

---

## Diagnosis of Fetal Malpresentation in Labour Guideline

---

### 1. Guiding Principles

Early detection of fetal malpresentation in labour gives women and their carers maximum time to consider management options and arrange a care plan consistent with the woman's wishes and optimal fetal safety. Late detection of fetal malpresentation in labour creates an emergency situation and puts the baby at risk of being born without the optimal available clinical team in attendance and may limit care choices. Case reviews conducted by the WA Country Health Service (WACHS) Quality and Patient Safety team have highlighted the difficulties and risks associated with late diagnosis of malpresentations in labour.

### 2. Guideline

1. All women admitted with symptoms suggestive of labour or ruptured membranes and prior to any vaginal examination should have an abdominal palpation performed promptly and the findings documented in the case notes (partogram and/or Inpatient Progress Notes MR 55).
2. Clinicians of all levels of experience can make errors in ascribing presentation based on abdominal and/or vaginal examination findings.
3. Particular maternal and fetal features are associated with an increased risk of misdiagnosis of the presenting part.
4. All WACHS hospitals providing planned birth services have access to bedside ultrasound scan devices.
5. The WACHS encourages all midwives and obstetric credentialed medical practitioners to develop the skills to use bedside ultrasound scan examination for the purpose of assisting correct and timely diagnosis of the presenting part.
6. An appropriately skilled [midwife](#) or obstetric medical practitioner should use bedside ultrasound examination to check the fetal presentation whenever there is doubt about the presenting part, or in situations where there is increased risk of misdiagnosis of the presenting part.

#### Guideline:

- Clinical examination of all pregnant women admitted with symptoms suggestive of ruptured membranes or onset of labour are to include abdominal palpation. Documentation should include fundal height, fetal presentation, fetal position, level of the fetal presenting part and fetal heart rate.
- Vaginal examination is recommended for women admitted with symptoms of labour at term. Documented findings should include fetal presentation and station. (Where preterm labour is suspected, initial cervical examination will usually be by speculum examination.)

- The clinical findings of both the abdominal palpation and the vaginal examination, are used in conjunction, to make the determination of fetal presentation and position.
- Where fetal presentation, position and station cannot be confidently ascertained by virtue of e.g. insufficient cervical dilatation, high fetal station or apparent marked caput and moulding, bedside ultrasound can be used to assist in accurate diagnosis of fetal presentation and position.

All bedside ultrasound examination findings are to be documented in the case notes and include:

1. date and time of examination
  2. maternal consent (this may be verbal)
  3. the indication for the examination
  4. the findings
  5. the actions taken and the name of the doctor the findings are conveyed to
  6. the name of the doctor or midwife performing the ultrasound.
- Indications for bedside ultrasound to assist accurate diagnosis of fetal presenting part in labour:
    1. Suspected malpresentation on abdominal or vaginal examination.
    2. Uncertainty regarding fetal presentation based on abdominal +/- vaginal examination findings.
    3. High presenting part.
    4. Atypical findings on vaginal examination e.g. soft presenting part.
    5. 'Deeply engaged' presenting part where vaginal examination has not been performed.
    6. Polyhydramnios.
    7. Unexpectedly high position of fetal heart beat on Doppler examination.
    8. Antenatal history of unstable lie or breech presentation at or beyond 34 weeks gestation.
    9. Maternal obesity (Booking BMI>35 )
    10. History of abnormal uterine anatomy: e.g. bicornuate uterus, fibroid uterus.
    11. Previous pregnancy with breech or other abnormal presentation at term.

### 3. Definitions

<b>Malpresentation</b>	Non vertex presentation of the fetus
------------------------	--------------------------------------

### 4. Roles and Responsibilities

- Maternity clinicians are to perform the assessment and procedures in line with their skills, expertise, training, competence and scope of practice.
- Midwives who wish to undertake bedside ultrasound for Maternity clients are required to comply with the WACHS [Limited Use of Bedside Ultrasound by Midwives – Skills Assessment Checklist](#).
- Nurse Unit Managers and Obstetric lead clinicians are to encourage midwifery and obstetric colleagues to develop and use the skills required to perform bedside ultrasound examinations to aid in accurate diagnosis of fetal presentation in labour.

### 5. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

### 6. Records Management

*Clinical:*

[Health Record Management Policy](#)

### 7. Evaluation

Feedback provided by clinicians to the WACHS Obstetric and Gynaecology Clinical Advisory and Patient Safety Advisory Group.

Data provided by WACHS incident monitoring systems.

Data recorded by relevant health information management data systems including but not limited to Maternal and Child Health Data, Hospital Morbidity Data and Non-Admitted Patient Data.

### 8. Standards

[National Safety and Quality Health Service Standards](#) - 1.1b/c, 1.7a, 1.27a, 6.1, 6, 11

### 9. References

Nassar N, Roberts CL, Cameron CA, Olive EC. Diagnostic accuracy of clinical examination for detection of non-cephalic presentation in late pregnancy: cross sectional analytic study. *BMJ*. Sep 16, 2006; 333(7568): 578–580.

## 10. Related Policy Documents

[KEMH clinical practice guideline- Abdominal examination](#)

[KEMH clinical practice guideline- Abnormalities of Lie/Presentation](#)

[WACHS Limited Use of Bedside Ultrasound by Midwives in Third Trimester Pregnancy Policy](#)

## 11. Policy Framework

[Policy Framework](#) – Clinical governance, safety and quality

**This document can be made available in alternative formats  
on request for a person with a disability**

<b>Contact:</b>	WACHS Clinical Lead, Obstetrics & Gynaecology (Dr S Armitage)		
<b>Directorate:</b>	Medical Services	<b>TRIM Record #</b>	ED-CO-14-81564
<b>Version:</b>	2.00	<b>Date Published:</b>	19/02/2020