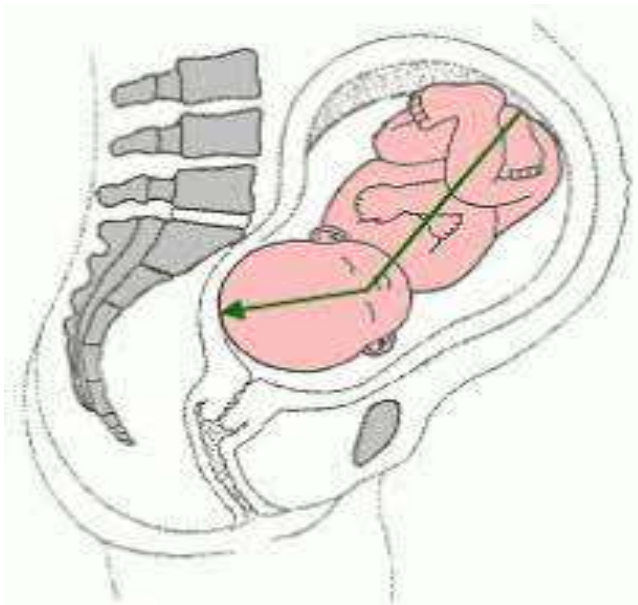
SNS COLLEGE OF NURSING
Saravanampatti (po), coimbatore

DEPARTMENT OF NURSING
OCCIPITO POSTERIOR POSITION

MECHANISM OF LABOUR

- **IN FAVOURABLE:**
  - Flexion
  - Internal rotation of the head (head 3/8 ant., shoulder 2/8): occupy RIGHT oblidue diameter in ROP and LEFT obligue diameter in LOP
  - Further descent : as occipito anterior p.
  - Restitution
  - External rotation
  - Birth of the shoulders and trunk

- ***IN UNFAVOURABLE:***
  - **Incomplete forward rotation: deep transverese arrest**
  - **Non rotation**
  - **Malrotation**



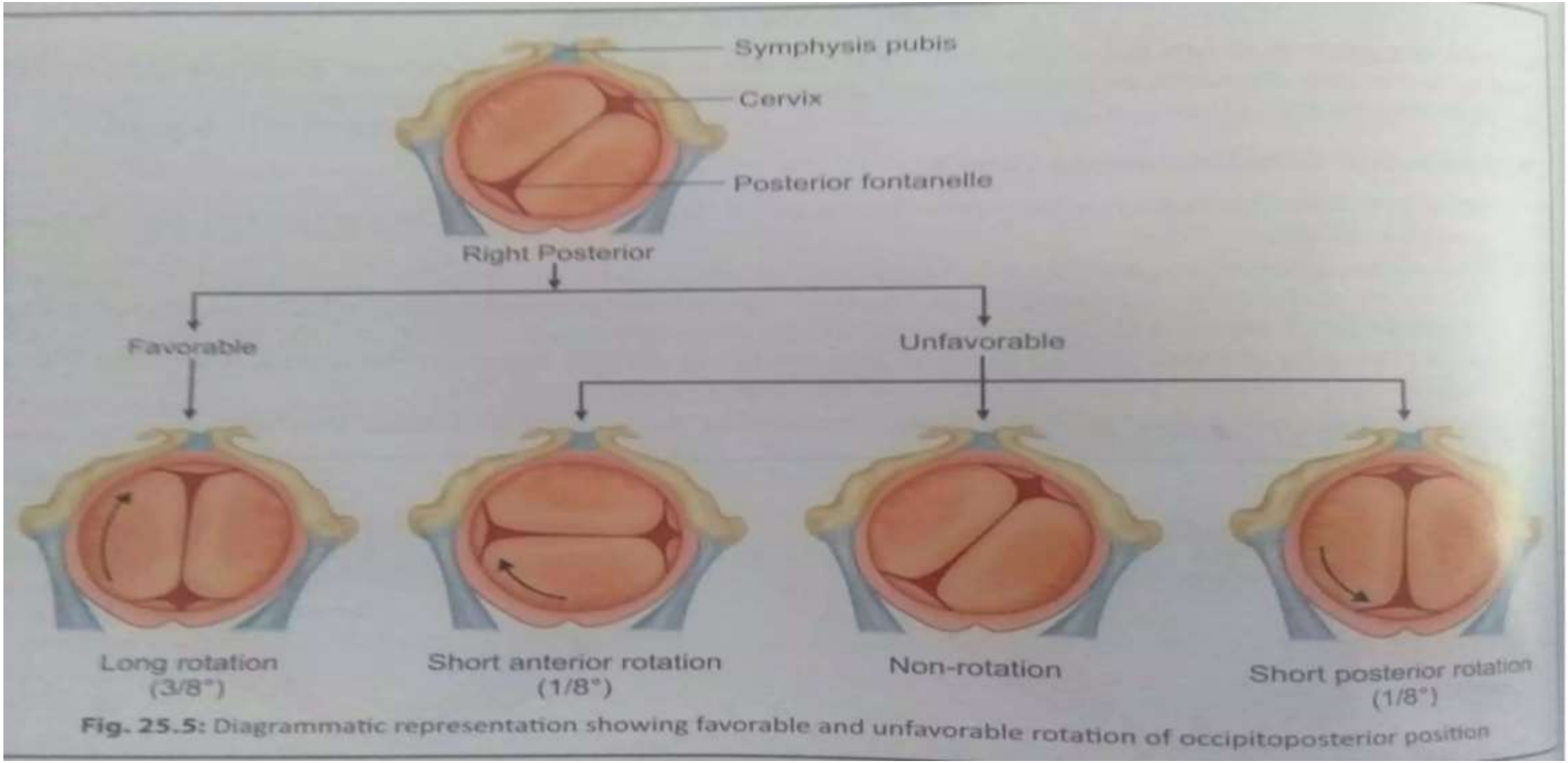


Fig. 25.5: Diagrammatic representation showing favorable and unfavorable rotation of occipitoposterior position

- **Mechanism of “face to pubis” delivery**
  - Further descent occurs until the root of the nose
  - Flexion occurs
  - Restitution
  - External rotation
  - Persistant occipito-posterior

MANAGEMENT

- Early diagnosis
- Watchfull expectancy for decent and anterior rotation
- Early cesarean section: Anticipating prolonged labour, no progress of labour, Persistant of deflexion and non-rotation, Arrest labour, incoordinated uterine contraction, fetal distress

MANAGEMENT OF ARREST OPP

1. Arrest in transverse / obligue occipito posterior position:-
   - Ventouse
   - Alternative methods like mannual rotation and extraction, cesarean section and craniotomy
2. Occipitosacral arrest:-
   - Forceps application followed by etraction as face-to-pubis
   - Liberal mediolateral episiotomy should be done

DEEP TRANSVERSE ARREST

- The head is deep in to the cavity, sagital suture is placed in the transverse bispinous diameter and there is no progress in descent of the head even after 0.5 to 1 hour following full dilatation of the cervix

CUASES

- Pelvic structure
- Deflexion of the head
- Weak uterine contraction
- Laxity of pelvic floor muscles

DIAGNOSIS

- Head is engaged
- Sagital suture lies in transverse bispinous diameter
- Anterior fontanelle is palpable
- Faulty pelvic architecture

MANAGEMENT

- If Vaginal delivery not safe: Cesarean section
- If Vaginal delivery safe: ventouse, mannual rotation, forcep rotation

MANNUAL ROTATION OF OPP

- The mannual rotation can be accomplished with whole hand method or with half hand method.

Steps:-

- Put the patient under general anesthesia
- Provide lithotomy position
- Maintain full surgical asepsis
- Catheterizaion should be done
- Identify direction of occiput by PV Exa.

- ***WHOLE HAND METHOD:-***

  - **Step I: Gripping of the head**
  - **Step II: Rotation of the Head**
  - **Step III: Application of forceps**

❖ Step I: Gripping of the head

- In ROP or ROT the Left hand and in LOP or LOT the Right hand is usually used.
- The correctsponding hand is introduced into the vagina in cone shapped manner after seperating the labia by two fingers of other hand.

- In Occipito transverse position, the four fingers are pushed in the sacral hollow to be placed over the posterior parital bone and the thumb is placed over the anterior parital bone.

- In oblique posterior position, four fingers of patially supinated hand are placed over the occiput and the thumb is placed over the sinciput.

❖ Step II: Rotation of the head

- Slight disimpaction may be needed for good grip.
- By the movement of pronation of the hand, the head is rotated to bring the occiput anterior along the shortest route.
- Simultaneouslty, the back of the fetus is rotated by the external hand from the flank to the midline

- **This is an essential prerequisite, for anterior rotation of head.**

- **A little over rotation is desirable anticipating slight recurrence of malposition before the application of forceps.**

- In the ***Alternative method***, the four fingers of the pronated right hand are placed over the sinciput and the thumb over the occiput in ROP. The head is rotated in the supination movement of the hand.

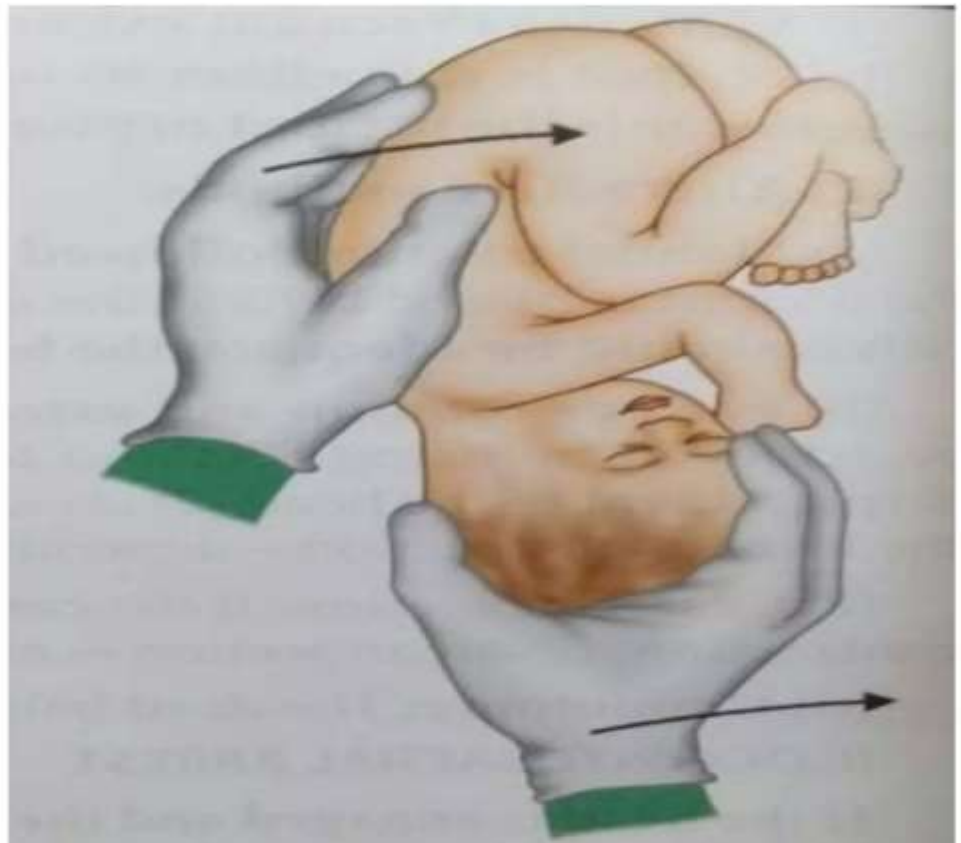


Fig. 25.7: Alternative method of gripping the head in ROP with the right hand

❖ Step III: Application of the forceps

- Following Rotation, when the right hand is placed over the left side of the pelvis, left blade of the forcep is introduced.

- When the left hand is used, it is placed on the right side of the pelvis after rotation, as such the right blade is to be introduced first and the left blade is then to be introduced underneath the right blade.

- **While introducing the blades, it is preferable that an assistant fixes the head by suprapubic pressure in a manner of first pelvic grip.**

- **As it is a mid forceps application, axis traction device should be used.**

References

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Thank you