

# Fatal Malposition in Labor

Lindsey Copes BSN, RN

Peggy Rogers BSN, RN  
peggy\_s.rogers@lvhn.org

Follow this and additional works at: <http://scholarlyworks.lvhn.org/patient-care-services-nursing>



Part of the [Nursing Commons](#)

---

## Published In/Presented At

Copes, L. Peggy, Rogers. (2016, Oct). *Fatal Malposition in Labor*. Poster Presented at: LVHN Vizient/ AACN Nurse Residency Program Graduation. Lehigh Valley Health Network, Allentown, PA.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact [LibraryServices@lvhn.org](mailto:LibraryServices@lvhn.org).

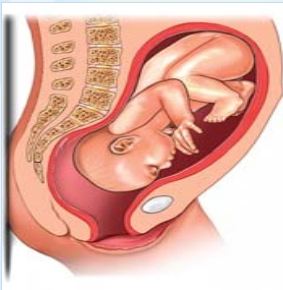
# FETAL MALPOSITION IN LABOR

Lindsey Copes, BSN, RN and Peggy Rogers, BSN, RN

Lehigh Valley Health Network, Allentown, Pennsylvania

## BACKGROUND / INTRODUCTION

- Occipitoposterior (OP) position is the most common malpresentation confronted by obstetricians (Sizer and Nirmal 2000)
- Incidence of persistent OP position has impact on laboring outcome (Fitzpatrick et al. 2001)
  - Higher incidence of prolonged labor and pregnancy
  - Back labor is common which can increase the use of epidurals
  - Contributes disproportionately to cesarean and instrumental delivery (vacuum or forceps)
- A change in patient's position can positively impact fetal position and affect delivery outcome (Simkin and Acheti. 2011)
  - Assist in Fetal Position Change/Movement
  - Alter forces of gravity and pressures on pelvic joints



## METHODS

- Repositioning education provided via TLC regarding OP malpresentation and the nursing interventions available to assist in fetal positional change
  - Forward leaning
  - Open knee & chest
  - Hands and knees
  - Side lying with peanut ball
  - Kneeling and straddling
  - Lunges
- Supportive visual materials placed in patient rooms to facilitate variety of positional changes
- Quantitative data on fetal position, nursing interventions, and delivery outcome collected from several nurses on the LVHN Labor & Delivery unit over the course of one month

## PICO QUESTION

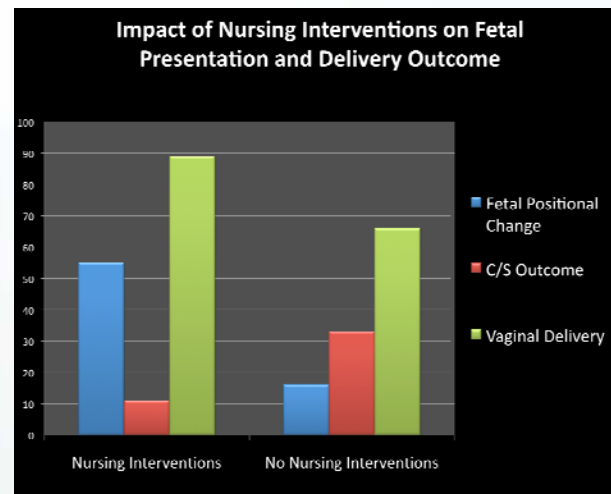
In laboring women who know their baby is in the OP position, will introducing new maternal positions that open up the mother's hips, help rotate the fetal presentation from OP to OA and impact the delivery outcome?

## OUTCOMES

- 60% of the nurses who participated in the data collection implemented a positioning change intervention for their patients
  - 56% experienced a change from the OP position
  - 16% delivered via C-Section
  - 89% delivered vaginally
- 40% of the nurses that participated in the data collection did not implement a positioning change intervention for their patients
  - 16% experienced a change from the OP position
  - 33% delivered via C-Section
  - 67% delivered vaginally

Sample Size n=14

## RESULTS



## CONCLUSIONS

- Occipitoposterior (OP) position has a negative impact on laboring outcome
- When implemented, positioning changes of the laboring patient has an impact on changing the fetal position which can positively impact the delivery outcome
- Positioning changes are a non-invasive method to assist in fetal position movement and change
- Barriers that affected the data collection were completion of the data collection form for all OP patients, implementing the position interventions by the nursing staff, and proper position assessment by the physicians



<https://pixabay.com/en/photos/newborn/>

## REFERENCES

- Andrews, C. M., & Andrews, E. C. (1983). Nursing, maternal postures, and fetal position. *Nursing research*, 32(6), 336-341.
- Cohen, S. R., & Thomas, C. R. (2015). Rebozo technique for fetal malposition in labor. *Journal of Midwifery & Women's Health*, 60(4), 445-451.
- Fitzpatrick, M., McQuillan, K., O'Herlihy, C. (2001). Influence of Persistent Occiput Posterior Position on Delivery Outcome. *The College of Obstetricians and Gynecologists*. Elsevier Sciences Corp. 98(6), 1027-1031
- Lawrence, A., Lewis, L., Hofmeyr, G. J., Dowswell, T., & Styles, C. (2009). Maternal positions and mobility during first stage labour. *Cochrane Database Syst Rev*, 2(CD003934).
- Senecal, J., Xiong, X., Fraser, W. D., & PEOPLE (Pushing Early Or Pushing Late with Epidural) Study Group. (2005). Effect of fetal position on second-stage duration and labor outcome. *Obstetrics & gynecology*, 105(4), 763-772.
- Simkin, P. (2010). The fetal occiput posterior position: state of the science and a new perspective. *Birth*, 37(1), 61-71.
- Simkin P. & Acheti, R. (2011). *The Labor Progress Handbook Early Interventions to Prevent and Treat Dystocia*. Wiley-Blackwell, 3rd Edition, 124-285.
- Sizer, A.R. & Nirmal, D.M. (2000). Occipitoposterior Position: Associated Factors and Obstetric Outcome in Nulliparas. *Obstetrics & Gynecology*, 98(5), 749-751.
- Stremmler, R., Hodnett, E., Petryshen, P., Stevens, B., Weston, J., & Willan, A. R. (2005). Randomized Controlled Trial of Hands-and-Knees Positioning for Occipitoposterior Position in Labor. *Birth*, 32(4), 243-251.
- Zwelling, E. (2010). Overcoming the challenges: maternal movement and positioning to facilitate labor progress. *MCN: The American Journal of Maternal Child Nursing*, 35(2), 72-78.

© 2016 Lehigh Valley Health Network

A PASSION FOR BETTER MEDICINE.™

610-402-CARE LVHN.org

