

# South Australian Perinatal Practice Guidelines

## Unstable lie of the fetus

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### Definition

- > Unstable lie refers to the frequent changing of fetal lie and presentation in late pregnancy (usually refers to pregnancies > 37 weeks) (MacKenzie, 2011)
- > 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
- > Placenta praevia
- > Polyhydramnios
- > Pelvic inlet contracture and / or fetal macrosomia
- > Pendulous abdomen
- > Uterine abnormalities (e.g. bicornuate uterus or uterine fibroids).
- > Fetal anomaly (e.g. tumours of the neck or sacrum, hydrocephaly, abdominal distension)

### 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 (MacKenzie, 2011)
- > 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

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### Intrapartum management

#### 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
- > ARM should be done with caution

#### 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. April 2008. Available from URL: <http://www.rcog.org.uk/files/rcog-corp/uploaded-files/GT50UmbilicalCordProlapse2008.pdf>

### Abbreviations

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

### Version control and change history

**PDS reference:** OCE use only

Version	Date from	Date to	Amendment
1.0	01 Sept 08	current	Original version