


Frimley Health **NHS**
NHS Foundation Trust

Oxford 
Academic Health
Science Network
Maternity

A CASE OF COMPOUND PRESENTATION

Dr C Scott, ST3
Dr F Garcia, Consultant
Wexham Park Hospital
Frimley Health Foundation Trust
15/03/2017

Oxford Academic Health Science Network 
MATERNITY

CASE

- P0
- IVF pregnancy
- BMI: 37 at booking
- PMH: gastric band
- Booked at 9 weeks gestation

Case

- Normal anomaly scan
- GDM diagnosed 28 weeks (diet controlled)
- Admission at 33 weeks:
 - suspicion of PPROM
 - mild hypertension (not needing treatment).
 - Cephalic presentation confirmed.
 - SROM confirmed later during admission.
- IOL at 34 weeks

CASE

- Seen by Registrar in LW:
 - Cephalic presentation on VE.
 - 2 cm dilated, -2 above spines
 - For oxytocin infusion and iv antibiotics
- 3 hours later Epidural sited
- After 6 hours of oxytocin infusion:
 - VE by MW? Breech

CASE

- Scanned by Registrar: cephalic
- 4 hours later:
 - VE by Registrar: 5 cm, compound presentation (hand).
 - No plan documented

CASE

- 3 hours later:
 - Ward round
 - No acknowledgement of compound presentation documented.
- 1 hour later:
 - 14 hours oxytocin infusion
 - 9 cm dilated
 - Hand presenting below head.
 - Plan: VE in 2 hours

CASE

- 2 hours later:
 - VE: Fully dilated
 - Fetal hand at +2, vertex at +1
 - Plan: 1 hour for descent
- Pushing commenced after 30 minutes.
- 1 hour and 15 minutes of pushing:
 - fetal knuckles visible at introitus.

CASE

- 2 hours of pushing:
 - Seen by consultant for prolonged second stage
 - Hand pushed “gently” above vertex.
 - Forceps delivery
 - Baby Boy
 - Apgars 8, 10
 - Cord blood gases normal

CASE

Neonate:

- Severely swollen hand
 - oedematous and blistered.
- Admitted to SCBU for grunting

Learning and Reflections

- Positives:
 1. Midwife escalated to Doctors as soon as abnormality found on VE.
 2. Appropriate use of USS for uncertain presentation.
 3. Clear documentation by midwife.

Learning and Reflections

- Areas for improvement:
 1. Prolonged labour for premature baby.
 - Second stage 2 hours 47 mins
 2. Possible lack of knowledge of risks of compound presentation.
 3. No plan documented by multiple doctors.
 4. Consider manually replacing fetal hand
 5. Consider earlier intervention for prolonged second stage with compound presentation

Learning and Reflections

- Departmental plan:
 - Discuss management of compound presentation at departmental education day
 - Develop local guideline on management of compound presentation

ACKNOWLEDGMENTS

- Mr Garcia, Mr Agha, Mr Furtado, Dr Bradburn and Dr Cuffolo, Dr Grainger, Dr Merali for their input in the making of this presentation.

Thank you

Questions
Dr Caitlin Scott
Caitlin.scott@fhft.nhs.uk