

Obstetric and Gynaecological Ultrasound in Mulgrave (formerly Diagnostic Women's Ultrasound), has provided specialist pregnancy and gynaecological ultrasound services to Melbourne's South East and the Dandenong region since 1989.

Dr Simon Meagher is an obstetrician/gynaecologist who has specialised in ultrasound and prenatal diagnosis. He is the Director of Monash Ultrasound for Women, consultant staff specialist at the Mercy Hospital for Women and lecturer at both Melbourne and Monash Universities. He is well known for his clinical and procedural skills and academic achievements, having over 40 publications in local and international journals.

O & G Ultrasound provides a complete range of pregnancy and gynaecological ultrasounds and related procedures including prenatal genetic testing for Down Syndrome. Dr Meagher (obstetrician/gynaecologist/ultrasonologist), Associates and sonographers specialised in obstetric ultrasound, work with state of the art, high resolution ultrasound machines. Together with an experienced team of nurses and support staff, our aim is to provide you with the highest quality ultrasound service available.



Dr Simon Meagher

Obstetrician Gynaecologist Ultrasonologist
BSc MB BCH BAO MRCOG FRCPI FRACOG DDU COGU
& ASSOCIATES

441 Police Road, Mulgrave Victoria 3170

Email: simon.meagher@med.monash.edu.au <http://www.ultrasound.com.au>

Tel: (03) 9790 1766 Fax: (03) 9701 0011

General Information

Club foot is a relatively common fetal malformation and occurs in 1 in 500 to 1 in 1000 live births. In 55 per cent of cases it occurs on both sides and in 45 per cent it will affect just one foot. Approximately 50 per cent of cases of club feet may be detected by ultrasound before birth. This abnormality is most commonly detected at the 18-20 week scan.

What is Club Foot ?

Club foot is an abnormality where the feet take on an abnormal position in reference to the lower leg. Most commonly the foot is turned inwards and upwards. This may affect either one or both feet to varying degrees.

What is the cause of Club Foot ?

The cause of club feet is not completely understood. It is believed many cases are due to a hereditary pre-disposition to lax joints and ligaments. In a small percentage of cases it is related to 'crowding' within the uterus as with multiple pregnancy or reduced fluid surrounding the baby, and rarely is it due to genetic syndromes.

In the majority of fetuses there is no known hereditary pre-disposition and no genetic anomaly. During normal fetal development, the foot is held in a neutral position by equal tone of the muscles along the inner and outer aspect of the fetal leg. If the tone on one side dominates the foot is pulled inwards and upwards. The abnormality may therefore be related to an imbalance of muscle tone or pull in the lower leg. Importantly the structure of the lower limbs and feet, including all bones, muscles, ligaments and nervous tissue, are intact.

Should I have an amniocentesis ?

The association of club foot with genetic or chromosomal abnormalities is controversial. The two largest published world series on club foot yield conflicting results. One study suggesting an increased association with chromosome abnormality and the other refuting this association. In conclusion, it is reasonable to consider that the association if any is very small and certainly less than the risk associated with amniocentesis (there is a miscarriage risk of 1:200 with amniocentesis). It is therefore logical that most people do not choose to have amniocentesis when isolated talipes is detected.

Should my baby be monitored more frequently during pregnancy ?

No. The baby will otherwise develop normally during the pregnancy. Further evaluation of the affected foot/feet provides no benefit to the pregnancy. You should continue the pregnancy as per usual.

What happens to the baby after delivery ?

The baby will be delivered as usual without special requirements. At a convenient time after delivery, the baby will be reviewed by the pediatrician and the foot/feet examined in detail.

Will my baby require treatment ?

The majority of babies following delivery will require nothing other than physiotherapy. The aim with this treatment is to establish the normal muscle tone on either side of the ankle joint with return of the lower limb and foot to normal function. The outcome of physiotherapy is excellent. A small percentage of babies following delivery will also require plaster of Paris for a short period of time. In an even smaller percentage (less than 5 per cent), surgical correction of the club foot is required.

Are there any special precautions for my next pregnancy ?

There is 2-8 per cent chance of a recurrence of this anomaly in subsequent pregnancies. Close evaluation therefore of the fetal feet is recommended. This is best performed at a specialized ultrasound centre at around 18-20 weeks. In a small percentage of patients this may also be detected as early as 11-14 weeks.

Prepared by Dr Simon Meagher
Obstetrician/Gynaecologist/Ultrasonologist
MB BCH BAO (HONS), BSc., FRCPI., FRACOG., MRCOG., DDU., COGU