

Forceps Delivery

An exclusive video tutorial produced by the Sarawak General Hospital O&G Department focusing on the topic of forceps delivery.

Delivery Procedure:

1. The fetal head should be checked before the procedure.
2. Aseptic technique is used. Gowning is necessary.
3. The operator should be seated in front of the patient, and all maneuvers should be made carefully and slowly.
4. The forceps blades are assembled to make sure that they form a pair and must be well lubricated.
5. The patient is placed in the lithotomy position.
6. Clean and drape.
7. Vaginal examination is done again to confirm (1) Dilatation of the OS, (2) Position and station of the presenting part, (3) Adequacy of the pelvis.
8. If the position cannot be determined due to caput, the ears may be used as landmarks for locating the occiput. If the ears cannot be reached, the presenting part is still high, thus the decision for forceps delivery should be reevaluated.
9. Pudendal block and local infiltration of the episiotomy site with lignocaine if the patient is not on epidural.
10. Episiotomy is done at crowning or when the head distends the perineum.
11. The left blade is selected and handle is held between the finger and thumb of the accoucher's left hand. Two fingers of the right hand are inserted in the vagina to guide the blade into position along side the fetal head, as the handle is swept round in an arc.
12. Only minimal force is necessary. If application is not possible or too much force is needed, something is wrong and the situation should be reassessed.
13. The right blade is applied in a similar manner.
14. With minor adjustment, the blades should be locked easily.
15. Before applying traction, you may have to correct the position of the fetal head to an OA position if it is slightly rotated.
16. Traction is applied to the direction of the birth canal axis, and synchronously with uterine contractions.
17. Crowning and delivery are achieved in a controlled manner by swinging the handles of the forceps upwards so that the head/neck extends.
18. Remove blades once head is delivered.
19. After delivery of the placenta, perineum check should be examined to rule out any genital tract injury.
20. The baby is checked for trauma and attended by the pediatric team.

Production team

O&G @ SGH

O&G @ SGH is the resource website of the Obstetrics & Gynaecology department of Sarawak General Hospital, Kuching, created to provide resources, guidelines and information to junior doctors practicing in Sarawak.
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Advisor: Dr. Harris Njoo Suharjono

Presenter: Dr. Sukanda Jaili

Director/Editor: Dr. Dalvinder Singh

Set Manager: Dr Alifah Zizi

Logistics: Sister Mariam