



Does the Operator Training Level



Affect the Outcome of a Rotational Delivery.

UKARCOG

BACKGROUND

- Rising caesarean section (CS) rates are a global concern. There are increased maternal and neonatal risks with CS undertaken at full dilatation.
- Acquisition and maintenance of rotational vaginal delivery skills reduces emergency caesarean sections in the second stage of labour (pEMCS).
- Only method assessed in UK training core curriculum is rotational ventouse (RV).

METHODS - UK Audit and Research trainee Collaborative in

Obstetrics and Gynaecology (UK-ARCOG) network collected data on 836 births with malposition of the fetal head complicating the second stage during the month, May 2016. Information was prospectively collected onto a proforma, uploaded to excel and analysed using SPSS.

AIM

To assess if operator training level affects the outcomes of rotational vaginal deliveries.

RESULTS

Demographics did not differ between groups. OP babies more likely to be delivered by seniors (p=0.06). Juniors supervised by consultants (46.2%) or ST6-7 (36.95%).

Outcomes	Juniors n=316	Seniors n=519	Stats
First instrument success	214 (67.7%)	352 (67.8%)	P>0.05
First instrument utilised	RV 130 (41.1%) MROT 80 (25.3%) KF 63 (20%) CS 43 (13.6%)	RV 193 (37.2%) MROT 157 (30.3%) KF 118 (22.7%) CS 51 (9.8%)	
Sphincter injury	15 (4.8%)	22 (4.3%)	P>0.05
Estimated blood loss >1.5l	16 (5.1%)	15 (2.9%)	P>0.05
Shoulder dystocia	20 (6.3%)	12 (2.3%)	P<0.05
Arterial pH mean	7.2	7.2	P>0.05
SCBU admission	22 (7%)	41 (8%)	P>0.05

CONCLUSION

Comparable outcomes of rotational vaginal deliveries, regardless of training levels, suggest existence of high quality supervision. A recent national survey recognised management of fetal malposition as a training priority for trainees, making it possible to incorporate assessment of all methods used to manage fetal malposition, including manual rotation and Kielland forceps, in to the core curriculum.