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Prospective study evaluating the role of fetal pillow in caesarean section at full dilatation for reducing maternal and fetal morbidity

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Background: Second stage caesarean section (CS) involves maternal and fetal morbidity and poses surgical challenge in terms of safe fetal head delivery. Fetal pillow (FP) is an innovative device designed to atraumatically elevate the deeply impacted fetal head out of pelvis during caesarean section at full dilatation (CSFD), making delivery safer, easier and less traumatic.

Objectives: To evaluate the role of fetal pillow (FP), a novel device designed to atraumatically elevate the deeply impacted fetal head out of pelvis during caesarean section at full dilatation (CSFD), in reducing maternal and fetal complications.

Study Design: This is a prospective observational study conducted at Luton & Dunstable NHS hospital, UK over a period of 6 months. All consecutive women undergoing CSFD using a FP were included. Primary outcomes were uterine extension and ease of fetal head delivery. Secondary outcomes were maternal and fetal morbidities.

Results: A total of 39 cases were performed at full dilatation where FP was used to aid delivery of the fetal head. Majority of women were in age group 30-39 and BMI ranged between 30-39. Instrumental delivery was attempted in 66.7% women and failed instrumental delivery was the most common indication for CS. The median incision to delivery time was 4.8 minutes (range 1-12 minutes). Uterine extension was seen in 33% women (Grade I-20%, Grade II-13%). All surgeons found insertion of balloon prior to CS to be easy and quick. Fetal head delivery was found easy by 77% surgeons. Only 15% women required other methods (e.g. breech extraction, Patwardhan method) for delivery. Blood loss of >1000 ml was recorded in 30% patients and 10% needed blood transfusion. There were no neonatal seizure, intubation and NICU admission. One baby sustained scalp trauma due to metal cup use during trial of instrumental delivery. Median cord pH was 7.24.

Conclusion: Use of FP shows great promise in decreasing maternal and fetal morbidity during CSFD compared to historical data. However, larger prospective studies are required to support its use in routine practice.

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