Management of an Unstable Lie at Term

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1.0 Introduction

An unstable lie is the term given to a fetus that continues to change its position and does not maintain a longitudinal lie at term (≥ 37 weeks).

Possible Causes:

- Multiple pregnancy
- Fetal anomaly
- Uterine anomaly
- Pelvic anomaly
- Grand multiparity
- Space occupying lesion e.g. ovarian cyst / tumour
- Polyhydramnios
- Placenta praevia

A fetus that does not maintain a cephalic presentation and longitudinal lie at term may reduce the possibility of a normal vaginal delivery. Women with an unstable lie or malpresentation at term are risk assessed and an individual management plan devised.

2.0 Objective

To ensure that women with a fetus in an unstable lie are risk assessed and a management plan made with a clear decision regarding mode of delivery.

3.0 Scope

This guideline applies to all medical and midwifery staff working on the maternity unit.

4.0 Main body of the document

4.1 Diagnosis of an unstable lie

A malpresentation/unstable lie may be suspected on abdominal palpation or vaginal examination and can be confirmed by abdominal ultrasound scan or by identifying landmarks vaginally such as facial features, genitalia, limbs or digits.

4.2 Management of an unstable lie

Antenatal:

- Arrange an ultrasound scan to exclude fetal anomaly, polyhydramnios, placenta praevia and pelvic pathology

- With transverse, oblique or unstable lie, elective admission to hospital after 37+0 weeks of gestation should be discussed and women in the community should be advised to present urgently if there are signs of labour or suspicion of membrane rupture. The risks of cord prolapse must be discussed with her. (RCOG 2014).
- Mode of delivery will be discussed between the woman and her consultant, and a plan agreed
- With an unstable lie, External Cephalic Version (ECV) is reasonable in the course of a stabilising induction. There are limited data on this procedure, but potential risks include cord prolapse, transverse lie in labour and fetal heart rate abnormalities. ECV should only be performed if there is a valid indication for induction (RCOG 2017).
- Arrange for delivery by caesarean section if unstable lie continues. The woman will be booked for elective caesarean section at 39 weeks. If this is before 39 weeks steroids will be offered to the woman and administered if accepted

Intrapartum:

- Inform the obstetric registrar
- Do not rupture the membranes. If the woman experiences spontaneous rupture of the membranes undertake vaginal examination to exclude cord prolapse
- Management will be determined by the presentation of the fetus at the time but deliver the infant by Caesarean section if malpresentation is confirmed on examination

5.0 Roles and responsibilities

5.1 Midwives

To provide the best evidence-based care for women in accordance with appropriate guidance from diagnosis to delivery.

5.2 Obstetricians

To provide care for women in accordance with appropriate guidance from diagnosis of condition to delivery.

5.3 Paediatricians

To attend delivery when their presence is requested.

5.4 Anaesthetists

To attend when their presence is requested and provide anaesthesia to the women for operations and procedures as appropriate.

6.0 Associated documents and references

Chamberlein G, Steer P (1999) Unusual presentations & positions and multiple pregnancy BMJ 318: pp 1192 – 1194

Edwards R L, Nicholson H E (1969) The management of unstable lie in late pregnancy J Obst Gynae, British Commonwealth. 76: 8: pp 713 -718

Napolitano et al (2004) Face presentation E Medicine Internet

Parker et al (2004) Brow presentation E Medicine Internet

Royal College of Obstetricians and Gynaecologists (RCOG) Green-top Guideline No. 50. Umbilical Cord Prolapse (2014) [online] https://www.rcog.org.uk/globalassets/documents/guidelines/gtg-50-umbilicalcordprolapse-2014.pdf

Royal College of Obstetricians and Gynaecologists (RCOG) Green-top Guideline No. 20a. External Cephalic Version and Reducing the Incidence of Term Breech Presentation (2017). https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1111/1471-0528.14466

7.0 Training and resources

Training will be delivered as outlined in the Maternity Training Needs Analysis. This is updated on an annual basis.

8.0 Monitoring and audit

Any adverse incidents relating to the management of unstable lie will be monitored via the incident reporting system. Any problems will be actioned via the case review and root cause analysis action plans. The action plans are monitored by the governance midwife to ensure that improvements in care are made. The trends and any root cause analysis are discussed at the monthly risk meetings to ensure that appropriate action has been taken to maintain safety.

The guideline for the management of unstable liewill be audited in line with the annual audit programme, as agreed by the CBU. The audit action plan will be reviewed at the monthly risk management meetings on a quarterly basis and monitored by the risk midwife to ensure that improvements in care are made.

9.0 Equality and Diversity

This section is mandatory for all Trust Approved Documents and must include the statement below:

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This guideline should be implemented with due regard to this commitment.

To ensure that the implementation of this guideline does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This guideline can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this guideline. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

9.1 Recording and Monitoring of Equality & Diversity

This section is mandatory for all Trust Approved Documents and must include the statement below:

The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all guidelines will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.

Appendix 1
Equality Impact Assessment – required for policy only

Appendix 2
Glossary of terms

SROM- Spontaneous Rupture of Membranes
ECV- External Cephalic Version

Appendix 3 (must always be the last appendix)
Maintain a record of the document history, reviews and key changes made (including versions and dates)

Version	Date	Comments	Author

Review Process Prior to Ratification:

Name of Group/Department/Committee	Date
Reviewed by Maternity Guideline Group	03/09/2020
Reviewed at Women's Business and Governance meeting	13/11/2020
Approved by CBU 3 Overarching Governance Meeting	24/03/2021
Approved at Trust Clinical Guidelines Group	13/05/2021
Approved at Medicines Management Committee (if document relates to medicines)	N/A

Trust Approved Documents (policies, clinical guidelines and procedures)

Approval Form

Please complete the following information and attach to your document when submitting a policy, clinical guideline or procedure for approval.

Document type (policy, clinical guideline or procedure)	Guideline
Document title	Management of an Unstable Lie at Term
Document author (Job title and team)	Practice educator midwife and obstetric consultant
New or reviewed document	Reviewed
List staff groups/departments consulted with during document development	Senior midwives, consultant obstetricians
Approval recommended by (meeting and dates):	Reviewed by Maternity Guideline Group 03/09/2020 Reviewed at Women's Business and Governance meeting 13/11/2020 Approved by CBU 3 Overarching Governance Meeting 24/03/2021 Approved at Trust Clinical Guidelines Group 13/05/2021
Date of next review (maximum 3 years)	24/03/2024
Key words for search criteria on intranet (max 10 words)	Unstable lie
Key messages for staff (consider changes from previous versions and any impact on patient safety)	
I confirm that this is the FINAL version of this document	**Name: Charlotte Cole** **Designation: Practice Educator Midwife**

FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

Approved by (group/committee): CBU3 Overarching Governance Meeting
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