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Techniques for managing an impacted fetal head at caesarean section: A systematic review

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Background: A complication arising at caesarean birth when the baby's head is deeply engaged in the pelvis and may be difficult to deliver, is known as an 'impacted fetal head'. This obstetric emergency occurs in 16% of second stage caesarean sections. Multiple techniques are described in the literature to manage the complication but there is no consensus regarding which technique results in the best maternal and neonatal outcomes.

Objective: To determine which technique for managing impacted fetal head at caesarean section has the best maternal and neonatal outcomes.

Methods: A literature search of three electronic databases was conducted in November 2021. Studies directly comparing two methods for the management of impacted fetal head at caesarean section in the second stage were included. Systematic reviews, meta-analyses, case-control studies, and studies not fitting the search criteria were excluded. Data was extracted in Covidence and meta-analysis of the six most commonly reported outcomes was conducted using RevMan 5.4.

Results: In total, 16 studies (3344 women) were included. 13 studies (2506 women) compared the push method with reverse breech extraction. Metaanalysis showed that risk of extension of the uterine incision, blood transfusion, bladder injury, postpartum haemorrhage, NICU admission and Apgar score <7 at 5 min were significantly higher with the push method compared with reverse breech extraction. Three studies (838 women) compared the push method with Patwardhan's technique. metaanalysis of studies comparing the push method with Patwardhan's technique found no significant differences between the two groups in any of the six maternal or neonatal outcomes.

Conclusion: Evidence derived from small, inadequately powered studies suggests reverse breech extraction is associated with better outcomes than the push method. The method which produces the best outcomes is still unknown as not all methods have been tested. Further high quality, adequately powered RCTs are warranted for definitive conclusions to be drawn and to ameliorate the paucity of evidence on how best to manage this complication

Biography

Amelia is a student studying medicine at the University of Nottingham and has a keen interest in obstetrics and gynaecology. Amelia's dissertation titled 'Techniques used to manage an impacted fetal head at Caesarean section' contributed towards her gaining a Bachelor of Medical Sciences degree this year.

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