

# TRIAL OF INSTRUMENTAL DELIVERY IN A REGIONAL CENTRE PREDICTORS OF SUCCESSFUL OUTCOME

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## INTRODUCTION

There is an increasing trend for obstetricians to mobilise the women to operating theatre for trial of instrumental delivery than performing them in the delivery suite. The current trend was due to less rotational instrumental deliveries being performed as well as fear of litigation

## OBJECTIVES

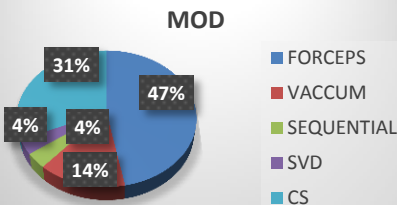
The study was designed to analyse the factors leading to trial of instrumental delivery which could be used as a guidance for clinicians

## METHODS

Mothers who were decided for Trial of Instrumental delivery at the Toowoomba Hospital, Queensland, Australia from 2014 to 2017 were included in this study. This was a retrospective observational study conducted in a semi urban hospital with annual delivery rate of 2150. All these women were reassessed in the operating Theatre and a decision was made whether they were suitable for instrumental delivery or to proceed directly for a CS. Those who were decided to have a Caesarean section without any trial before moving to OT were excluded. Statistical analysis using SPSS version 23.

## RESULTS

Total of 96 patients underwent trial but we are able to analyse only 83 mothers due to incomplete data

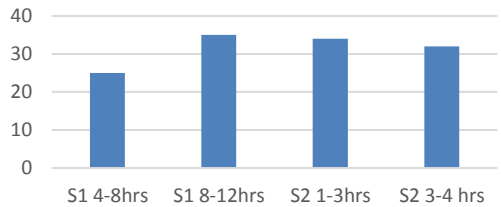


2 of those who had forceps delivery needed CS and 4 of those who had vacuum needed a CS for failed instrumental delivery. All 3 sequential instrumental deliveries were successful

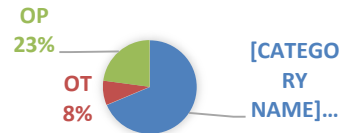
Factor		Numbers
Age	20-29yrs	46
Parity	P0	51
BMI	21-30	53

15 of them were < 37 weeks  
12 of them were more than 41 weeks  
36.2% IOL. All others Spontaneous onset  
61.5% had Epidural

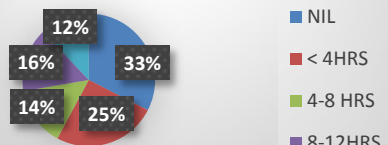
### Duration of S1 & S2 of Labour



### FOETAL POSITION AT TRIAL



### DURATION OF OXYTOCIN USE



## CONCLUSION

Primiparity, normal BMI, non teenage pregnancies, spontaneous onset of labour are favourable factors for trial of instrument. Among the intrapartum factors shorter second stage, use of oxytocin for less than 12 hours, Occipito anterior position and use of Neville Barns forceps would result in high success rate in women who are undergoing trial.

## REFERENCES

1. Majkor F, Gardiner G: Trial of instrumental delivery in theatre versus immediate caesarean section for anticipated difficult assisted births: Cochrane Data base Syst Rev.: 2012 Oct 17
2. Ebulue V et al: Fear of failure: are we doing too many trials of instrumental delivery in OT?: Acta Obs Gynae Scand.: 2008;87(11):1234-8