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TODAYS HEALTH FOR THE EMPOWERED WOMAN

ON THE USE OF OBSTETRICAL FORCEPS

This past week I read of a terribly tragic story coming out of California regarding a newborn that died from injuries sustained after a forceps delivery. Having no actual knowledge of the incident, I will leave judgment to the hospital in which this occurred and to the appropriate review boards to determine if indeed there was negligence. Unfortunately, the family of the newborn and associated “groups” are raising money and awareness to craft a law that would prohibit forceps deliveries. It is often stated that “bad information makes for bad laws”. I believe that this is the case here and might be an inappropriate “knee jerk” reaction to a tragic outcome. So, let us examine the forceps issue from the lay person’s perspective. Historically when a woman in labor could not deliver the baby vaginally because of many reasons that included a small pelvis, a large baby, a malpresentation (breech birth), the baby inevitably died and frequently the woman also. Cesarean sections were only performed upon a deceased mother in an attempt to save the baby. When c-sections were finally accepted practice they were done without anesthesia and not in sterile conditions. No one thought to close the uterus so the procedure was almost universally fatal to the mother. Today, 25% or more of all deliveries are by c-section and, while death of mother and/or fetus is rare, there exist other potential complications that include uterine infection, hemorrhage, wound infection, fetal damage, etc. IT IS NOT A BENIGN PROCEDURE. One could argue for hours about the reasons for the rising c-section rates which include fear of litigation, misinterpretation of fetal heart rate tracings, larger babies, fear of labor etc. My own specialty society is actively trying to reduce c-section rates and one modality might be the increased use of obstetrical forceps- a technique that is rarely taught to obstetricians in training at this time. Forceps are an instrument composed of two metal arms that slide over the cheekbones of the fetus and with gentle arm traction by the obstetrician, the head and subsequently the body of the fetus can be delivered. They were invented by a Dr. Chamberlain two centuries ago to avoid the certain death that failure of delivery caused. Correct usage requires extensive training: the size of the baby must be estimated, the position of the head must be determined, the level of the head in the pelvis must be ascertained, the correct type of forceps must be used and the obstetrician must know when to stop if this maneuver is unsuccessful and to proceed with c-section. Only a well trained experienced obstetrician should even consider using this modality. One might ask: “why bother?; just do a c-section”. Because for the reasons stated above a c-section is not always a better option. Consider this scenario. A woman has pushed for three hours, the head is almost out, the heart beat of the fetus has crashed to a critical level. The operating room has all rooms going and no anesthesiologist is available. The baby can be delivered expeditiously and safely by forceps in the right hands. If forceps are outlawed as a result of grieving parents pushing their poorly informed legislators for such a prohibition only more disasters will occur. Better to push residency programs to teach the technique in simulations and to require this training as part of board certification. In today’s litigious environment I doubt this will happen; an obstetrician should feel free to perform what techniques he feels comfortable doing and to never ever use forceps if

untrained or unsure. In short, a law prohibiting the use is poorly thought out and will do more harm than good. I feel very sorry for the family of the deceased newborn. If the obstetrician was deemed negligent, he will be dealt with by professional reviewers and licensing boards and malpractice lawyers. Let us not tie the hands of those who use good training and judgment to save the lives of mothers and babies at , often, a critical moment. There is no such thing as a perfect outcome. Government intervention into the delivery room will be a disaster for all parties.