



Forceps Delivery

A forceps delivery is occasionally needed to affect delivery of a baby. Forceps have been used for many centuries. Early devices have been discovered in ancient civilisations. It was not until the last 200 years that science has intervened to make forceps a safe option for delivery. No type of forceps is perfect and as such there are multiple different types that have been developed over the years.

Forceps may be required for urgent delivery of a baby where there is acute fetal distress, where there is a delay in the second stage of labour (the pushing phase), where an instrumental delivery is needed and the baby is less than 36 weeks gestation (vacuum delivery is contraindicated) or for where the head is stuck in a breech delivery. Some obstetricians may also use rotational forceps in cases where the baby is facing towards the pubic bone instead of the tail bone. I tend to prefer a vacuum in this situation as it tends to cause less trauma to the mother. Forceps blades are specifically designed not to damage the fetal head as long as they are applied correctly. Occasionally after delivery you may see signs of the blades on the baby's face and occasionally bruising may occur. This normally heals in no time at all.

Other, more serious complications can occur with the fetal head including haematomas (blood collections) which form under the scalp or bleeding that occurs inside the baby's brain. This may occur if excessive force is applied to the forceps. In my

practice, if extra force is required to deliver a baby, then the forceps delivery is aborted and a Caesarean section is performed.



When using forceps it is more than likely necessary to have a medium to large episiotomy cut to allow delivery of the baby's head. Episiotomies are normally sutured in an anatomically correct way after the delivery. Extension of a cut into a more serious tear is possible with a forceps delivery and third and fourth degree tears are not uncommon. These are usually treated well once identified by repair in an operating theatre.

Once delivered, the baby is handed over to the paediatrician to be checked

and if well, the baby is returned to the mother for skin to skin contact. Babies that are distressed may need further attention and may need to be admitted to the neonatal nursery.

There is often very little time for an in depth discussion about forceps delivery in the birth suite. My usual practice is to debrief the new parents about what was done, and why, soon after the delivery. This process is repeated the following day as there is often a lot to take in and the details about the delivery may be forgotten at first.