

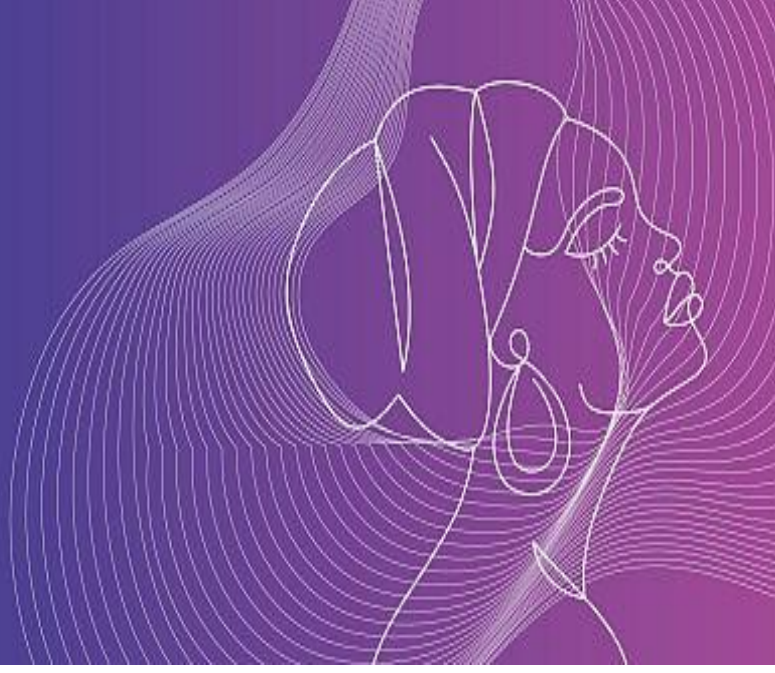


# Maternal and Foetal Outcome of Impacted Foetal Head During Caesarean Delivery

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## INTRODUCTION:

- LSCS rate in India as per NFHS-5 is **17% to 21.5%**
- Second stage caesarean rate is **2.3%**
- Foetal head may become wedged deep into the pelvis
- Additional manoeuvres are needed to deliver the foetal head
- Associated with maternal and foetal comorbidities
- In UK, **1 in 10** LSCS has an impacted foetal head

## OBJECTIVES:

- To assess maternal and foetal outcomes of impacted foetal head encountered during caesarean delivery
- To determine the most common method of foetal head disimpaction and delivery
- To determine the decision to delivery time

## MATERIAL AND METHOD:

- Descriptive, retro-prospective study
- Sample size (n) : 30
- Inclusion criteria :
  - Women for emergency LSCS
  - Cephalic presentation
  - Station 0 and below
  - Cervical dilatation 5 cm or more
- Exclusion criteria : Deep transverse arrest, CPD, twins
- Study duration : May 2023 to November 2023
- Data Analysis : EpiInfo version 7.0.1.3

## DISCUSSION:

Average age: 25.46 years  
Labour induced in 17 (56.6%)  
Labour augmented in 13 (43.3%)

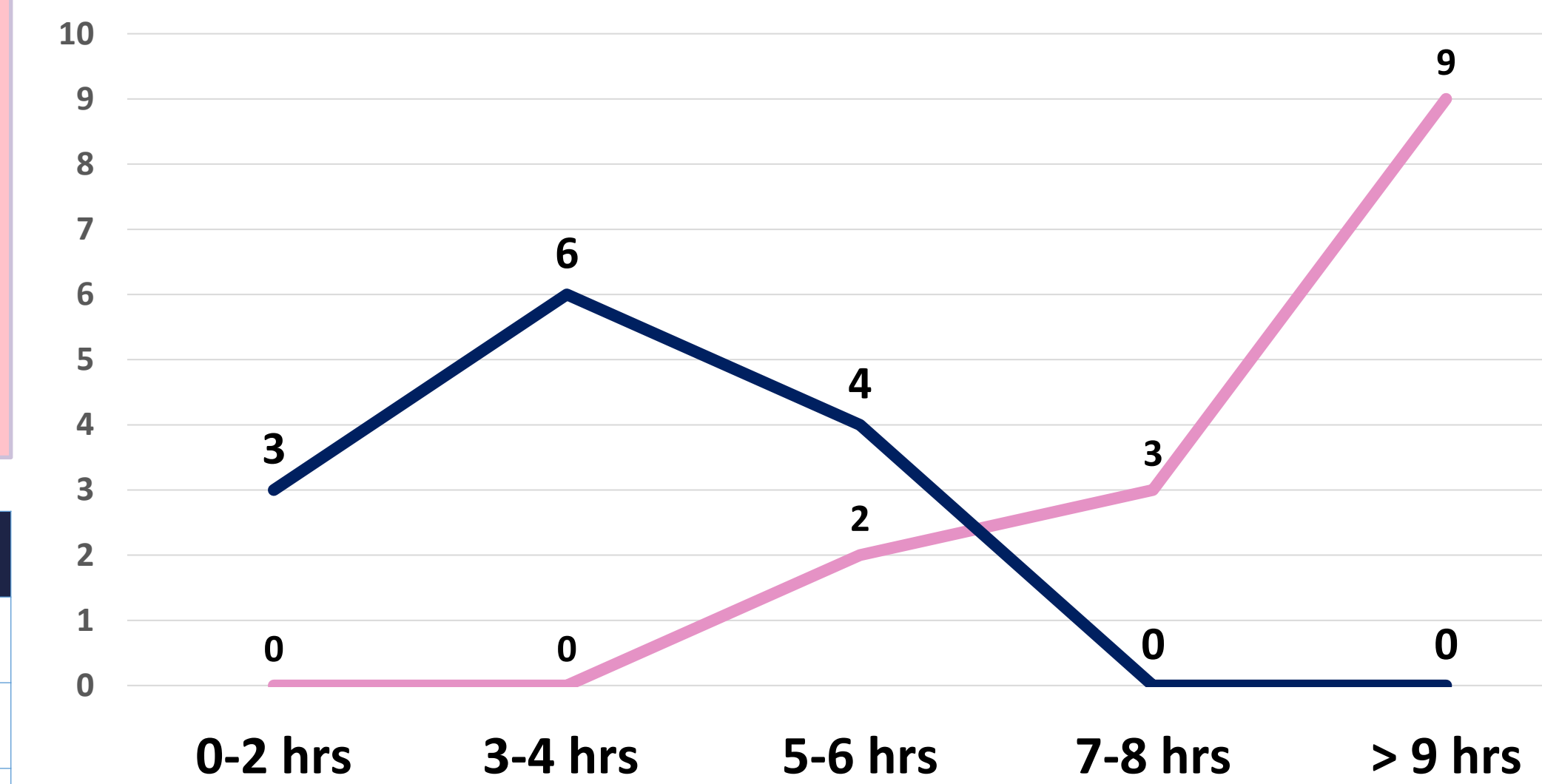
| Parameter                  | N (%)     |
|----------------------------|-----------|
| <b>Cervical Dilatation</b> |           |
| 10cm                       | 15 (50%)  |
| 8cm                        | 3 (10%)   |
| 7cm                        | 5 (16.7%) |
| 6cm                        | 3 (10%)   |
| 5cm                        | 4 (13.3%) |
| <b>Station</b>             |           |
| 0 to +2                    | 21 (70%)  |
| +3 to +4                   | 9 (30%)   |
| <b>Parity</b>              |           |
| Primipara                  | 18 (60%)  |
| Multipara                  | 12 (40%)  |

Average blood loss: 768 ± 139 ml  
Average time from decision to LSCS → 33.3 ± 13 mins  
ICU → 3 & Blood transfusion → 7

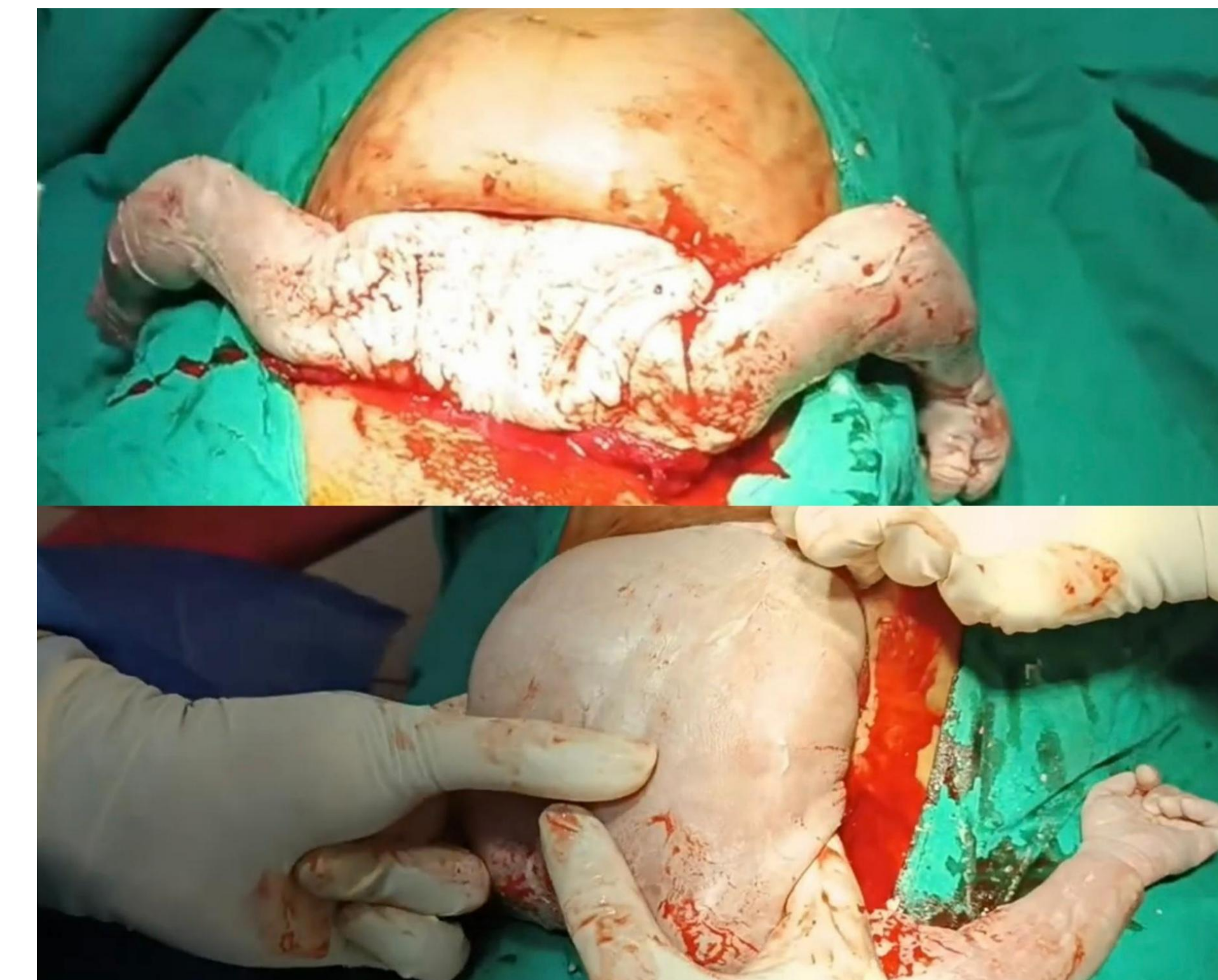
## CONCLUSION:

- Obstetric emergency
- Extension of uterine incision → The most common complication
- Oxytocin use, labour analgesia, and obesity ↑ incidence
- Clear guidelines and simulated training are essential
- Clinical judgement & experience are invaluable

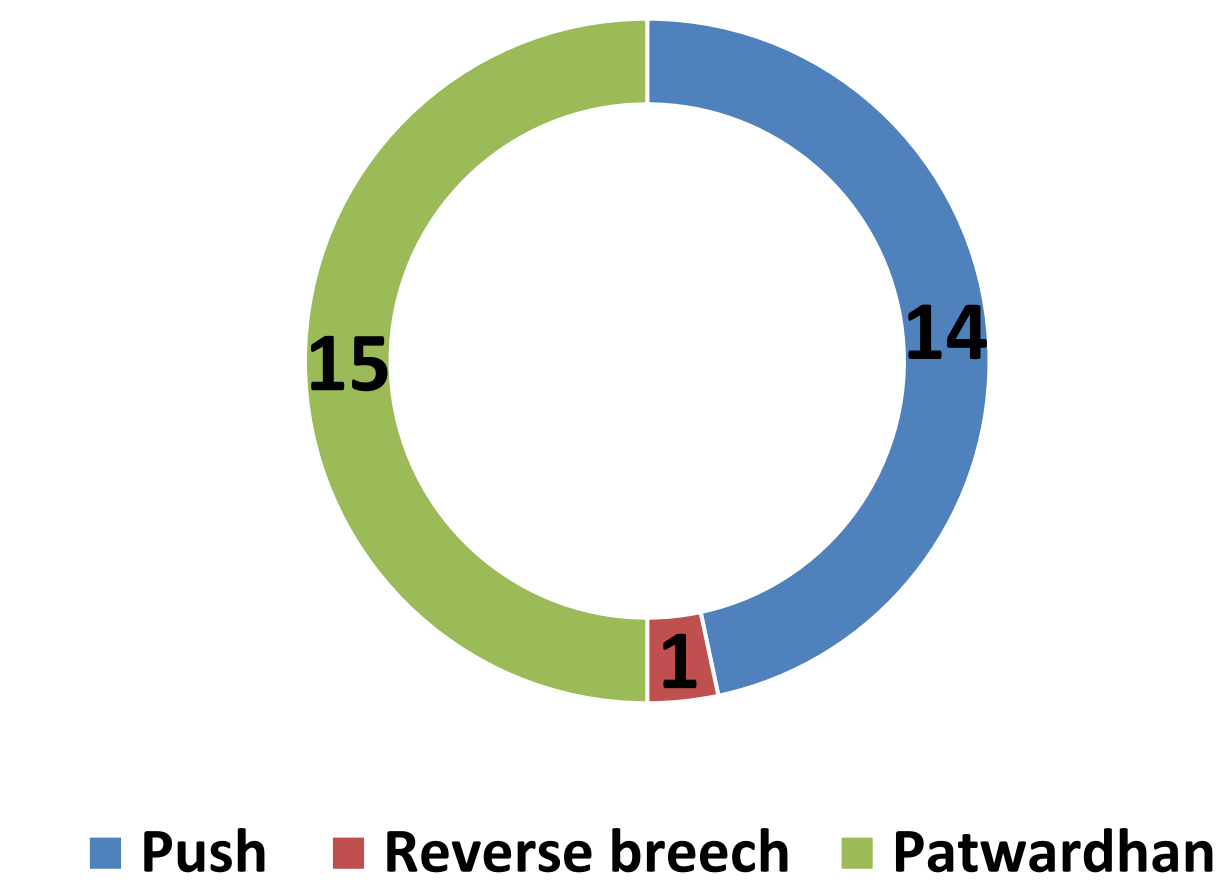
### Time of induction & augmentation to LSCS



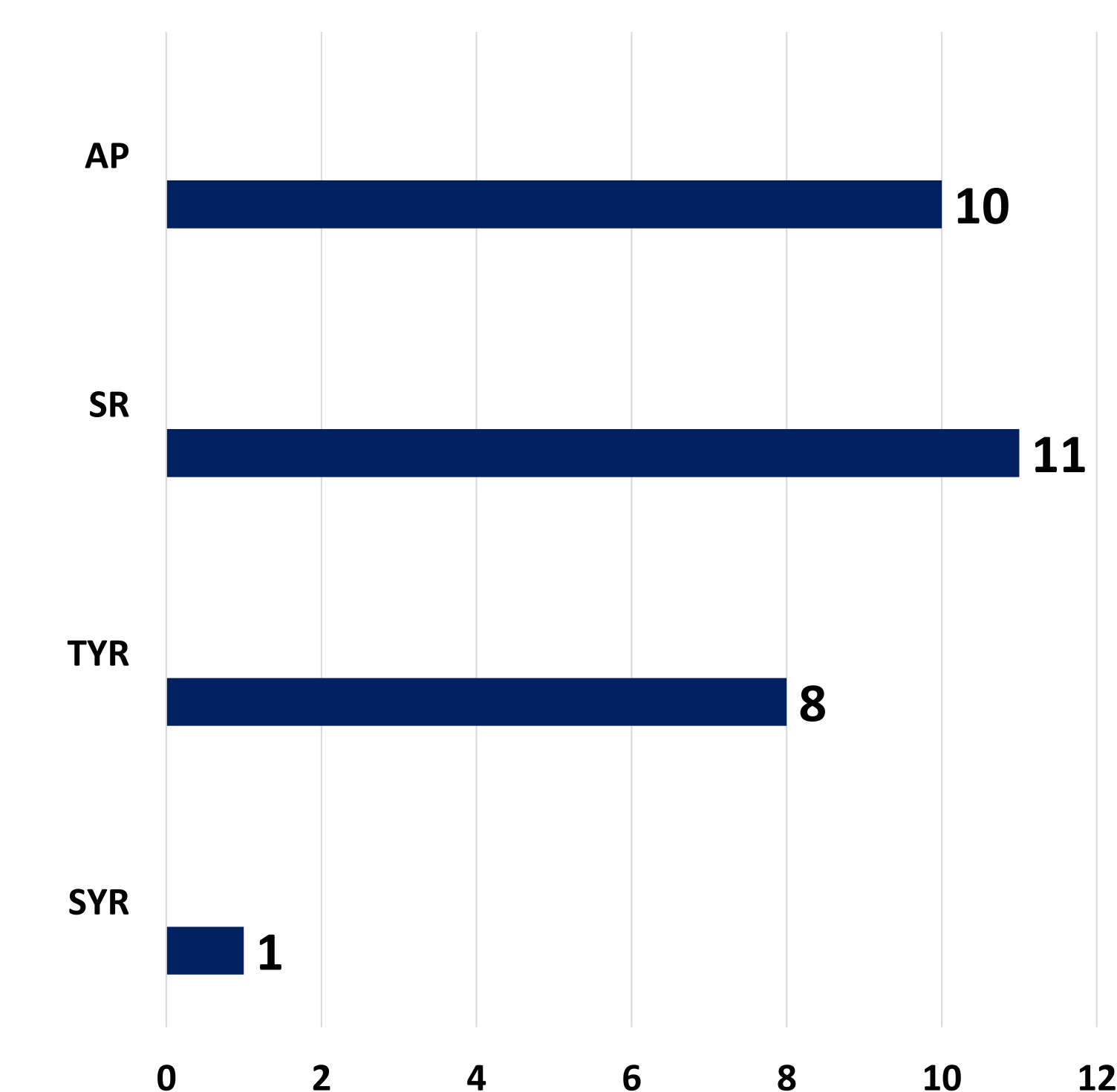
### Patwardhan Manoeuvre



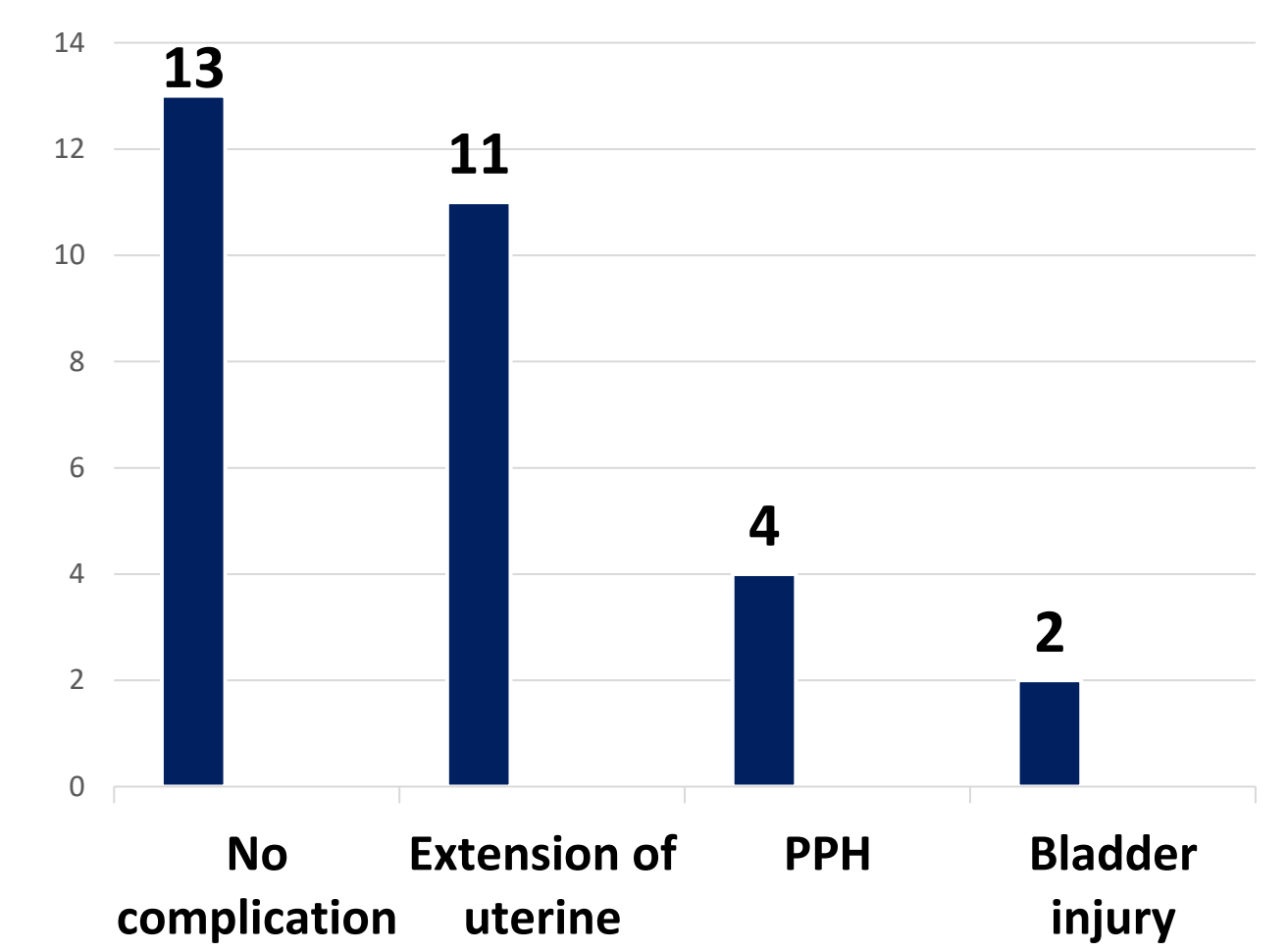
### Technique of delivery of head



### Grade of operating surgeon



### Maternal adverse events



| Outcome           | Number  |
|-------------------|---------|
| NICU              | 9 (31%) |
| Invasive vent     | 2       |
| Non-invasive vent | 4       |
| Downes score      | 6/10    |

IOL & augmentation  
n/a/w NICU admission  
( $p=0.469$  &  $p=0.522$ )

## REFERENCES:

- Martin A, Nzelu D, Briley A, *et al.* BMC Pregnancy Childbirth. 2022 Dec;22(1):34.
- Tan EK. J Obstet Gynaecol. 2007 Jan;27(4):427–8. s

## ACKNOWLEDGEMENT:

Image Courtesy: Dr. Hitendrasing Rajput