An Guide To Assisted Vaginal Delivery

Forceps Delivery Procedures

Lee Wright
Midwifery Lecturer
Plymouth University and The Royal College of Midwives, United Kingdom

This tutorial is designed to re-inforce previous training – and should, therefore, not be regarded as sufficient guidance by itself
Forceps delivery

ADVANTAGES
- Does not require maternal effort.
- So is preferable when you may not want the woman to push. I.e. maternal cardiac disease
- May be quicker
- Possibly less fetal injury if used correctly

DISADVANTAGES
- MAY cause significant maternal genital tract trauma if good practice is not displayed
- Clinician’s need increased training and need to display greater skill, dexterity and experience
Anatomy of the forceps

- **Handle**
- **Finger guide**
- **Lock**
- **Blades**
  - Cephalic curve
  - Heel
  - Shanks overlapping parallel
- **Toes**
- **Pelvic curve**
- **Heel**
- **Shank**
- **Fenestration**
- **Lock**
- **Handle**
Procedure

- There are 10 steps to be followed for forceps delivery
- In English, these are easily remembered as A-J
  - This comes from the ALSO (Advanced Life Support in Obstetrics) organisation
Ask for help

- Address the woman (explain the procedure and ask for consent)
- Adequate anaesthesia
Forceps delivery – Step 2

Bladder empty

- May need to be catheterised
Forceps delivery – Step 3

Cervix fully dilated

- Examine the woman
Determine the position of the fetal head

- the anterior fontanelle is larger and forms a cross
- the posterior fontanelle is smaller and forms a Y
- assess for bending the ear

- Remember moulding of the head makes assessment difficult
- Think about dystocia (is the fetus going to fit through the pelvis?)
Preparation – Step 5

E: Equipment ready

- Do you have help?
- Do you have resuscitation equipment ready?
- What is going to happen if this doesn't work?
Forceps delivery – Step 6

F
orceps applied

- See next slide for an example
- In order to check they are in the correct position. Think. Position for safety!
Forceps application – Step 6 (continued)

- Articulate the forceps and hold them in position (a)
- Disarticulate, place left blade in the left-hand (b)
- Apply to the left side of the mother’s pelvis
- Cephalic curve towards vulva (c)
- Shank vertical at start (c)
- Apply to the left side of fetal head
Forceps application – Step 6 (continued)

- Right-hand protects maternal tissue, applies force (d)
- Repeat for right-sided (e)
- Articulate handles and lock (handles should lock together easily) (f)
Position for safety – Step 6 (continued)

- Posterior fontanelle midway between shanks, 1 cm above plane of shanks
- Fenestrations admit no more than one fingertip.
- Sutures posteriorly fontanelle above and equidistant from, upper surface of each blade, sagittal suture is within the midline
Gentle traction

- Gentle traction in a downward and outward direction using a J shaped curve
- This may be performed during or after contractions
Forceps delivery – Step 8

Handles

- Handles drawn up in a J shaped curve
Incision

- Incision or episiotomy needs to be considered when the fetal head is being delivered
Forceps delivery – Step 10

**J**aw

- Forceps are removed in the opposite order they were placed in. When the Jaw is visible
Potential injuries

- Crush injuries
- Lacerations
- Swelling
- Bruising
- Increased jaundice
- Anaemia
- Intra cranial haemorrhage