

Acceptability to women of techniques used for impacted fetal head: a qualitative study



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Background: 5% of caesarean sections (CS) performed in the UK are carried out in the second stage of labour (8766 births per year) (1). Second stage CS is associated with higher perinatal and maternal morbidity than first stage CS (2). In around 1.5% of second stage CS, the fetal head is impacted in the maternal pelvis (2,3). This can lead to a range of maternal and neonatal complications (2). However, there is currently no UK or international guidance on the most effective technique to resolve an impacted fetal head at CS (4).

As part of a larger programme of work (MIDAS study), which examines whether it is possible to conduct an RCT in this area, the aim of this study was to elicit women's views on the acceptability of different techniques for managing an impacted fetal head at CS; and the feasibility and acceptability of conducting a trial in this area.

Methods: Interviews were conducted with women who had experienced second stage emergency caesarean section at a tertiary National Health Service (NHS) hospital in England. Of those women who were eligible (n=140), 80 were invited to take part and 9 women were interviewed. Women were provided information about the different techniques used for impacted fetal head, this included photos and prototypes of the fetal pillow and Tydeman Tube. Interviews were then carried out to explore experiences and views on the acceptability of different techniques and a RCT of techniques using a semi-structured topic guide.

Analysis: Audio recordings were transcribed verbatim and analysed using systematic thematic analysis (5).

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Findings: The analysis identified three themes:

Acceptability of different techniques

The invasiveness of the technique was an important factor women considered when determining how acceptable it was to them. However, this varied between women. Trust in medical expertise and prioritising the safety of the baby were important contextual factors.

Informed choice in trials

Ensuring women had informed choice in trials was important to women including consideration of the timing of invitation and whether capacity to consent would be affected by the emergency circumstances. Women also discussed birth outcomes as important and indicated good rapport with healthcare professionals as an important factor in gaining informed consent.

Birth education

Women also shared the view that antenatal education and postpartum information should be offered for those with impacted fetal head.

Conclusions: The findings of this study provide an understanding of the acceptability of different techniques obstetricians can use to manage impacted fetal head from women's perspectives. These showed the acceptability of techniques to be varied between women and emphasised the importance of context and quality of care. Future trial development should consider how best to approach women, allowing the time to consider the trial and provide informed consent before an emergency situation arises, ideally women should be approached by a familiar health professional. More research is needed exploring the acceptability for women from different groups (i.e. socio-economic status and ethnicity) and those healthcare professionals who would be using the techniques in a trial.

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