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Management Of  
Unstable Lie Fetus

# Management Of Unstable Lie Fetus

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## **Management Of Unstable Lie Fetus**

Transverse lie - the fetus is positioned across the uterus, with the head on one side of the pelvis and the buttocks on the other.

The shoulder is usually

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the presenting part. The other important diagnosis to consider is unstable lie. This is where the presentation of the fetus changes from day-to-day (and can include breech presentation).

## **Breech Presentation - Risk Factors - Management - TeachMeObGyn**

Unstable lie – this is where the presentation of the fetus changes

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between transverse/oblique/breech and back. If >37 weeks gestation, consider inpatient admission until delivery due to risk of cord prolapse; Artificial rupture of membranes - particularly when the presenting part of the fetus is high in the pelvis.

## **Umbilical Cord Prolapse - Risk Factors - Management ...**

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Lie. Definition:

Relationship between the longitudinal axis of fetus and mother:  
longitudinal (resulting in either cephalic or breech presentation)  
oskie (cephalic presentation, fetus legs straight along frontal axis of mother) oblique (unstable, will eventually become either transverse or longitudinal)

**Presentation**

# File Type PDF Management Of Unstable Lie Fetus (obstetrics) -

## Wikipedia

In tracings with unstable FHR signals, review of previous segments and evaluation of longer time periods may be necessary to determine the baseline. FIGO 2015. Normal baseline: A value between 110 and 160 bpm. Preterm fetuses tend to have values toward the upper end of this range and post-term fetuses

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towards the lower end.

## **Physiological CTG - Guideline**

Oblique, transverse  
and unstable lie.

Cephalopelvic  
disproportion. Pelvic  
tumours. Low-lying  
placenta.

Polyhydramnios.

Macrosomia. High fetal  
station. Long umbilical  
cord. Obstetric

interventions including:

Amniotomy with high  
presenting part.



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Vaginal manipulation of the fetus with ruptured membranes. Insertion of intrauterine pressure catheter.

## **Prolapsed Cord. Pregnancy complications from ... - Patient**

Szaboova R, Sankaran S, Harding K, et al;  
PLD.23 Management of transverse and unstable lie at term.  
Arch Dis Child Fetal Neonatal Ed, 2014

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Jun99 Suppl 1:A112-3.  
doi: 10.1136/archdischi  
Id-2014-306576.324.

**Malpresentations  
and Malpositions  
Information | Patient**

While treating a pregnant trauma patient, which of the following is the BEST way to keep the fetus alive? A. Do not put the patient on a spine board to prevent supine hypotensive syndrome. B. Transport

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the patient to the closest pediatric center. C. Do an emergency cesarean section of the fetus. D. Treat the patient as any other trauma patient.

## **Ch. 32 Assessment You'll Remember | Quizlet**

Not having contractions after rupture of membranes is not unusual within a 1-hour time frame. The

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green amniotic fluid indicates that fetal distress has recently occurred to the point that the fetus had a bowel movement in utero. This occurrence, along with the 42-week gestation, places this fetus at greatest risk.

## **Study Unit 3: Management of care Flashcards | Quizlet**

complicated by (care of) (management affected by) abnormal,

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abnormality. cervix  
O34.4-ICD-10-CM  
Diagnosis Code  
O34.4-Maternal care  
for other abnormalities  
of cervix. ... Maternal  
care for damage to  
fetus by intrauterine  
contraceptive device;  
Maternal care for  
damage to fetus by  
intrauterine surgery;  
radiation O35.6.  
ICD-10-CM Diagnosis  
Code O35.6.

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## **Index > 'Pregnancy'**

Longitudinal lie, the most common and normal lie, occurs when the fetus' spine is aligned with the mother's spine in an up and down manner; a transverse lie occurs when the fetus' spine is at a right ninety degree angle with the maternal spine; and, lastly, an oblique lie occurs when the fetus' spine is diagonal to the mother's spine.

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**NCLEX-RN Practice  
Test Questions -  
200+ with  
Rationales ...**

Rheumatoid arthritis (RA) is a chronic systemic inflammatory disease of unknown cause. The hallmark feature of this condition is persistent symmetric polyarthritis (synovitis) that affects the hands and feet, though any joint lined by a synovial

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membrane may be involved.

## **Rheumatoid Arthritis (RA) Treatment & Management: Approach ...**

Management of CAD at the time of valve intervention is discussed in Section 14.2. After valve intervention, evaluate and treat patients with CAD risk factors according to current guidelines for primary



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and secondary prevention. Although there is no convincing evidence that treating CAD risk factors will reduce the likelihood of progressive ...

## **2020 ACC/AHA Guideline for the Management of Patients With ...**

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(@mayocliniccollege)  
on Instagram: "👉 Our

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Ph.D. Program within  
@mayoclinicgradschool  
is currently accepting  
applications! As a  
student,..."

## **College of Medicine & Science on Instagram: "☐☐ Our Ph.D ...**

With transverse,  
oblique or unstable lie,  
... Expectant  
management should be  
discussed for cord  
prolapse complicating  
pregnancies with a

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gestational age at the threshold of viability (23+0 to 24+6 weeks).

... vasospasm

preventing venous and arterial blood flow to and from the fetus.

There is a paucity of long-term

## **Green-top Guideline No. 50 - RCOG**

4.1.1 Management of 1st Stage of Labour 79

4.1.2 The Second Stage of Labour 94 ...

7.1.5 Unstable lie 189

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7.1.6. Compound or Complex Presentation 190  
7.1.7 Occipitio-Posterior Position 191  
... and guidance is essential to the health of women and fetus and to the emotional preparation of a family for childbearing.

## **Obstetric and Gynecological Nursing**

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