM1)

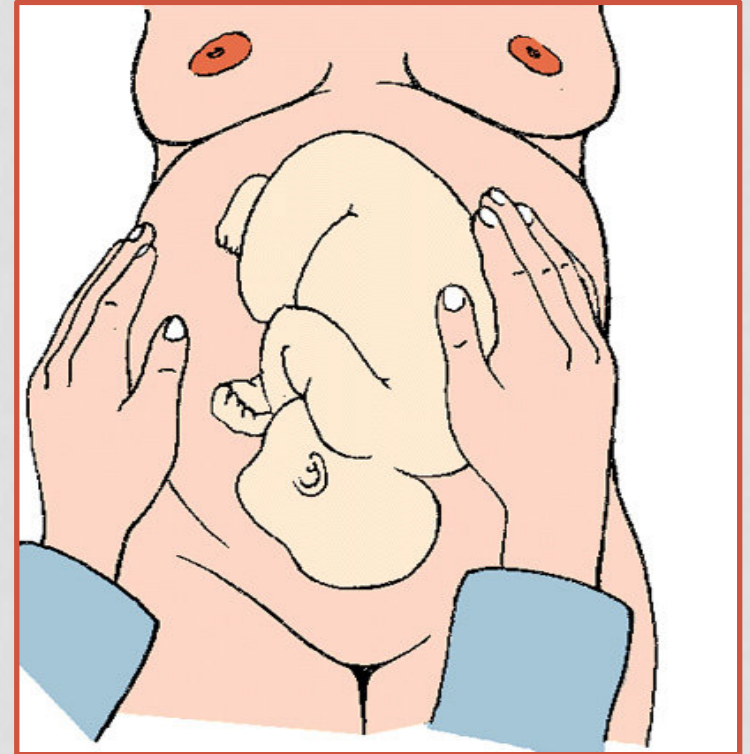
- “Fundal grip”
- Uterine fundus is palpated to determine which fetal part occupies the fundus
- Fetal head should be round and hard, ballotable
- Breech presents as a large nodular mass



LEOPOLD'S MANEUVER

2. Leopold's maneuver #2 (LM2)

- “Umbilical grip”
- Palpation of paraumbilical areas or the sides of the uterus
- To determine which side is the fetal back
- Fetal back feels like a hard, resistant, convex structure
- Fetal small parts feel nodular, irregular



LEOPOLD'S MANEUVER

3. Leopold's maneuver #3 (LM3)

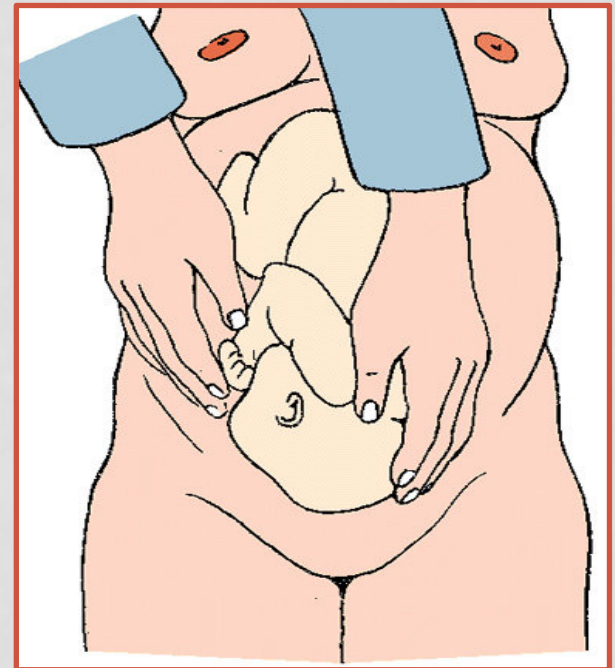
- "Pawlik's grip"
- Suprapubic palpation using thumb and fingers just above the symphysis pubis, to *determine fetal presentation and station*
- the differentiation between head and breech is made as in LM1
- **If presenting part is not engaged, a movable structure can be palpated*



LEOPOLD'S MANEUVER

4. Leopold's maneuver #4 (LM4)

- “Pelvic grip”
- Palpation of the bilateral lower quadrants to determine engagement of the fetal presenting part
- Fetal part is engaged: examiner's hands diverge
- Fetal head is not engaged: examiner's hands converge
- If fetal head is felt on same side of the fetal back → fetal head is extended



SUMMARY / REVIEW

1. Fetal attitude
2. Fetal lie
 - transverse
 - longitudinal
3. Fetal presentation
 - Cephalic
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 - compound
 - shoulder
4. Fetal position
5. Leopold's maneuvers

RX PRESCRIPTION

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Thank you!

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