

Assignment 3.7

Face

Presentation

Flashcards

Emily McGregor
MDWF 2030

Face Presentation

Face presentation happens less than is clinically considered rare and happens roughly 1% (1 in 600-800) and occurs more often in those that have had multiple births than those that have never given birth. About 70% of all face presentations are anterior or transverse while 30% are posterior.

(Oxorn-Foote)

Mentum Anterior Left

LMA (left mentum *chin* anterior) is the most common type of face presentation. This type of face presentation is able to result in a spontaneous vaginal delivery, although it is not uncommon for it to take significantly longer.

Position of the fetus in the Pelvis: With Left Mentum Anterior the fetal lie is longitudinal, presenting in the cephalic, presenting part is the face. The attitude results in complete extension with the chin leading. Small parts are on the left and the anterior, this extension caused the chest to be thrust forward and the back to become hollowed. As you can see in the image to the right of the slide.

Upon an abdominal examination several key clues are:

- The long axes of the baby and the birthing person are parallel
- The head is at the pelvis. In Early labor not engaged
- The back is on the right side of the birthing person's abdomen, small parts on the left, extension of the spine caused the chest to be thrown out and the back to be hollowed.
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Upon a Vaginal Examination: The clue is the absence of the round, even, hard vertex. Sometimes confused as breech because it feels soft to the touch.

Problems and complications: Long labor, long pushing phase and late discovery are common problems.

(Oxorn-Foote)





Mentum Anterior Right


RMA (right mentum *chin* anterior) This position is when the head does not flex, instead extends like in all face presentations, the baby enters into the pelvis chin first facing the birthing persons right. More than 90% of anterior face presentations are able to deliver vaginally.

Position of the fetus in the Pelvis: With Right Mentum Anterior the chin reaches the pelvic floor and is directed downward, rotating 45 degrees anteriorly towards the pubic symphysis. The shoulders remained in the oblique diameter and the neck twists.

Upon a Vaginal Examination: The clue is similar to LMA, these two can be combined in that category.

Problems and complications: The face is a poor dilator, these labors take much longer than normal, Delays take place in the inlet.

(Oxorn-Foote)



Mentum Transverse Left/Right

LMT/RMT (left/right mentum *chin* transverse) Is when the long axis of the face is in the transverse diameter of the pelvis with the chin on the left or the right and the forehead is opposite.

Position of the fetus in the Pelvis: With LMT and RMT the mechanisms of labor for the RMT and LMT are the same except that the chin, small parts and fetal heart are on the right and the back and cephalic prominence are on the left.

Upon an abdominal examination several key clues are:

- The long axis of the fetus is parallel to that of the birthing person
- The head is at the pelvis
- The back is on the right, toward the birthing person's flank. Small parts on the left (see notes above about the reverse)
- The breech is in the fundus
- The occiput is on the right, same as the back

Upon a Vaginal Examination: The clue is the long axis of the face in the transverse diameter of the pelvis. The chin is at 3 o'clock, forehead is to the right at 9 o'clock or the reverse

Problems and complications: Long labor, long pushing phase and late discovery are common problems.

(Oxorn-Foote)



Mentum Posterior

Left/Right

LMP/RMP (left/right mentum *chin* posterior) Happens roughly 30% of the time, most rotate anteriorly by the time of birth. The flexed counterpart of the posterior face is the anterior occiput, LMP flexes to ROA and RMP to LOA.

Position of the fetus in the Pelvis: W

Upon an abdominal examination several key clues are:

- The long axis of the fetus is parallel to the long axis of the birthing person
- The head is at the back of the pelvis
- The back is anterior and to the right, the small parts are on the left and posterior
- The breech is in the fundus
- The cephalic prominence is to the right and anterior
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Upon a Vaginal Examination: The clue is the long diameter of the face is to the left oblique diameter of the pelvis and the chin is in the left posterior quadrant of the pelvis, the forehead is in the right anterior quadrant.

Problems and complications: Persistent posterior face presentation become arrested because they can not deliver spontaneously.

(Oxorn-Foote)



References

Posner, G., Dy, J., Black, A., Jones, G., (2013). Human Labor and birth. Sixth edition. McGraw Hill Education. Chapter 15 Abnormal Cephalic Presentations

All photos by Emily McGregor (self)