

Background

Second stage CS births have an **increased risk of maternal and neonatal** morbidity compared to first stage CS [1]. Adverse outcomes include haemorrhage, bladder trauma, injury to the baby and prolonged hospital stay [5].



Second stage CS may be complicated when the fetal head is deeply impacted in the maternal pelvis, known as “**impacted fetal head**” (IFH), estimated to occur in 1.5% of all emergency CS [2]. Numerous techniques exist to assist in the delivery of an IFH.

However, there is **scarce evidence** regarding the most effective techniques [3]. Currently there are **no national guidelines** on what techniques to employ, **no formal training** for staff on management of an IFH, and **no consensus on best practice**.

Aims

1. understand **current practice, level of expertise and training requirements** for managing an IFH during emergency sections amongst consultant obstetricians, senior trainee obstetricians, obstetric anaesthetists, and midwives
2. understand **parents’ opinions** of various techniques and their willingness to participate in a clinical trial in this area

Methods

- **Online surveys** (obstetricians, obstetric anaesthetists, midwives, parents) were designed using JISC online surveys© and user-tested by members of the multi-disciplinary research team prior to distribution.
- The study population was a **convenience sample** from individuals who could be reached through emails sent to members of relevant professional bodies and through social media.

Results



548 responses in total

259
parents

206
obstetricians

45
midwives

38
obstetric anaesthetists

Results

- **Parents** most comfortable with a trial of doctor undertaking technique they were most comfortable in.
- Around a third would participate in a trial

- **Midwives** most commonly use push technique.
- Most preferred technique to test in a clinical trial was push technique, closely followed by fetal pillow
- 80% would participate in a clinical trial

- **Obstetricians** most commonly use push technique.
- Most preferred technique to test in a clinical trial was fetal pillow; training would be needed
- 92% would participate in a clinical trial

- **Obstetric anaesthetists** most preferred a trial of tocolytics (though varied responses)
- 87% would participate in a clinical trial

Conclusions

Most health professionals had encountered an IFH at CS. The majority (79–100%) of health professionals stated that a trial in this area would help guide their practice and 87–92% would be willing to participate in such a trial. 38% of parents reported they would be likely/very likely to take part in such a trial.

REFERENCES: 1. Allen VM et al. BJOG 2005, 2. Levy R *et al.* EJOGRB 2005, 3. Jeve Y *et al.* BJOG 2016. More info: <https://fundingawards.nihr.ac.uk/award/17/75/09>