Instrumental Delivery by Ventouse

**Primiparous Women: Delivery**
- 60% normal delivery
- 20% caesarean section
- 20% instrumental delivery

**Indications for Ventouse**
- Fetal distress
- Failure to progress in the second stage
- Malposition of the fetal head at full dilatation

Rarely
- Severe maternal cardiac disease
- Second twin

**Compared with forceps**
- Less maternal trauma
- Less analgesia required

- More likely to fail – up to 20% fail
- More fetal scalp haematoma

**Fetal Scalp Swelling**
- Scalp haematoma
- Cephalhaematoma
- Chignon

**Two types**
- Soft silastic- used most often as fewer scalp lacerations
- Impossible to apply the soft device when head is more than 45 degrees from OA
- Metal cup- used for malposition (OT and OP) as it is flat (with suction device at the side) & can be applied to head

**Options for managing malposition**
- Manual rotation
- Metal ventouse
- Forceps
- Caesarean section
Criteria
• Fully dilated with ruptured membranes
• Bladder emptied
• Head at or below spines
• No head palpable abdominally
• Position of head known
• Adequate analgesia

Contra-indications
• Face or brow presentation
• Position unknown
• Head above spines
• Breech
• Prematurity
• Cephalopelvic disproportion

Procedure
• Discuss and obtain consent
• Vaginal examination to check position of the head
• Continuous fetal monitoring
• Clean and drape vulva
• Empty bladder

Apply Ventouse
• In the midline, symmetrically across the sagittal suture to prevent slipping
• Just in front of the posterior fontanelle to promote head flexion
• Check no cervix or vagina under cup
• Increase pressure up to –0.8kg/cm²

Traction
• Together with a uterine contraction and maternal effort
• Initially downwards to keep head flexed and deliver the vertex
• As the head reaches the outlet, the pull is elevated lifting the head over the perineum
• This follows the natural pelvic curve

Abandon procedure
• After three failed attempts
• With no movement of head