3-4 Difficulty removing forceps after unsuccessful assisted vaginal birth v.1

Following an unsuccessful attempt at vaginal birth with forceps, the blades can become stuck between the baby's head and the maternal pelvis.
This is more common with cephalopelvic disproportion, fetal head malposition or when excessive force has been applied to the forceps

START

1. **Call for help** (obstetrician, midwife, anaesthetist, neonatal team)
   Ask: "Who will be the team leader?"
   - **Team leader assigns** checklist reader and scribe
2. **Leave the forceps blade(s) in place**
   - Do not apply excessive force to blades or fetal head
3. **Continue continuous fetal monitoring**
4. **If tocolysis required ➔ give terbutaline 0.25 mg SC -*or*- GTN spray sublingual**
5. **Attempt to gently rotate the forceps blade(s) posteriorly, towards sacral space**
   - If blades remain stuck ➔ prepare for emergency caesarean birth -*and*-
   - Call for second assistant -*and*-
   - Alert anaesthetist (**Box A**)
6. **Transfer to theatre**
   - Position woman in lithotomy position
7. **Start caesarean birth, perform uterotomy**
   - Operating obstetrician**:** disimpact the forceps blades via the uterus and rotate blades posteriorly
   - Second assistant: can then remove the forceps blades vaginally
8. **If blades remain stuck**
   - Second assistant**:** attempt forceps manipulation vaginally -*then*- elevate fetal head to assist birth
   - Operating obstetrician: consider fetal birth by reverse breech extraction
9. **Prepare for postpartum haemorrhage**
10. **Assess for maternal and neonatal trauma** (**Box B, C**)

Box A: Anaesthetic considerations for caesarean section

Urgency of surgery will impact on anaesthetic technique

If time allows

Epidural top up (if already in situ)

Spinal may be possible in lateral position, sitting position will not be possible

If fetal distress

General anaesthesia is usually indicated

Box B: Risks associated with stuck forcep blades

Fetal injury or skull fracture
Maternal soft tissue injury
Postpartum haemorrhage
Effects on maternal mental health

Box C: Post birth actions

Allow at least 60 seconds deferred cord clamping, unless immediate resuscitation needed
Take paired umbilical cord gases
Examination of baby for signs of trauma
Offer mother immediate debrief + debrief in 6-12 weeks
Complete incident report
Facilitate staff debrief