Factors predicting the success of manual rotation in occiput posterior or transverse positions
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Objective
To identify predictive factors of manual rotation success in occiput posterior or transverse positions and to study the obstetrics outcomes according to this success.

Methods
This was an observational prospective study comparing failure and success of manual rotation. All attempted manual rotation is included in this study. Maternal, neonatal, and obstetric factors for success and failed rotation were studied with bivariable and multivariable analyses. Mode of delivery was analyzed according to success of the rotation.

Results
During the study period, manual rotations were performed in 70 patients. The procedure failed in 18 women only. Failure of manual rotation was associated with a higher cesarean delivery rate than was success (33% compared with 0%, P<.001). All women with unsuccessful manual rotations who delivered vaginally delivered in the occiput anterior position, and all women, excepted one, with successful manual rotation delivering vaginally delivered in the occiput anterior position (98%). Instrumental deliveries are associated with failure of manual rotation (75% compared with 36%, p<.001).

Conclusion
Manual rotation may be an effective technique for reducing the cesarean and instrumental delivery rate in patients with an occiput posterior or transverse position during labor. The success or failure of attempted manual rotation depends upon obstetric conditions.