

OUR PRIZE COMPETITION.

WHAT ARE THE CAUSES OF TRANSVERSE PRESENTATIONS? NAME THE MODES OF NATURAL DELIVERY.

We have pleasure in awarding the prize this week to Miss Alice Donald, View Terrace, Aberdeen, for her article on the above question, as follows:—

The causes of transverse presentations are:

(1) Premature and dead children. In the case of a normal, full-term child the head, being the heaviest part of the body, tends to sink first when floating in the liquor amnii. Where the child is decomposed or premature, this does not happen. Until the seventh month the foetus is small, and there is a large amount of liquor amnii. Consequently, the foetus moves its position freely, and may lie in almost any diameter.

(2) Excess of liquor amnii, in a case where the child is full term, may cause a transverse presentation.

(3) Placenta Praevia.—The placenta, being situated in the lower uterine segment, prevents the child's head fitting down into the lower uterine segment, so a transverse presentation is likely to occur. Tumours of the pelvic bones or of the soft parts may cause the same result.

(4) Twins.—If the first child occupies the brim of the pelvis, the second has to adapt itself to its position as best it may, and a transverse is frequent. A multipara with very lax, stretched abdominal walls is much more likely to have a child of transverse presentation than a woman in her first or second labour.

(5) Obliquity of Uterus.—When the uterus lies obliquely in the pelvis, the foetal head will probably not lie exactly over the brim of the pelvis, but will be found to one or other side, in the iliac fossa, and some part of the body taking its place over the pelvic inlet.

(6) Contracted Pelvis.—Where there is marked contraction of the brim the head cannot engage, even though there are strong uterine contractions. The head is gradually forced to one side, where there is less resistance, and some part of the body presents.

Natural delivery is only possible where the child is premature or dead, and very small. There are four natural modes of delivery:—

(1) Spontaneous Rectification.—The contractions of the uterus may drive the head more to the centre, instead of, as is usual, more to the side. The head may come to lie over the os. This only takes place as long as the child is freely movable, the membranes unruptured, and labour not far advanced.

(2) Spontaneous Version.—The contractions of the uterus cause the foetus to turn, so that the head rises to the fundus, while the breech arrives at the os.

(3) Spontaneous Evolution.—The shoulder and arm, having been pushed well down into the vagina by the pains, the collar-bone becomes fixed under the pubic arch, and acts as a pivot on which the doubled-up body turns. The ribs follow the arm, and are succeeded by the buttocks and legs, and lastly the head and second arm are expelled.

(4) Spontaneous expulsion can only occur in the case of a small dead child. The muscles having lost their tone, the foetus is doubled up from the waist backwards; the chest and abdomen are expelled together, followed by the head and legs.

HONOURABLE MENTION.

The following competitors receive honourable mention: Miss Martha M. Webb (London), Miss E. McLernon (Brighton), Miss A. M. Acton (Exmouth), Miss E. Benians (Slough), Miss M. Atkinson (Hawick), Miss M. Hamilton (Dublin), Miss E. Douglas (Belfast).

Miss Martha Webb points out that in cases of contracted pelvis—a common cause of transverse presentation—the pelvis may either be abnormally small or generally contracted, or deformed and disproportionate in its measurements, denoting a flattened pelvis, usually caused by rickets in infancy.

Miss E. McLernon says spontaneous evolution is only possible, as a rule, with a large pelvis and a small child.

Miss A. M. Acton gives as one of the causes of transverse presentations the lax abdominal walls so often found in multiparæ, which permit the uterus to fall over to the front, so that the head is not kept in the brim.

Miss E. Benians states that when contractions take place, the contents of the uterus are pushed slightly downwards into the pelvis. If the presenting part covered with membranes can fit, it does so; if not, the membranes are pushed out by the liquor amnii and go forward alone. Each contraction that does not push the head into the brim pushes it a little more out and gets the shoulder nearer. The bag of membranes meantime advances, finger-shaped and full of liquor amnii; there is nothing behind to support it or to prevent unlimited pressure, and generally, very early in the labour, it ruptures, and the liquor runs away.

The foetus now receives direct pressure with each contraction, and the head, being out of the straight line of pressure, is pushed away to the side on to one of the iliac fossæ, while the shoulder advances into the pelvis and becomes definitely the presenting part.

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