

Kielland's forceps real life delivery video – transcript of narration

This delivery is performed in theatre under spinal anaesthetic. The woman is cleaned and draped and the bladder emptied. The fetal scalp electrode is removed. A vaginal examination is performed to ascertain position, station, caput and moulding.

The baby is in a direct occipit–posterior position and so the Kielland's forceps are applied in the manner of conventional forceps, with the knobs pointed towards the occiput. The forceps lock with ease but the blades are unlocked in between contractions until the time of rotation.

The position of the head is rechecked prior to rotation. Rotation occurs in between contractions. To rotate the baby the blade handles are pushed towards the bed and slightly upwards to disimpact the fetal head. The head is rotated with ease into an occiput–anterior position.

Position is checked prior to applying traction. Downward traction is applied in conjunction with uterine contractions and maternal effort. As the head descends the direction of traction is altered, following the J-shaped curve of the pelvis.

As this woman is multiparous and the perineum is stretching nicely an episiotomy is not required. The perineum is guarded as the head crowns. The head is delivered slowly, mimicking a spontaneous vertex delivery in order to reduce the risk of vaginal and perineal trauma.

The cord is palpable around the neck although it is not tight.

The head restitutes into a transverse position. No traction is applied until the next contraction.

The anterior shoulder is delivered by downward traction, followed by the posterior shoulder with upward traction. The baby is delivered on to the mother's abdomen with the next contraction.