FORCEPS

1. Outlet forceps: The fetal skull has reached the pelvic floor. The scalp is visible between contractions. The sagittal suture is in the AP diameter within 45 degrees at most.
2. Low forceps: The skull is at +2 station. The sagittal suture is within 45 degrees of the AP diameter.
3. High forceps: The head is engaged, but station is higher than +2 cm.

At HCMC, forceps deliveries are done by OB/GYN.

Simpson or Elliot forceps have a right and left half, according to which side of the maternal pelvis the instrument is applied. Each blade has a cephalic curve and a maternal pelvic curve. All forceps applications begin with the left blade in the left hand, with the curves directed up and to the outside.

ALSO Course Mneumonic (can do in different order if appropriate):

A. **A**nesthesia. Local, pudendal block, intrathecal,epidural.
B. **B**ladder empty.
C. **C**ervix completely dilated.
D. **D**etermine station, sagittal suture. Think dystocia.
E. **E**quipment ready. Fit the pieces together.
F. **F**orceps ready? Lubricate the blades by dipping them in betadine.
Position For Safety (Posterior fontanelle should be midway between the shanks and 1 cm from the blades. The Fenestration should be just barely palpable. The Sagittal suture should be in the middle.)
G. **G**entle traction (Pajot's maneuver) following the pelvis.
H. **H**andle elevated to follow the pelvic curve.
I. **I**ncision for episiotomy.
J. **R**emove forceps when the jaw is reachable.

FOLLOW UP FOR FORCEPS AND VACUUM:

A thorough cervical, vaginal, and rectal exam for buttonhole tear. Prepare for postpartum hemorrhage. The infant should be examined for fractured clavicle, cephalohematoma, neonatal scalp emphysema, facial nerve palsy, or lacerations. Watch the infant closely for hyperbilirubinemia after the vacuum extraction.

Check Mom for problems urinating or pooping. If perineal tears, put patient on colace to soften stools.

ALSO Course