

## CHAPTER 3

### Obstetrics Instruments In Instrumental Delivery

#### 3.1: Obstetric outlet (wrigley's) forceps

##### Indications:

To assist vaginal delivery of fetus in second stage of labour in following conditions -

1. Fetal distress in second stage of labour
2. Maternal conditions:

Prolonged second stage

Maternal exhaustion

Maternal indications where Valsalva should be avoided: NYHA Class 3 or 4 heart disease, Severe preclampsia/eclampsia, Proliferative retinopathy

##### Contraindications:

Cephalopelvic disproportion

Non cephalic presentations (except -aftercoming head of breech or mento-anterior)

##### Prerequisites for Forceps application

Informed Written Consent

Bladder emptied

Vertex presentation

Vertex not palpable >1/5th

Cervix fully dilated and effaced

Membranes should be ruptured

Sutures in Anteroposterior or within 45 degrees

Head station below plus 2.

**Note:** Outlet forceps is applied when head is at perineum and fetal scalp is visible at introitus

**Disadvantages:** can cause traumatic postpartum hemorrhage by causing vaginal, cervical tears, extension if tears may cause avulsion of uterine vessels, broad ligament hematoma, bladder injury

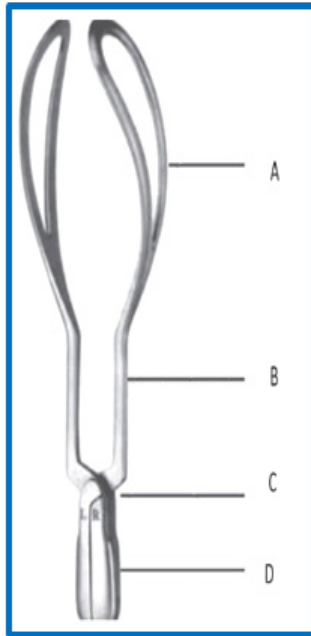


Fig 3.1: Parts of an Obstetrical outlet forceps: A -Blade, B-Shank, C-Lock, D-Handle

### 3.2: VENTOUSE/ VACCUM

**Indications :** same as for forceps

**Contraindications:**

Preterm

Maternal coagulopathy

**Advantages over forceps:**

Less traumatic

Easy application

Can be applied at higher head station and non fully dilated cervix (>6 cm dilatation)



**Fig 3.2: Ventouse/ vaccum with cup, connector and suction tubing**