# Management of Impacted fetal head: Algorithm No.1

PROMPT

**ANTICIPATE**
If clinical features of obstructed labour, low fetal station, advanced cervical dilatation, failed assisted vaginal birth or malposition of fetal head

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**PREPARE**
Alert team to anticipated impacted fetal head in safety briefing
Allocate midwife/obstetrician to don sterile gloves
Anaesthetist to have GTN available
*Consider options for vaginal push up pre-incision / fetal pillow*

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**CONFIRM IMPACTED FETAL HEAD & DECLARE THE EMERGENCY**
IFH confirmed if standard manoeuvres have failed
Clearly & calmly declare problem: **'impacted fetal head'**

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**CALL FOR HELP**
Senior obstetrician, senior midwife, maternity care assistant, operating department practitioner and senior neonatologist

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**PAUSE**
For uterus to relax & consider next steps

→ **Consider TOCOLYSIS** *e.g. GTN*

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**ATTEMPT TO FLEX & ELEVATE FETAL HEAD**
Refer to additional algorithms

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**HAND MANOEUVRES**
**Refer to Algorithm No.2**
for hand manoeuvres & operator positioning

↙ **RE-POSITION WOMAN'S LEGS**
Semi-lithotomy with legs flexed & abducted
**Allocate team members to support woman's legs**

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**VAGINAL PUSH UP :**
**Refer to Algorithm No.3**
**Use whole hand to cradle fetal head**
**Flex & elevate head using flattened surface of fingers**

↘ **Consider T or J incision to facilitate reverse breech**
**Incise Bandl's ring if present**

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**REVERSE BREECH EXTRACTION**
**Refer to Algorithm No. 4**
**Grasp one or both feet & apply gentle traction towards the incision to deliver legs**
**Apply gentle traction towards the woman's head to deliver the fetal head**

**Try either technique first depending on clinical circumstances and operator experience**

If above manoeuvres fail
**Repeat all the above again**
Or consider Patwardhan's manoeuvre

**Baby to be reviewed by midwife/neonatologist after birth and referred for consultant neonatal review if any concerns**
**DOCUMENT ALL ACTIONS ON PRO FORMA AND COMPLETE CLINICAL INCIDENT REPORT**