South Australian Perinatal Practice Guideline

Unstable lie of the fetus

Note:

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

Explanation of the aboriginal artwork:
The aboriginal artwork used symbolises the connection to country and the circle shape shows the strong relationships amongst families and the aboriginal culture. The horse shoe shape design shown in front of the generic statement symbolises a woman and those enclosing a smaller horse shoe shape depicts a pregnant women. The smaller horse shoe shape in this instance represents the unborn child. The artwork shown before the specific statements within the document symbolises a footprint and demonstrates the need to move forward together in unison.

Australian Aboriginal Culture is the oldest living culture in the world yet Aboriginal people continue to experience the poorest health outcomes when compared to non-Aboriginal Australians. In South Australia, Aboriginal women are 2-5 times more likely to die in childbirth and their babies are 2-3 times more likely to be of low birth weight. The accumulative effects of stress, low socio economic status, exposure to violence, historical trauma, culturally unsafe and discriminatory health services and health systems are all major contributors to the disparities in Aboriginal maternal and birthing outcomes. Despite these unacceptable statistics the birth of an Aboriginal baby is a celebration of life and an important cultural event bringing family together in celebration, obligation and responsibility. The diversity between Aboriginal cultures, language and practices differ greatly and so it is imperative that perinatal services prepare to respectively manage Aboriginal protocol and provide a culturally positive health care experience for Aboriginal people to ensure the best maternal, neonatal and child health outcomes.

Purpose and Scope of PPG

The purpose of this guideline is to provide clinicians with information on the risk factors, diagnosis and management of unstable lie of the fetus both prior to and during labour.

Table of Contents

Summary of Practice Recommendations

Diagnosis of unstable lie is made when a varying fetal lie is found on repeated clinical examination in the last month of pregnancy
Consider external version to correct lie if not longitudinal
Consider ultrasound to exclude mechanical cause
Hospital admission from 37 weeks onwards is recommended
Inform woman of need for prompt admission to hospital if membranes rupture or when labour starts
If SROM occurs, perform vaginal examination to exclude the presence of a cord or malpresentation
If the lie is not longitudinal in labour and cannot be corrected perform caesarean section

Abbreviations

ARM	Artificial rupture of the membranes
SROM	Spontaneous rupture of the membranes
e.g.	For example
%	Percent

Definitions

Unstable lie	Refers to the frequent changing of fetal lie and presentation in late pregnancy (usually refers to pregnancies > 37 weeks)[1]
Lie	Refers to the relationship between the longitudinal axis of the fetus and that of its mother, which may be longitudinal, transverse or oblique

Contributing factors

- High parity
- Pendulous abdomen
- Placenta praevia
- Polyhydramnios
- Pelvic inlet contracture and / or fetal macrosomia
- Uterine abnormalities (e.g. bicornuate uterus or uterine fibroids).
- Fetal anomaly (e.g. tumours of the neck or sacrum, hydrocephaly, abdominal distension)
- Distended maternal urinary bladder
- Poorly formed lower segment
- Wrong dates (i.e. more premature than appears)
- Undiagnosed twins

Associated risk factors

- Cord presentation or prolapse if membranes rupture or at the onset of labour
- Fetal hypoxia if left unattended in labour
- Shoulder presentation and transverse lie in labour
- Uterine rupture

Diagnosis

- Usually made when a varying fetal lie is found on repeated clinical examination in the last month of pregnancy

Management

- 85 % of fetal lies will become longitudinal before rupture of the membranes or labour[1]
- Abdominal palpation to assess for polyhydramnios
- Pelvic examination as indicated (assess pelvic size and shape)
- Ultrasound to exclude mechanical cause
- Inform woman of need for prompt admission to hospital if membranes rupture or when labour starts
- Hospital admission from 37 weeks onwards is recommended
- Immediate clinical assistance if membranes rupture or signs of labour
- May attempt external version to cephalic presentation in early labour with access to facilities for immediate delivery if indicated
- If cephalic presentation is maintained (spontaneously or otherwise) manage as normal

Intrapartum management

- If SROM occurs, perform vaginal examination to exclude the presence of a cord or malpresentation

Vaginal and pelvic assessment

- Establish presentation
- Exclude cord presentation
- Assess if polyhydramnios
- Assess cervical dilatation

If the lie is longitudinal

- Normal labour management

If the lie is not longitudinal

- Consider external version to correct lie
- A stabilising ARM should be done with caution
    - Bladder distention can cause a changing fetal lie; encourage the woman to void before performing any procedures

If the lie is not longitudinal and cannot be corrected

- Caesarean section

References

1. MacKenzie IZ. Unstable lie, malpresentations, and malpositions. In: James DK, Weiner CP, Steer PJ, Gonik B, Crowther CA, Robson SC, editors. High risk pregnancy. Fourth ed. Philadelphia: Elsevier; 2011. p. 1123-1137. (Level IV)
2. Royal College of Obstetricians and Gynaecologists (RCOG). Umbilical cord prolapse. Green-top Guideline No. 50. November 2014. Available from URL: https://www.rcog.org.uk/globalassets/documents/guidelines/gtg-50-umbilicalcordprolapse-2014.pdf

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