Safe Prevention of the Primary Cesarean Delivery

The most common indications for primary cesarean delivery include, by frequency,
• labor dystocia, abnormal or indeterminate (formerly, nonreassuring) fetal heart rate tracing, fetal malpresentation, multiple gestation, and suspected fetal macrosomia.
Safe Prevention of the Primary Cesarean Delivery

- Safe reduction of the rate of primary cesarean deliveries will require different approaches
  - Aaron Caughey, OB

  http://www.acog.org/Resources-And-Publications/Obstetric-Care-Consensus-Series/Safe-Prevention-of-the-Primary-Cesarean-Delivery

Where’s the Baby?

Station is more important than cervical dilation

www.SpinningBabies.com

Know Stations as 3 Levels
Level of the Pelvis
The key to labor progress

- Inlet -2, -3, -4
- Midpelvis -1, 0, +1,
- Outlet +2, or lower

Each Level of the Pelvis has its *roomier* diameter

- Inlet: Transverse
- Midpelvis: Oblique
- Outlet: AP & Transverse

Drawings by Shanna Dela Cruz; used with permission from Anne Frye, 2004
The sacrum is mobile

...unless it isn’t!

– Due to supple psoas, fascia mobility, flexible joints, and muscle length

More than Pelvic Size or Shape...
Muscles, Ligaments, Fascia

Pelvic Balance
Balanced Joints are Aligned joints
The bony pelvis determines whether fetal position matters

Inlets

-4, -3, -2: Narrow front to back

Suggested Solutions
- Standing Sacral (myofascial) Release
- Chiropractic pelvic alignment
- Dip the Hip, and/or Lively circles on birth ball
- Posterior Pelvic Tilt with contractions
- Abdominal Lift and Tuck (through 10 Cxs, releasing in between)

If at -2 Station, in active labor, >2 hours (Baby OP in android brim)
- Invert with open brim and “Shake The Apples”

Only after trying above, or if an epidural prevents mother standing
- Walcher’s,
Is Baby Engaged?

Dilation is not proof of engagement. Look to station, not dilation. Engage for progress.

Signs baby is not engaged:
• When head overlap pubes
• Whether or not ballotable
• Start and stop labor pattern
• Pelvic pain is high
• Ctx are iratic & strong as transition; or stay mild and regular

Effects of Non-Engagement

In 2013, Non-Engagement in 150 Women
– 79.3% (119) had Vaginal delivery
– 20.7% (31) had Cesarean section.
Forceps delivery and Ventouse deliveries were required for delivery of 2 patients (1.3%).

• EL NASSERY, NOURA S., EMAN A. EL KATTAN, and MONA A. FOUAD. "Unengaged Head in Primigravidas, Will It Affect the Chance of Having a Vaginal Birth?" The Medical Journal of Cairo University 81.2 (2013).

Effects of Non-Engagement

In 1958, Engagement occurred
– 74% at 38 weeks
– 94% engaged by onset of labor
– Less than 2% had Cesarean!
Non engagement at onset of labor was associated with android and android/anthropoid shape

Effects of Non-Engagement

Among 100 women with unengaged head
• 62% had normal vaginal delivery and
• 38% had Caesarean delivery versus
Engaged group
• 85% normal vaginal del. in.
No etiology for unengaged head in 46% cases.
"Outcome of primigravidae with unengaged versus engaged fetal head at term or onset of labour." Biomedica 25 (2009): 159-62.

Where’s the Baby?
Use a Pelvic Level Solution!
Open the diameter of the pelvis where the baby is stuck.

Inlet: Open the AP!
Midpelvis: Oblique
Outlet: All directions

Is Baby Engaged?
Overlapping forehead at inlet
Head may or may not feel ballotable
Head can seem deep in pelvis or
It’ clearly high above.
Positive Words to doula by:

“We have a series of things we do for progress, Are you game?”

Open the AnteriorPosterior Diameter
With a posterior pelvic tilt
...pour the water out the back

www.SpinningBabies.com

Which way to tip?
Open the pelvic brim to engage baby with the labor contraction.

**Posterior Pelvic Tilt**

Flatten the lower back

Counter-nutation

Open the pelvic brim to engage baby with the labor contraction.

**Posterior Pelvic Tilt**

Flatten the lower back

**Abdominal**

**Lift and Tuck**

Lift the belly and tuck it in

Open the pelvic brim to engage baby during labor 10 contractions in a row w/pelvic tilt.
Jammed at -2 Station

Can’t Descend
And
Can’t Rotate

Often the OP baby in an android pelvis

-2 station and nothings working?

Knee-chest

Open Knee-chest

Which one will let baby back up?

Two Knee Chest Positions

On left: Knee-chest, and on right: Open knee-chest
Last ditch- Walcher’s stretch

Walcher’s in water is easier!

Inlet Emergencies

Pushing at 10 cm but baby remains high
• You should always ask “Where’s Baby”
• Open the inlet – even though you are watching the outlet!

Shoulder Dystocia
• Be careful because not all SD is at the inlet

Stargazer Breech
• Most trainings drill with outlet solutions only
In to the Sacral Promontory

Bilateral Shoulder Dystocia

The stuck arm of the breech is over the inlet.
Turn Baby as if baby is pointing the direction to turn.