

# Persistent Occiput Posterior: OUTcomes following manual rotation.

ACTRN12612001312831

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<b>Status</b>	RECRUITING
<b>Sponsor</b>	Royal Prince Alfred Hospital
<b>Enrollment</b>	254 participants

## Plain Language Summary

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This study is testing whether manually rotating a baby during labor — when the baby is facing the wrong direction — can reduce the need for assisted delivery (such as forceps, vacuum, or caesarean section). When a baby faces upward (occiput posterior) or sideways instead of face-down, labor often becomes longer and more difficult. Researchers want to see if a midwife or doctor physically turning the baby once the mother is fully dilated helps the labor progress more naturally.

You may be eligible if:

- You are female and 18 to 50 years old
- You are at least 37 weeks pregnant with a single baby
- You are planning a vaginal delivery
- Your baby is confirmed by ultrasound to be facing the wrong direction (occiput posterior)
- You are fully dilated (cervix is fully open)

You may NOT be eligible if:

- Your doctor suspects your pelvis is too small for the baby to pass through
- You have had a previous caesarean section
- Your baby's heart rate pattern is concerning (pathologic CTG)
- You have had heavy bleeding during labor (more than 50 mL)
- You have a fever above 37.9°C during labor
- You have pre-existing diabetes

Talk to your doctor about whether this trial might be right for you.

## Key Eligibility Criteria

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### Inclusion (7)

- At least 37 completed weeks of gestation;
- Singleton pregnancy;
- Planning a vaginal delivery;
- Cephalic presentation;
- Full cervical dilatation;
- ... and 2 more (see full listing online)

### Exclusion (1)

- Clinical suspicion of cephalopelvic disproportion; previous caesarean section; brow or face presentation; "Pathologic" CTG according to RCOG classification plus either baseline >160 beats per minute or reduced variability for > 90 minutes; Fetal scalp pH < 7.25 or lactate > 4; Known major anatomical fetal abnormality (could influence safety or efficacy of manual rotation); Known or suspected chorioamnionitis; Intrapartum haemorrhage > 50mL; Temperature > 37.9 degrees C in the first stage of labour; Suspected fetal bleeding disorder; Pre-existing maternal diabetes

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## Locations (6 total)

<http://www.anzctr.org.au/Trial/Registration/TrialReview.aspx?ACTRN=ACTRN12612001312831>  
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Royal Prince Alfred Hospital - Camperdown, NSW,SA, Australia  
Canterbury Hospital - Campsie, NSW,SA, Australia  
Nepean Hospital - Kingswood, NSW,SA, Australia  
... and 3 more locations