

Management of Impacted fetal head: Algorithm No.3

VAGINAL PUSH UP To be performed by trained assistant



PREPARATION - INFORM WHOLE TEAM OF PLAN

If an impacted fetal head is anticipated:
Allocate an appropriate person to be prepared wearing sterile gloves



APPROPRIATE PERSON

Obstetrician or senior midwife
Trained in how to perform a vaginal push up in simulation and/or in real-life

POSITIONING OF WOMAN

If an impacted fetal head is encountered:

Position woman in semi-lithotomy with legs flexed & abducted

Allocate 2 team members to reposition and support both legs whilst in semi-lithotomy position



VAGINAL ACCESS

Insert whole hand in to the vagina using a 'pringle hand' technique

Spread fingers across the fetal head by advancing hand into the sacral hollow



CRADLE FETAL HEAD

Using flattened palmar surface of 4 fingers and thumb to cup the head



FLEX FETAL HEAD

Modify hand and finger placement according to fetal position

To achieve flexion of the head in OA positions, the operators' fingers need to be advanced further into the sacral hollow than if OP

To achieve flexion of the head in OT positions, the fingers should be more lateral



ELEVATE FETAL HEAD

Apply steady, continuous & even pressure



STOP

If no progress or does not feel safe to continue

Be aware of own limitations

AVOID:

Using fingertips Using < 4 fingers Jabbing or prodding motion Applying excessive pressure

COMMUNICATION
Fetal position
How to perform
Feedback on effectiveness