Face presentation

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Definition

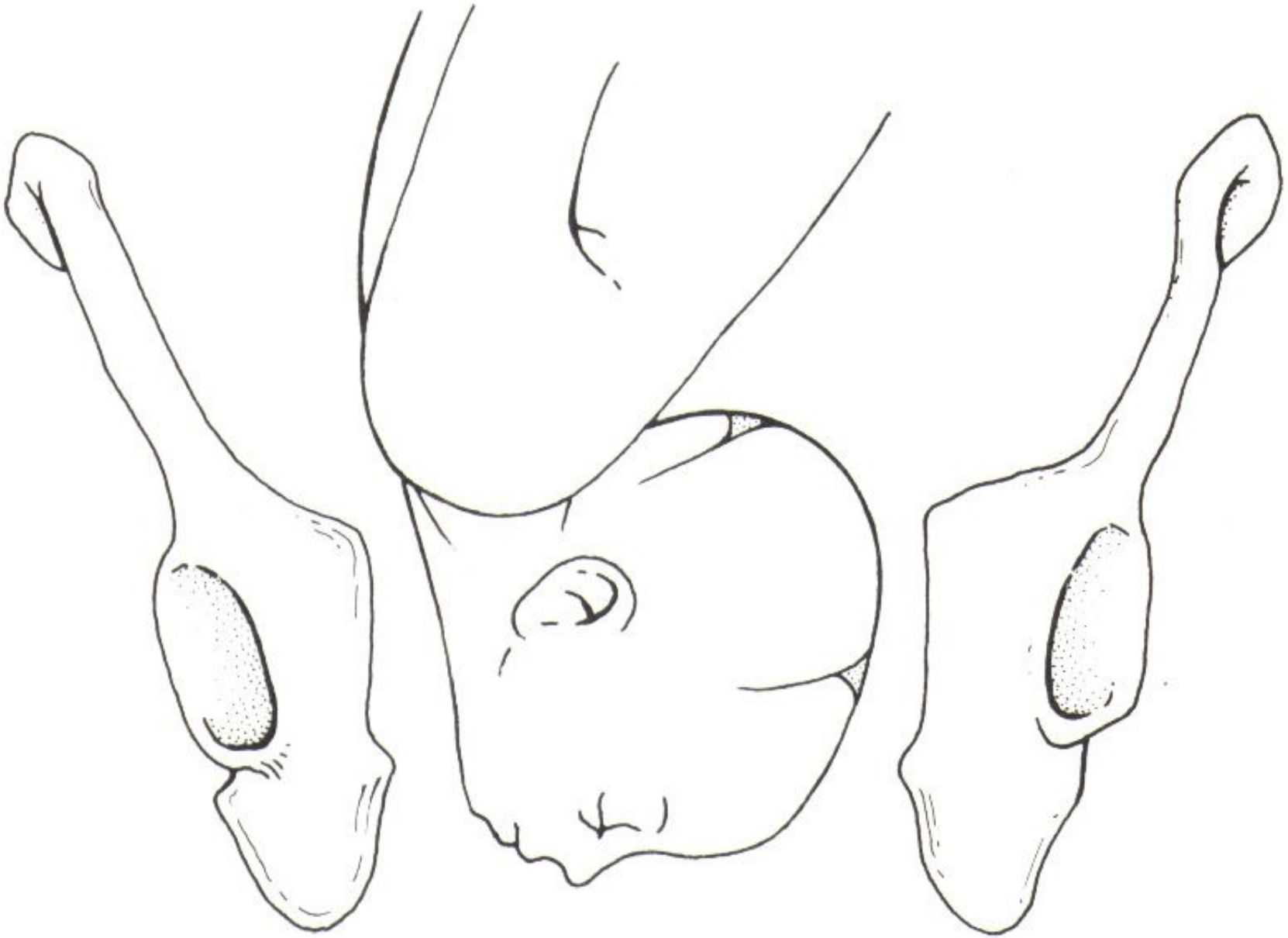
Head hyper extended, with face as presenting part

Epidemiology

Incidence: 0.1 to 0.2% of singleton deliveries

Pathophysiology

- Face presentation is an extended attitude
  - Results in largest head diameter: Occipitomental
  - Increases diameter 3 cm (24%) over flexed head



Causes

- Polyhydramnios
- Multiple pregnancy
- Multiparity,lax uterus
- Contracted pelvis

Cont.

- Anencephaly
- Loops of cord around the neck
- Tumours in front of neck, cystic hygroma, goitre

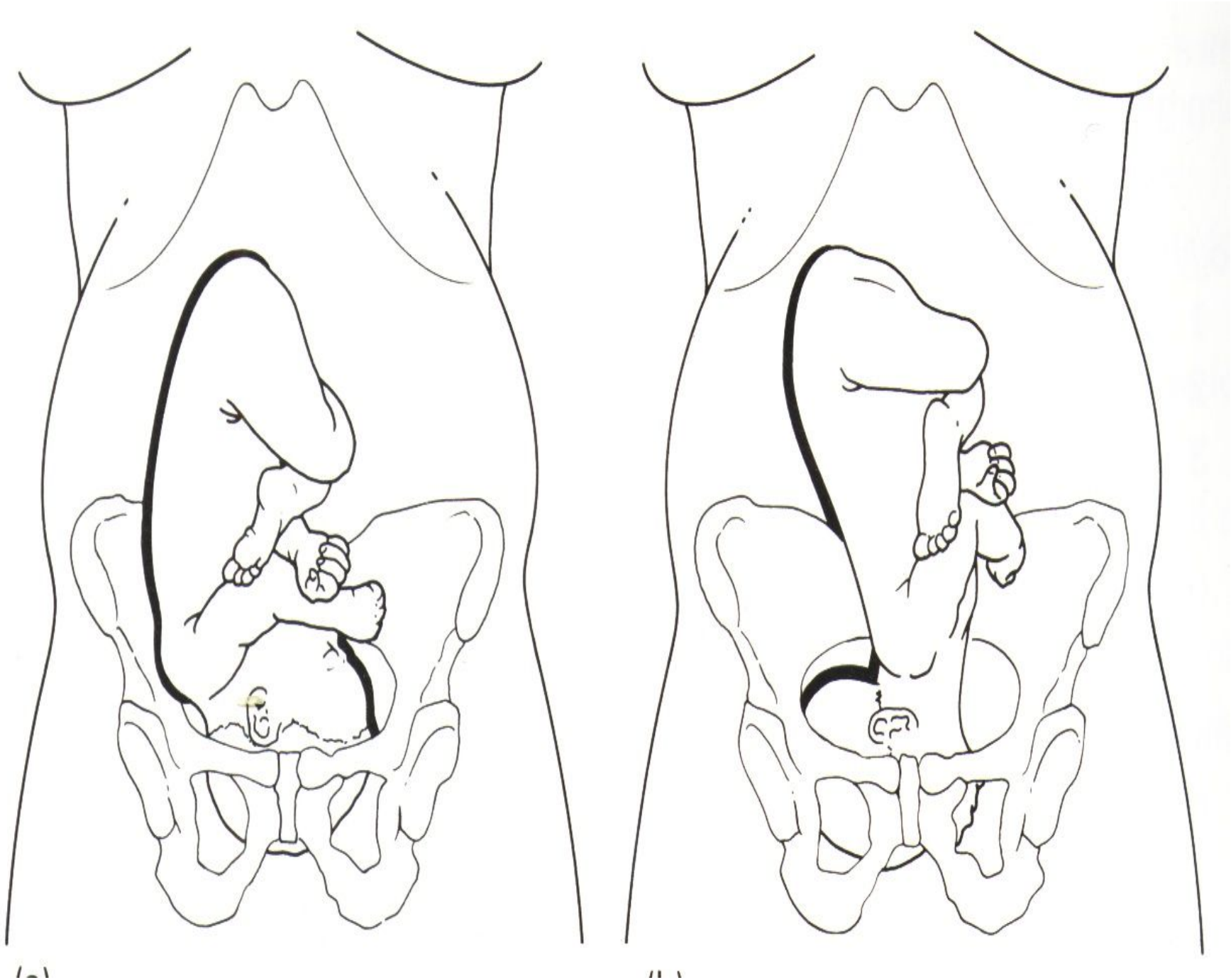
Diagnosis

During pregnancy

- High head
- Head protuberance on the same side as the back
- USG

In labour

- Mouth, jaws, nose,alveolar and orbital ridges are felt



Labour in face presentation

- Prolonged labour
- Early ROM
- Perineal & vaginal tears
- May end in obstructed labour due to mentoposterior or mentotransverse position

Management

- Do not attempt to convert face presentation to vertex
- Never apply vacuum extractor to face
- Do not apply internal scalp electrodes
- Avoid Oxytocin in most cases
- Consider large episiotomy if fetus delivers vaginally

Management

- No active intervention
- Wait for the spontaneous rotation and delivery
- Epidural analgesia
- If prolonged second stage and mento-anterior :apply forceps

Cont.

- If persistant mentotransverse:

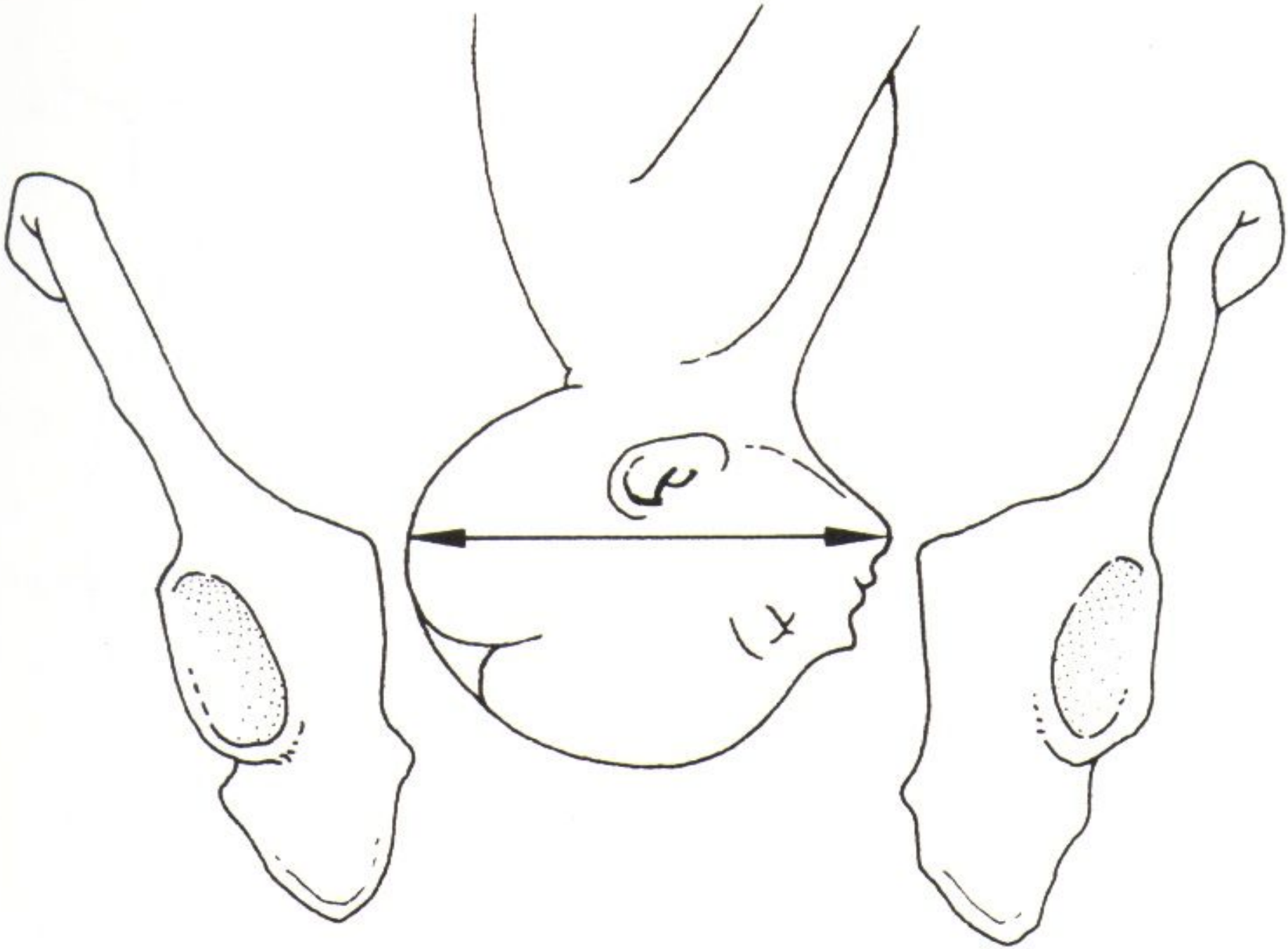
  rotation manually or with Kielland forceps
- In persistant mentoposterior: C.Section

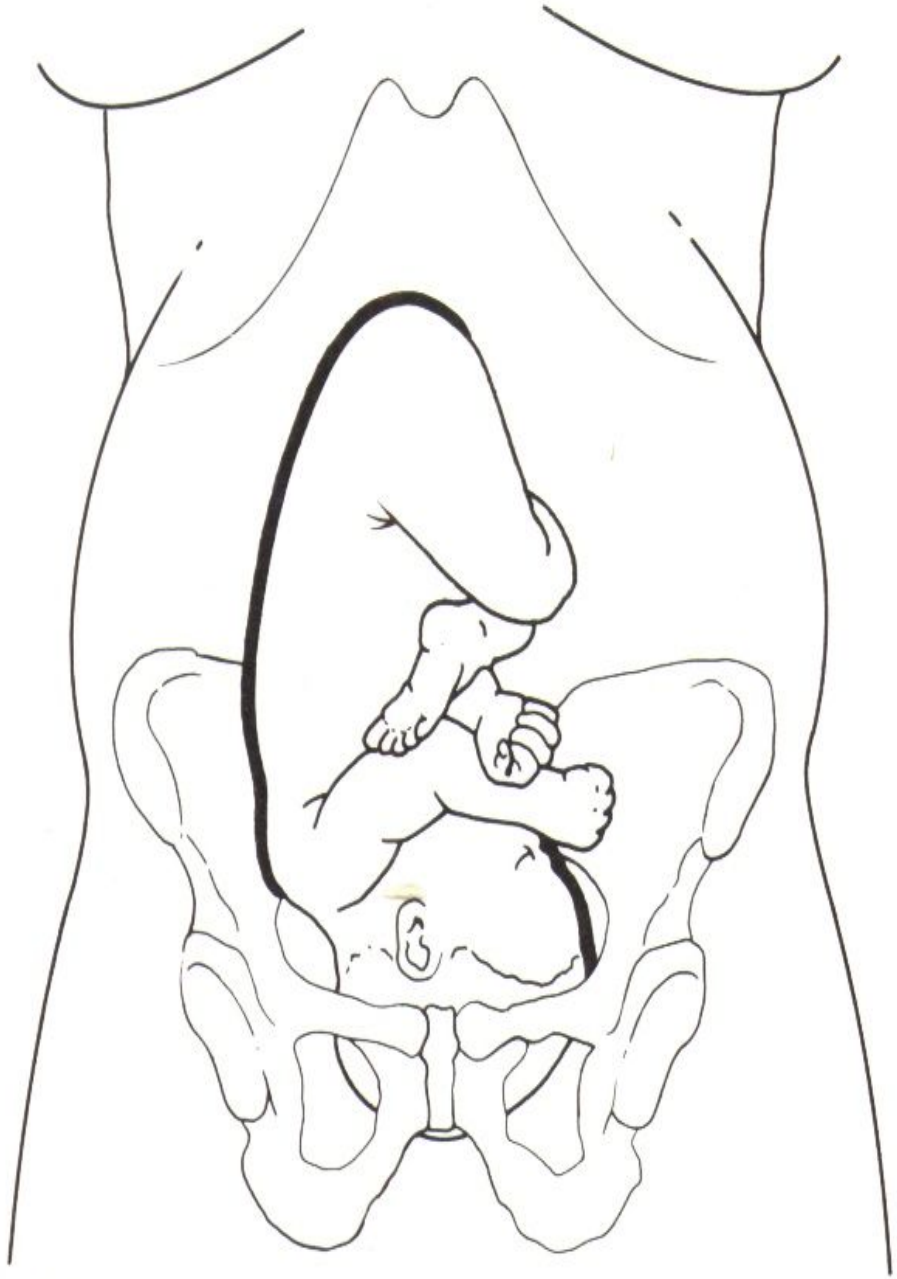
Brow Presentation

Epidemiology

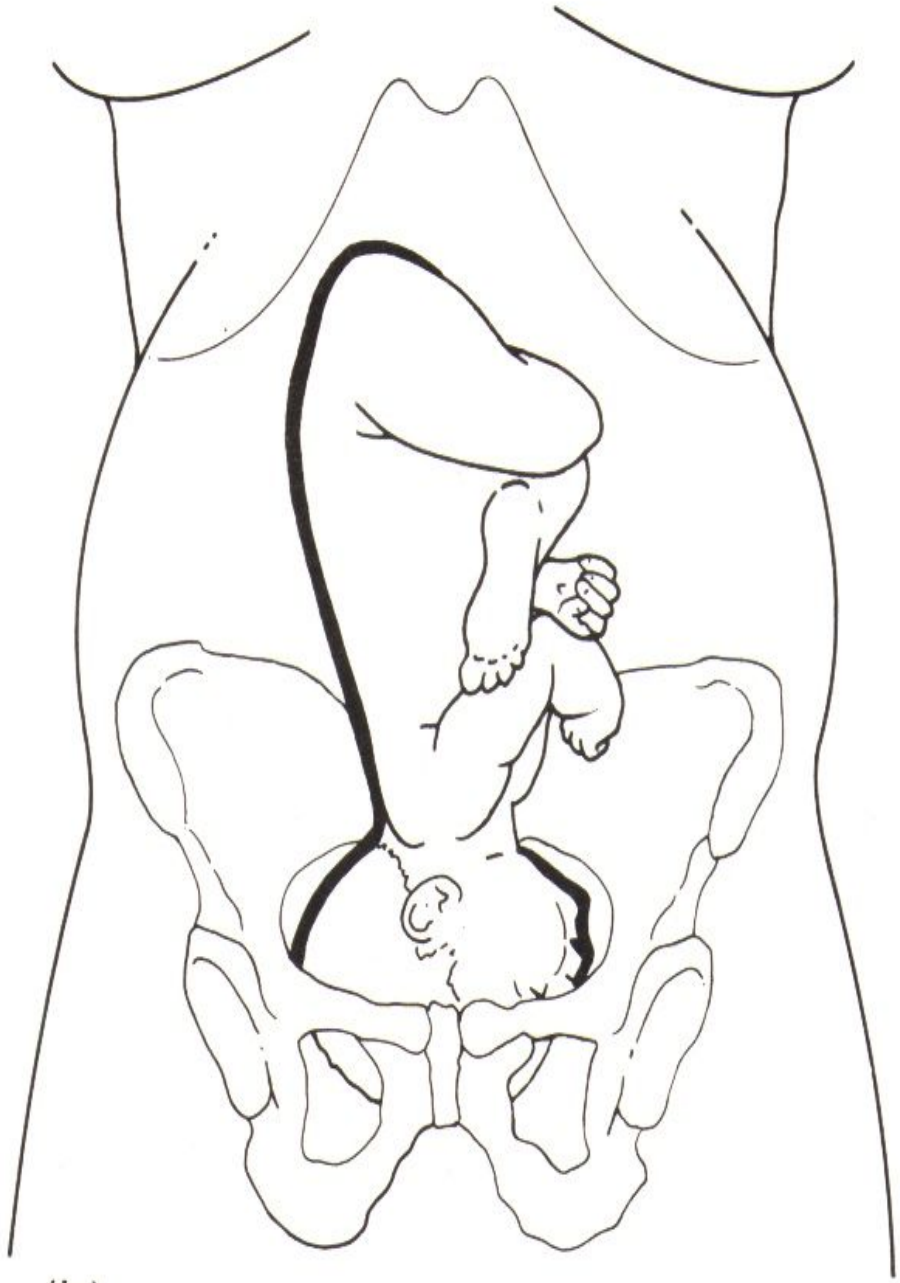
Incidence: 0.02% of singleton deliveries

- Brow is an area between the orbital ridges and anterior fontanelle
  - **Results when head is halfway between flexion & extension**





(a)



(b)

Diagnosis

Never made during pregnancy

In labour

- High head
- Frontal suture & anterior fontanelle on one side and orbital ridges on other side

Pathophysiology

- Results in largest head diameter: Occipitomental (mentovertical)13.5cms

Management

- Cesarean section required in most cases
- Brow presentation rarely can deliver vaginally unless:
  - spontaneously converts to vertex or face presentation
  - fetus is very small or pelvis is very large

Cont.

- Do not attempt to convert brow presentation to vertex
- Never apply vacuum extractor to brow presentation
- Do not apply internal scalp electrodes
- Avoid Oxytocin