

Management of Impacted fetal head: Algorithm No.4

REVERSE BREECH EXTRACTION

Inform whole team of plan

To be performed by trained practitioner

ACCESS

Perform either T or J incluion if needed to improve access Ensure clear operative view of incision Protect baby during incision using nondominant hand



GRASP FEET

Introduce dominant hand superiorly to grasp one or both feet
If difficult to identify a foot, follow the baby's back, over the
buttocks and down a leg to grasp a foot
Use a sterile swab to help with grip



DELIVER LEGS & ABDOMEN

Apply steady, continuous traction towards the woman's feet



DELIVER ARMS

Gently rotate the body in the midline for delivery of each arm in turn (Lovsett's manoeuvre)



DELIVER HEAD

Apply gentle traction towards woman's head to deliver the fetal head If the head does not deliver easily, rest the baby on non-dominant arm whilst flexing the baby's head using MSV mandeuvre



RE-ASSESS

If still unable to deliver the fetal head: Re-assess for presence of Bandl's ring & incise Consider simultaneous vaginal push up

AVOID:

Application of pressure to fetal abdomen or excessive force to limbs

Application of fundal or suprapubic pressure once legs and body delivered

Manoeuvres which cause hyper-extension of the fetal neck