

Transcript

Today we are going to demonstrate the use of obstetric non-rotational forceps. A full detailed description is given in your manual. But just to recap, a forcep has a blade, a shank and a handle. The blade has a cephalic curve for the head and a pelvic curve for the curvature of the pelvic canal. The main indications of the forceps include maternal exhaustion, delayed second stage of labour, as well as fetal compromise. It is very important to take an informed consent after explaining the procedure to the patient.

Before we apply the forceps we need to satisfy certain criteria. We need to perform an abdominal examination to make sure that the head is not palpable per abdomen ideally. In experienced hands, forceps could be applied even when the head is less than one-fifth palpable per abdomen.

This should be followed by a vaginal examination. You may need to catheterize the bladder at this stage. During a vaginal examination one needs to confirm that the cervix is fully dilated, the presenting part is well below the ischial spines, as well as the position of the head should be noted as demonstrated.

Before application it is important to check the equipment. Forceps should lock easily, as demonstrated, the left blade should be held by the left hand and the handle should be almost parallel to the inguinal ligament of the opposite side. The fingers of the right hand should act as a guard, so that the left blade can be easily taken along the right hand. It is useful to ask an assistant to hold the blade at this stage. Repeat the same procedure for the opposite side.

Once the blades are applied it is important to make sure that they lock easily. After locking the forceps as demonstrated it is important to realize that the sagittal suture should be in the midline and not more than a tip of a finger could be inserted in each fenestration.

Once the application is judged to be right we need to wait for the uterine contractions to start our traction. It is important to await propulsive forces before using expulsive forces. As demonstrated, as the uterine contraction builds up traction should be applied along the direction of the birth canal. Sometimes it may be useful to apply a downwards traction with the Pajot's maneuver which is demonstrated at present.

When the head is crowning the vulva there may be a need to consider an episiotomy and in a forceps delivery generally an episiotomy is needed. Once the head is delivered the forceps blade can be removed, the right blade being the first blade to be removed followed by the left blade. And the rest of the baby should be delivered normally.

Once the delivery is completed, it is very important to assess the maternal tissues for trauma. In a systematic manner, the cervix, the vagina and the perineum should be examined to exclude any injury. This should be followed by a debrief where we need to explain the procedure to the mother, as well as her partner, about the indications and the outcome of forceps delivery.

Thank you.