DELIVERY OF FLOATING FOETAL HEAD AT CAESAREAN SECTION BY MODIFIED TECHNIQUE

by

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SUMMARY

Delivery of floating head at caesarean section have been attempted over fifty patients by a modified technique 'Bi-manual cone handed forceps'. In all cases the attempt was successful without any complication of baby and mother. The method of approach is good and deserves further trial.

Introduction

Surgeons face much trouble in the delivery of deeply engaged head at caesarean section when it is impacted and wedged in the pelvic cavity and overdistension of lower segment. Various manoeuvres have been adviced and written in the literature and in text books to deliver the engaged head. They are in the form of pushing of engaged head vaginally with sterile gloved hand of associate, application of short curved forceps per abdomen or by traction by Willett's scalp traction forceps. Each of these manoeuvres has got individual advantages and disadvantages.

As like that of deeply engaged head, delivery of floating head at caesarean section also causes trouble to the surgeons. In this case, head may slip up and extended but eventually by fundal pressure by associate, head might not be gently and successfully delivered through caesarean incision. In this case, internal podalic version and breach extraction is usually attempted but this manoeuvre is not always safe for the baby and the approach to leg is difficult particularly when the liquor is scanty. To avoid the possible complication of baby and to deliver the floating head smoothly, steadily and safely, a modified technique has been practiced successfully over 50 cases at caesarean section without any complication to the baby or mother. This technique is most suitable in floating head particularly small baby with excess liquor or when placenta praevia prevents engagement of head.

Method of approach

In this technique both hands of surgeon are used for fixation, traction and extraction of foetal head. Hands are flashioned like a 'Cone & Spoon'. Four fingers are apposed and flexed and thumb is abducted. In floating head sagittal suture of foetal head is usually placed transversly with one parietal bone posterior and other anterior. First, right manipulating hand pushed between the head and uterine wall and is placed on the posterior parietal bone, the tips of the apposed fingers are

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put above the parietal eminence. The left hand is then fashioned like that of right hand and pushed between the head and anterior uterine wall and placed over the anterior parietal bone, the tips of the apposed fingers again would be placed above the parietal eminence. During bimanual manipulation the assistant is asked to fix and press the fundus of Uterus from above which prevent dislodgement of Head upwards within the Uterine cavity and also help completion of delivery of head during subsequent manipulation.

Foetal head is now grasped within the cage of "bimanual cone handed forceps" which fixes and holds the foetal head firmly with the fingers and palms of both manipulating hands placed over both parietal bones of the foetal head. It is then delivered by traction and the direction of the pull is downwards and forwards. Subsequent part of the delivery of the baby is alike that of standard technique of caesarean section delivery. In the described technique the position of occiput is not much important. Irrespective of position of occiput on right or left side, the right hand is always placed over the posterior parietal bone and left hand is over the anterior parietal bone. When the sagittal suture lies in antero-posterior direction, manipulated hands are placed directly over the left and right parietal bones, approaching between the head and lateral angle of uterine incisions. The direction of the pull is same as that described previously. Whatever the position occiput and parietal eminence, the rotation of foetal head is not necessary in this technique of manoeuvre.

By using short curved forcep blade, similar attempt of delivery of floating head has been made with success in few patients. But the forcep application in floating head is more difficult and cumbursome that of 'bimanual cone handed forceps technique'.

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