

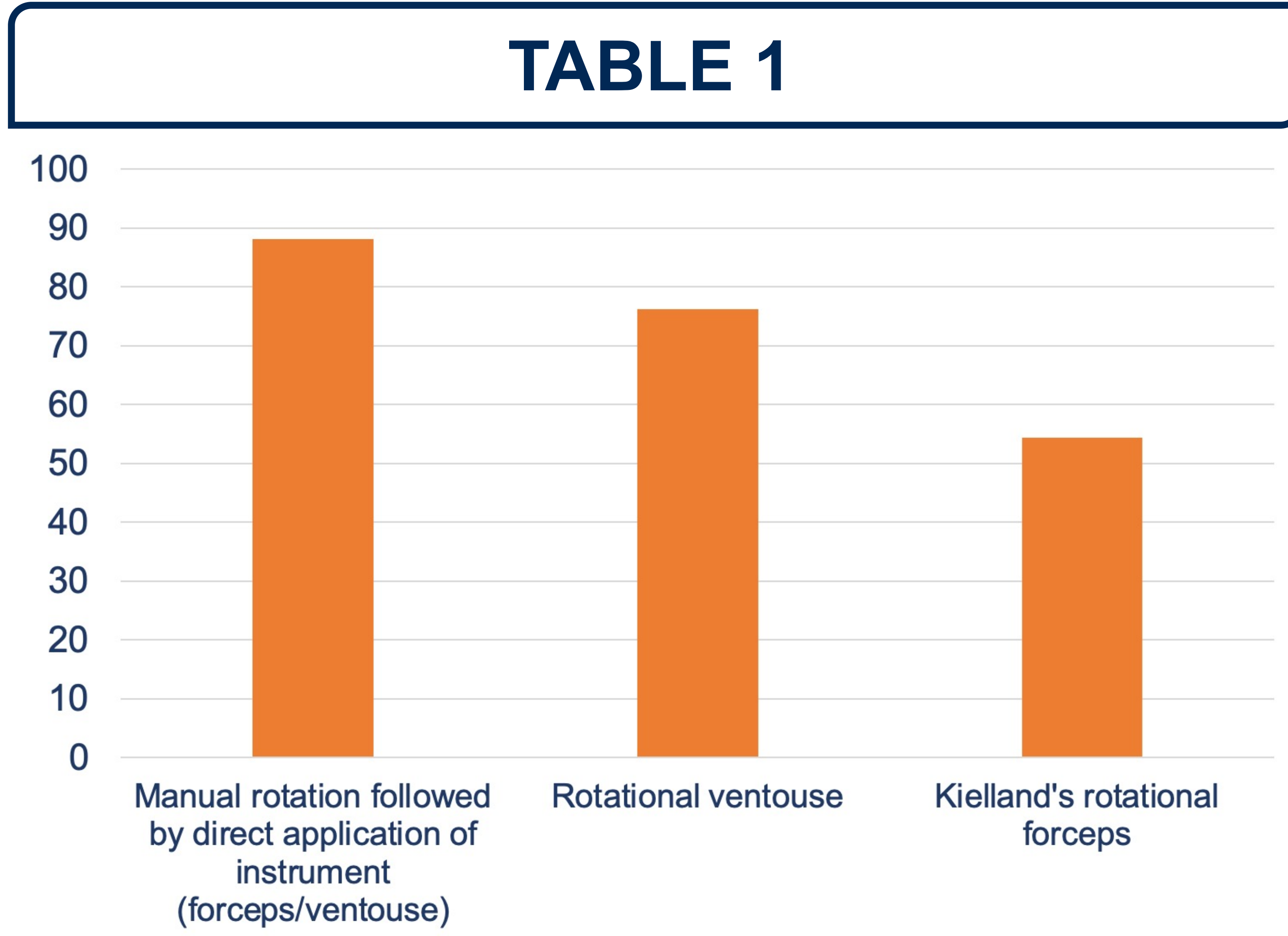
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BACKGROUND

- **Fetal malposition** = 5% deliveries
 - occiput transverse (OT)
 - occiput posterior (OP)
- ↑ **risk** assisted birth & severe perineal trauma
- Can be managed with **rotational assisted vaginal birth**
 - manual rotation
 - rotational ventouse
 - (Kielland's) rotational forceps
- Standards of practice & competence in performing rotational birth not established

METHODS

- **Online survey** of UK practitioners
 - British Maternal Fetal Medicine Society
 - Expert obstetricians
 - Active academics
- 11 questions focussed on:
 - perceived competence
 - preferred rotational method
 - location (theatre or labour room)
 - willingness to recruit to RCT of rotational methods and outcome measures



OBJECTIVES

- 1) Understand obstetricians' opinions & preferred methods during rotational assisted vaginal birth in the UK
- 2) Ascertain if a randomised controlled trial (RCT) of rotational methods would be acceptable

RESULTS

- 252 respondents
- Majority competent in manual rotation (Table 1 – perceived confidence)
- Manual rotation preferred first rotational method for OT and OP positions
- Decision for which method to use first is case-dependent
- Most obstetricians willing to recruit to RCT (62%)

CONCLUSIONS

- Wide range of practice in the UK
- RCT to investigate the impact of different rotational methods **feasible & desirable**
- **ROTATE**, a RCT of manual versus instrumental rotation of the fetal head at full cervical dilatation, is currently underway in the UK



References:
Burd J, Gomez J, Berghella V, et al. Prophylactic rotation for malposition in the second stage of labor: a systematic review and meta-analysis of randomized controlled trials. American Journal of Obstetrics and Gynecology MFM 2022; Volume 4, Issue 2, 100554.