

Delivery Principles

The decision for caesarean birth in the second stage of labour involves balancing the risks and benefits of a) caesarean birth against those of b) an immediate, and potentially difficult, operative vaginal birth or c) expectant management with the expectation of achieving a safer station or position for operative vaginal birth. All options carry some risk, and the decision should be made by an experienced accoucheur, preferably with adequate notice of progress in labour, fetal condition and maternal wishes.

If a decision is made to proceed with caesarean birth, the following good practice points are recommended.

Pre-operative considerations

1. A vaginal examination should be performed by the most senior obstetric doctor present immediately prior to commencing the procedure. This is to:
 - Exclude the possibility of further head descent such that vaginal birth would be more easily accomplished.
 - Apply steady firm upward pressure to assist with disimpaction of the fetal head and assist with the abdominal delivery. There is some evidence that inflatable devices might reduce the risk of uterine injury in these circumstances.
2. An experienced obstetrician and paediatrician should be in attendance or readily available where a technically difficult birth is anticipated.
3. The anaesthetist should be appropriately prepared in anticipation of the need for acute tocolysis and management of postpartum haemorrhage (PPH).

Intra-operative considerations

1. The head must be elevated into the abdomen before successful delivery can be accomplished. This may be achieved by either or both of:
 - Appl

