

# **MOTIWALA HOMOEOPATHIC MEDICAL COLLEGE, NASHIK**

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**Topic : Operative Vaginal Delivery**

# OBJECTIVES

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- ✘ Patient is already in 2<sup>nd</sup> stage of delivery
- ✘ Very commonly done procedure which can avoid Caesarian section
- ✘ Early detection is required
- ✘ Exact type of delivery has to be decided
- ✘ Sterilized Equipments should be ready
- ✘ It has to be done with proper skills

# TYPES

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- × **Episiotomy**
- × **Ventouse delivery**
- × **Forceps Delivery**

# **EPISIOTOMY**

## **FTND WITH EPISIOTOMY**

# DEFINITION

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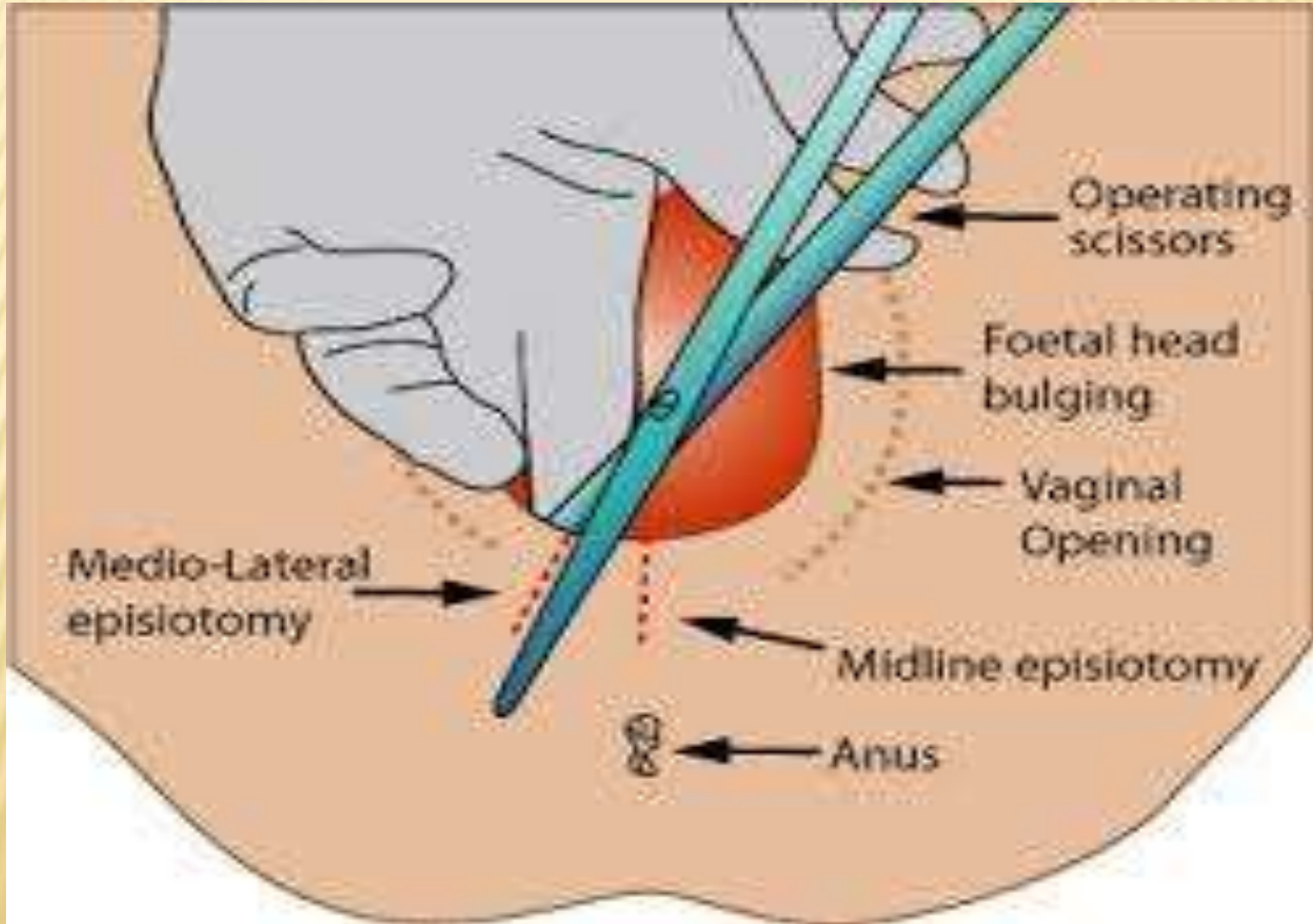
- ✘ **Planned incision taken on the perineum during second stage of delivery so as to make more space available for baby to come out of the womb.**

# TYPES

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- ✘ Lateral
- ✘ Medio-lateral
- ✘ J Shaped
- ✘ Medial

# LOCATION OF INCISION



# LATERAL

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- ✘ The incision starts from about 1cm away from the centre of the frouchette & extends laterally

# MEDIAN

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- ✘ The incision from the centre point of the frouchette extending posteriorly along the midline for about 2.5 cm

# MEDIOLATERAL

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- ✘ Incision downwards and outwards from the midpoint of the frouchette either to left or to right

# J- SHAPED

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- ✘ Incision begins in the centre of the frouchette and is directed posteriorly along the midline for about 1.5 cm and the directed downwards & outwards along 5 OR 7 O' clock position to avoid the anal sphincter.

# PREREQUISITES

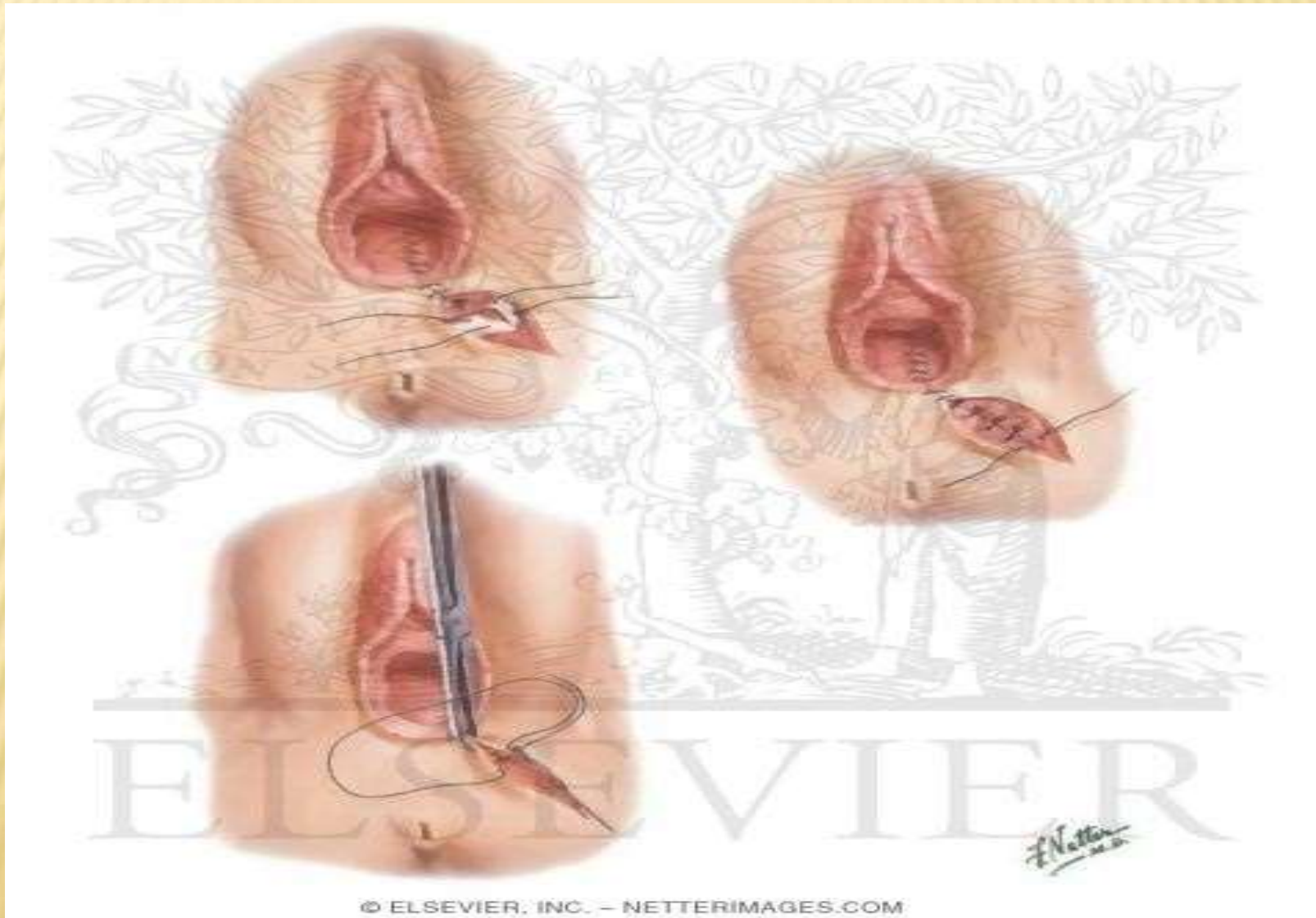
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- ✘ Sufficient labour pains
- ✘ Full dilatation of Cx
- ✘ Effacement of Cx
- ✘ R/O CPD
- ✘ Crowning

# INCISION IS IN THREE LAYERS

- × Skin
- × Muscle
- × Mucous membrane

# SUTURING IN THREE LAYERS



# STAGES OF REPAIR

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- × Incision is repaired in three layers
- × **A.**Layer of mucous membrane
- × **B.**Muscular Layer
- × **C.**Repair of skin layer

# SUTURING MATERIAL

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- ✘ Dissolvable : Catgut
- ✘ Nondissolvable : Nylon thread or Cotton Thread

# COMPLICATIONS OF EPISIOTOMY

- ✘ Due to incision taken at improper time
- ✘ Complications occur due to improper incision
- ✘ Improper hygienic care
- ✘ Improper rest to the patient

## **IMMEDIATE**

- × Wound infection
- × Non healing of wound

## **LATE**

- × Reopening of wound
- × Dysparunia

## **COMPLICATIONS**

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# HOMOEOPATHIC REMEDIES

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- ✘ **Calendula**
- ✘ **Arnica**
- ✘ **Silicea**
- ✘ **Hepar sulph**

# OPERATIVE VAGINAL DELIVERY

- × Three types
- × 1. Episiotomy
- × 2. Forceps delivery
- × 3. Vacuum/ Ventouse delivery

# OPERATIVE VAGINAL DELIVERY

## VENTOUSE

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# DEFINITION

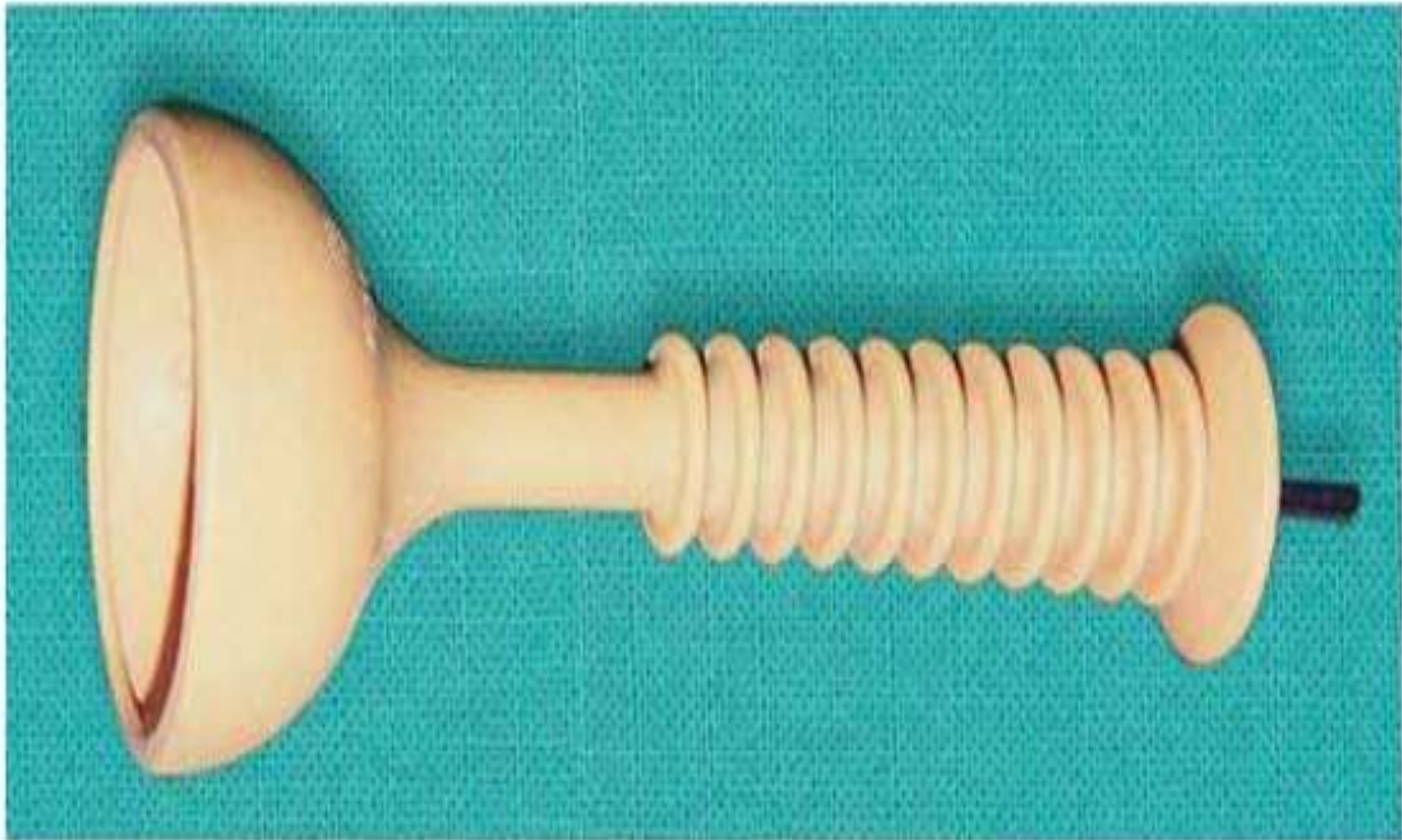
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- ✘ **IT IS AN INSTRUMENTAL DEVICE DESIGNED TO ASSIST DELIVERY BY CREATING A VACUUM BETWEEN IT AND THE FETAL SCALP**

# COMPONENTS OF INSTRUMENT

- ✘ A. Suction Cups (sizes: 30 to 60 mm)
- ✘ B. Vacuum generator
- ✘ C. Traction Tubings

# VENTOUSE CUP WITH TRACTION DEVICE



# VENTOUSE CUP AND A TUBE





# INDICATIONS

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- ✘ **Maternal: Inadequate expulsive efforts, Maternal exhaustion, cardiac disease/hypertensive crisis**
- ✘ **Fetal: Fetal distress, LBW, Postmaturity' Aftercoming head of breech, Prolonged second stage of delivery**

# OTHER INDICATIONS

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- ✘ Prolonged 2<sup>nd</sup> stage of labour
- ✘ To cut short the second stage  
e.g. Pre-eclamosia, post-caesarean  
pregnancy

# CONTRAINDICATIONS

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- ✘ Any presentation other than vertex
- ✘ Preterm fetus (< 34 weeks)
- ✘ Suspected fetal coagulation disorder
- ✘ Suspected fetal macrosomia ( wt > 4Kg)
- ✘ CPD
- ✘ Unengaged head, obvious CPD etc
- ✘ Refusal of a patient

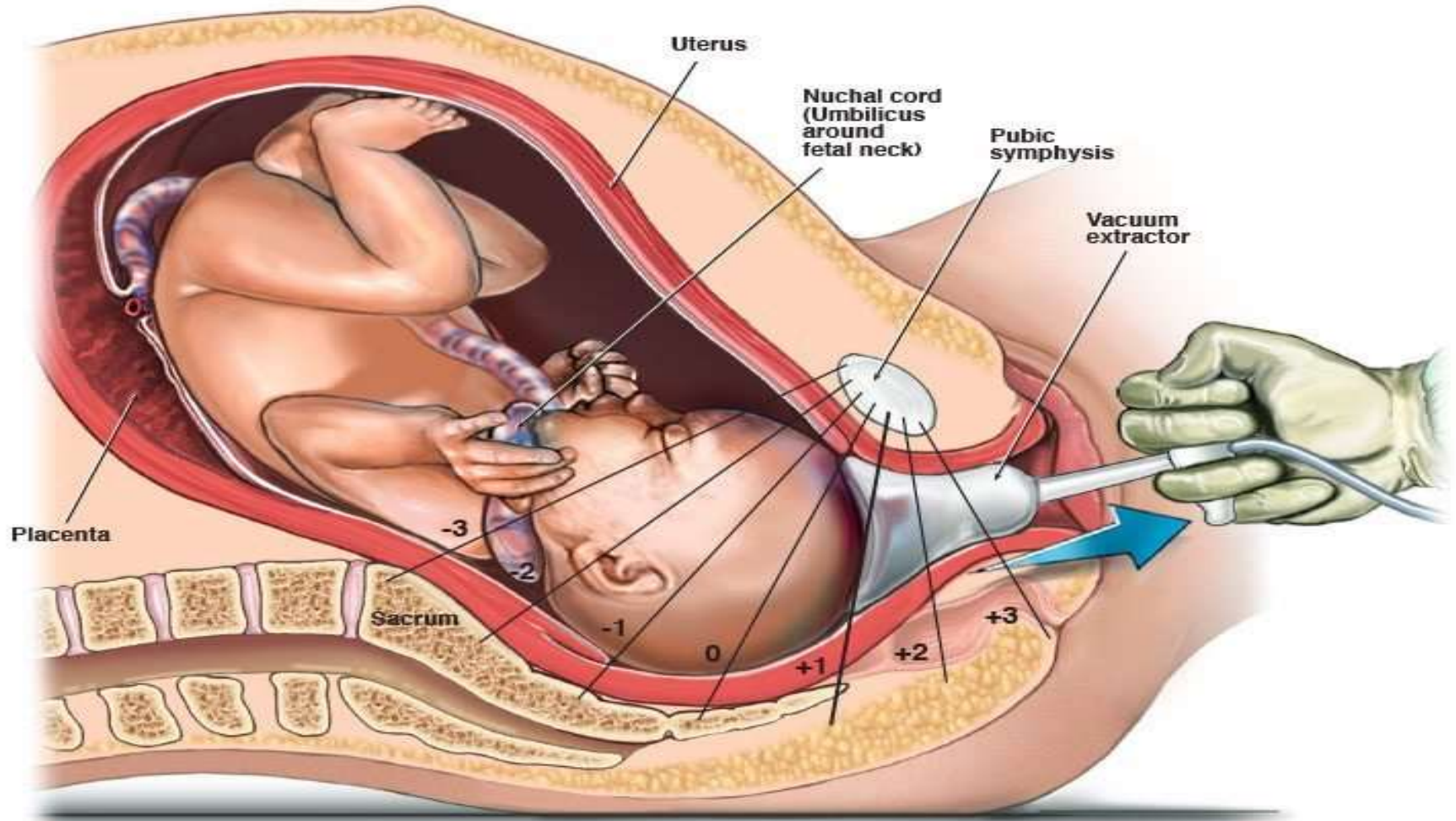
# PROCEDURE

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- ✘ With 1% Lignocain for Pudendal block (nulliparous) or Without Anaesthesia (parous)
- ✘ Step I : Application of Cup at flexion point
- ✘ Step II : Traction must be in Right angle to the Cup

- ✘ **As soon as head is delivered , the vacuum is reduced by opening the screw-release valve & the cup is then detached. The delivery is then completed.**
- ✘ **Complications Maternal Injuries cause being inclusion of soft tissues inside the cup. High Failure rate.**





**Cut-away View of Mother with Fetus at +1 Station In Occiput Posterior Presentation**

# FORCEPS DELIVERY

# DEFINITION

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- ✘ Obstetrical forceps is a pair of instruments specially designed to assist extraction of the fetal head thereby accomplishing delivery of the fetus

## ADVANTAGES OF VENTOUSE

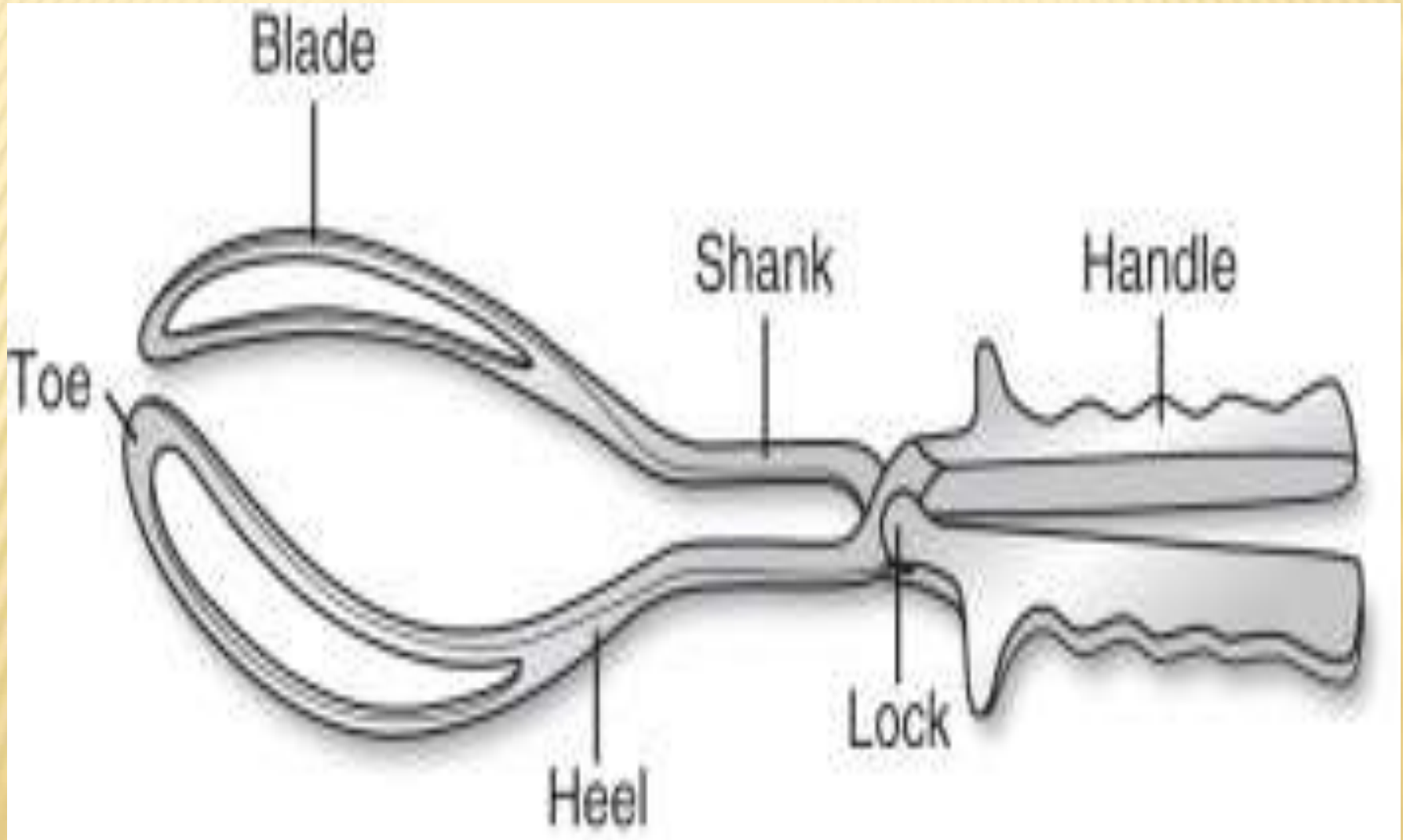
- ✘ It helps autorotation
- ✘ Not space occupying device
- ✘ Traction force is less than 10 kg
- ✘ Less analgesia is required
- ✘ Is an Instrument of first choice but high failure rate

## ADVANTAGES OF FORCEPS

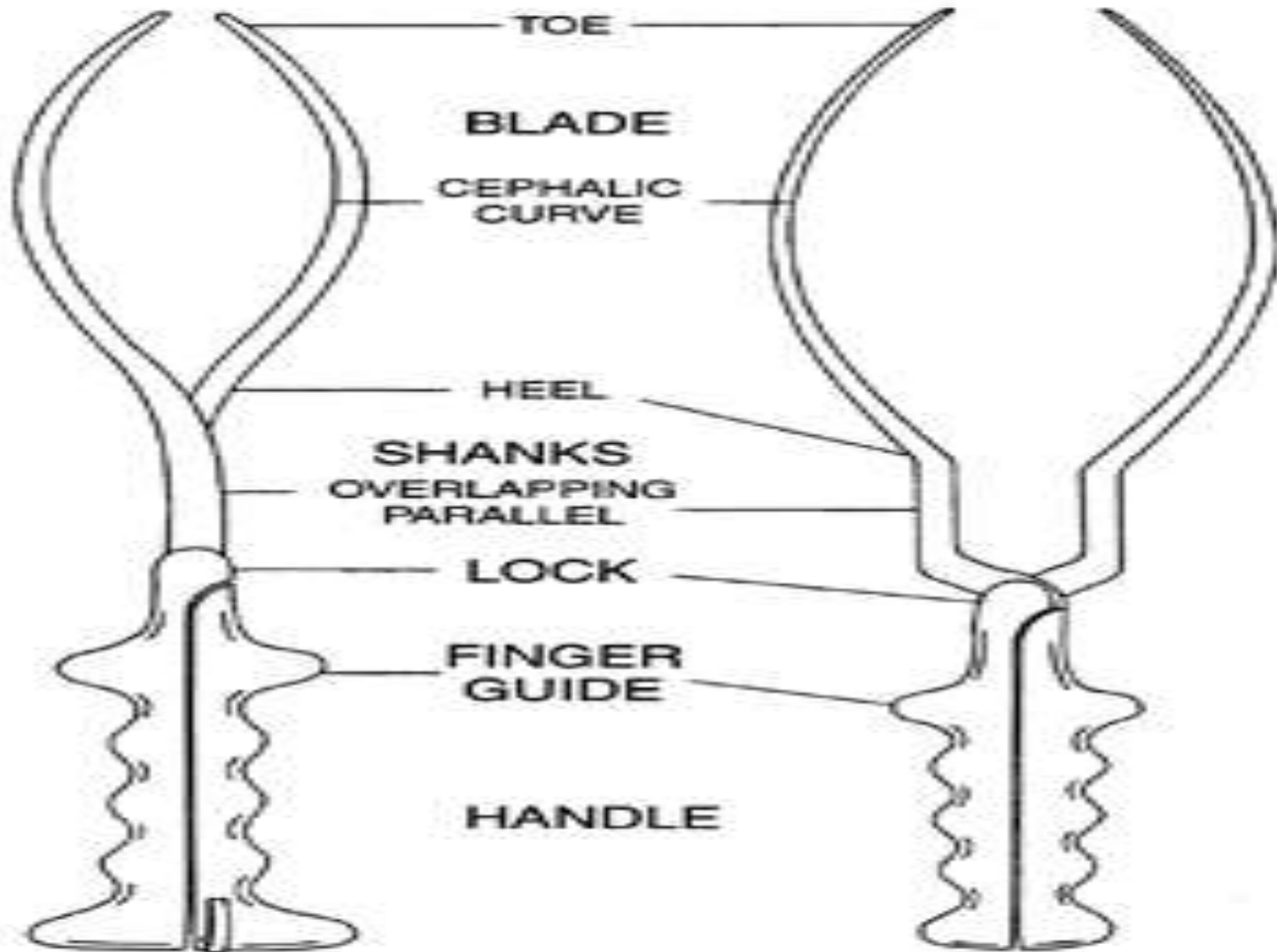
- ✘ Moderate traction required
- ✘ Forceps application can quickly expedite the delivery
- ✘ Safer at any gestational age
- ✘ Regional or general anesthesia is needed
- ✘ High rate of successful vaginal delivery

## COMPARISON OF VENTOUSE AND FORCEPS

# PARTS OF OBSTETRIC FORCEPS



# PARTS OF SHORT & LONG FORCEPS



# Commonly Used Forceps

## Simpson forceps

- The most commonly used types of forceps in outlet delivery.
- Has elongated cephalic curve.
- These are used when there is substantial molding of the fetal head.



## Elliot forceps

- Has adjustable pin for regulating the lateral pressure on the handles.
- They are used most often when there is minimal molding.
- More suitable for outlet delivery.



# Commonly Used Forceps Cont'd

## Tucker-McLane Forceps

- Suitable for fetal head with little molding.
- Used in rotational delivery.



## Braton Forceps and Traction Handle

- Rotational delivery.
- Most importantly used for delivery of OT positions in a platypelloid pelvis.



# Obstetric Forceps



Simpson forceps



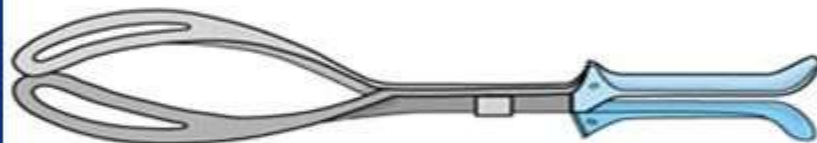
Bailey-Williamson forceps



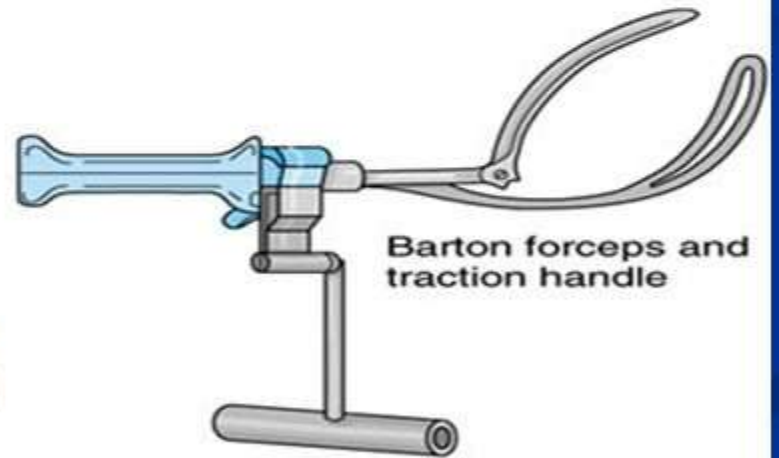
Elliot forceps



Tucker-McLane forceps



Kielland forceps



Barton forceps and traction handle



Piper forceps

# Classification of Forceps

Newer classification as per A.C.O.G  
1981(revised in 1991):- Criteria

Low forceps	<ul style="list-style-type: none"><li>•Foetal scalp is visible without separating the vulva</li><li>•Foetal skull has reached the pelvic floor</li><li>•Sagital suture is in the A.P.diameter or in the Lt./Rt. Occiputo anterior/posterior position</li><li>•Rotation does not exceed 45degrees</li></ul>
Outlet Forceps	<ul style="list-style-type: none"><li>•The leading point of the skull is 2cm or more below the ischeal spine but not on the pelvic floor</li><li>•Sagital suture is in the A.P.diameter or in the Lt./Rt. Occiputo anterior/posterior position</li></ul>
Mid-Forceps	<ul style="list-style-type: none"><li>•The leading point of the skull is 2cm or less above the spine but head is engaged. Rotation not considered</li></ul>
High Forceps	Excluded

**THANK YOU !!!**

