OP, Brow and Face Presentations

Study Group Module

**Learning Objectives**

Review the following Learning Objectives as an organized beginning to your study of this module. As you read the Learning Objectives, note key words which will aid you in finding the information in the texts. When you complete the module, revisit this list and check for areas that require further investigation.

* Understand the relationship between the baby’s head and the mother’s pelvis when the baby is in the OP, Brow and Face presentations.
* Understand the likely resolution of Brow and Face presentations in birth.
* Identify when and how OP presentation is problematic.
* Differentiate between truly problematic aspects of OP presentations and the holistic approach to OP as a variation of normal birth.
* Understand when the expertise of a midwife can be of benefit during an OP labor and identify a variety of support techniques and holistic methods to apply when appropriate.
* Identify head molding in the infant and the corresponding presentations.
* Identify and demonstrate the cardinal movements of birth in OP, Brow and Face presentations.
* Review First Stage Labor and Second Stage Labor modules.

**Study Sources**

The following texts are recommended for completion of this module. Use them to cross reference and build a more comprehensive understanding.

Using key words from the Learning Objectives, search the index. Read those pages listed, and read the chapter in which they are found. Establish a context for the information so that you understand how other topics are related. In addition, read the chapter headings in the Table of Contents, and flip through each text to familiarize yourself with the content of chapters. As you work through Study Group modules, you will eventually read each text in its entirety.

Oral Tradition and Living Knowledge are critical to understanding the dilating phase of labor and its accompanying variations, and key to the integration of supporting the mother’s comfort and stability, and facilitating change in baby’s position, station and in maternal cervical dilation.

* Human Labor and Birth, Oxorne and Foote
* Holistic Midwifery, Vol. I, II, Frye
* Varney’s Midwifery
* Myles Textbook for Midwives

**Related Topics**

* First stage labor
* Charting
* Rupture of Membranes
* Fetal Heart Rate Patterns
* Second stage labor
* chunging and rebozo techniques
* Transporting

Newborn Exam **OP, Brow and Face Presentations Questions**

1. What effect might a baby in an OP presentation have on a labor?
2. What is the denominator in a brow presentation?
3. With a brow presentation, what landmark will you likely feel during an internal exam?
4. What is the most likely resolution of a Brow presentation?
5. Describe the head molding which occurs in an infant presenting posteriorly. Brow? Face?
6. Why might it be difficult to determine what position a baby is in when doing an internal exam?
7. How does the presenting diameter of a face presentation compare with occiput anterior and posterior presentations?
8. What is the denominator in a face presentation?
9. With a face presentation, in what position must the denominator be?
10. What homeopathic remedy would be supportive in healing the bruised tissue on the face of a baby born in face presentation?

**Essay**

1. Describe how you measure progress during a labor that seems to be effected by the position of the baby.
2. Describe the midwifery expertise called on during a difficult posterior labor. List specific support measures and techniques that may support the baby making a position change.
3. 13.When handling a face or brow presentation, what must the midwife consider?

**Projects**

(send completed projects with the rest of your course work for this module)

1. To better visualize the mechanics of these presentation, use a model and Human Labor and Birth to demonstrate the cardinal movements of birth in OP, Brow and Face presentations.
2. Discuss with midwives their methods of support for posterior labor. Research articles on the subject. Make a reference list of possible actions to initiate with clients during posterior labor.

**Skills**

Following are excerpts from the NMI forms for assessment of midwifery skills, which include all skills identified and required by NARM. Review the following skills and consider how they each relate to the content of this module. If you are currently working with a preceptor, take this opportunity to focus on these areas. During Supervised Primary Care you will formally evaluate these skills together using the NMI form Preceptor Evaluation/Student Self-Assessment of Midwifery Skills.

3. Maternal Health Assessment:

 D. Assesses fetal weight, size, lie, or lightening

 E. Assesses correlation of weeks gestation to fundal height

4. Labor, Birth and Immediate Postpartum

 B. Evaluates and supports a laboring mother during the first stage of labor by assessing : 1. Maternal physical and emotional condition based upon assessmnt of:

 a) vital signs,

 b) food and fluid intake/output,

 c) dipstick urinalysis for ketones,

 d) status of membranes,

 e) uterine contractions for frequency, duration and intensity with a basic intrapartum examination,

 f) fetal heart tones,

 g) fetal lie, presentation, position and descent with:

 1) visual observation,

 2) abdominal palpation,

 3) vaginal examination,

 h) effacement, dilation of cervix and station of presenting part,

 i) maternal hydration and/or vomiting by administering 1) fluids by mouth,

 2) ice chips,

 3) oral herbal/homeopathic remedies,