Letters to the Editor

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Increased Risks with Serial Vacuum and Forceps for Assisted Vaginal Delivery

Original Article: Instruments for Assisted Vaginal Delivery [Cochrane Briefs]

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Available at: http://www.aafp.org/afp/2011/0701/p26.html

TO THE EDITOR: The final paragraph of this Cochrane Brief states that "If a vacuum device is unsuccessful, delivery with forceps can be attempted." There is growing evidence that newborns who experience failed vacuum delivery followed by attempted forceps delivery, or failed vacuum delivery followed by failed forceps delivery followed by cesarean delivery, have significantly more scalp and intracranial injuries, as well as increased morbidity and mortality. The 2000 American College of Obstetricians and Gynecologists (ACOG) Practice Bulletin no. 17[1] and a 2010 article in *Obstetrics & Gynecology*[2] both address this issue and discourage the application of serial vacuum and forceps. Likewise, the current Advanced Life Support in Obstetrics curriculum speaks strongly to this issue.[3] If vacuum delivery fails, proceeding directly to cesarean delivery is recommended.

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Author disclosure: Dr. Olden is the Advisory Board Chair for the American Academy of Family Physicians (AAFP) Advanced Life Support in Obstetrics (ALSO) Program, and the AAFP CareTeam OB Program (Patient Safety).

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IN REPLY: I appreciate Dr. Olden's reference to the ACOGs' position statement, which notes that "Although studies are limited, the weight of available evidence appears to be against attempting multiple efforts at operative vaginal delivery with different instruments, unless there is a compelling and justifiable reason."[1] The Advanced Life Support in Obstetrics curriculum follows this recommendation. However, the practice bulletin is based on an analysis of studies of outcomes for sequential operative vaginal delivery.[2] It does not discuss or compare the alternative, which is a cesarean delivery in the second stage of labor after failed vacuum delivery. Readers should be aware of the guidelines produced by the Royal College of Obstetricians and Gynaecologists in the United Kingdom: "The use of outlet/low-cavity forceps following failed vacuum extraction may be judicious in avoiding a potentially complex caesarean section. Caesarean section in the second stage of labour is associated with an increased risk of major obstetric haemorrhage, prolonged hospital stay and admission of the baby to the special care baby unit compared with completed instrumental delivery."[3] Additionally, a 2004 guideline from the Society of Obstetricians and Gynaecologists of Canada explains that "A neonate delivered by 2 operative interventions (i.e., Caesarean section following a failed vacuum attempt or forceps attempt, or vacuum and forceps birth) is more likely to have a serious injury than one delivered by any one of these interventions alone. Indeed, a positive correlation exists between the number of operative interventions in the second stage of labour and the likelihood of death or intracranial injury."[4]

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NOTE: At the time of the Cochrane analysis, Dr. Kripke was an associate medical editor at *American Family Physician.*

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3 Royal College of Obstetricians and Gynaecologists. Operative vaginal delivery (green-top 26). January 2, 2011. http://www.rcog.org.uk/files/rcog-corp/GTG26.pdf. Accessed December 12, 2011.
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EDITORS' NOTE: As Dr. Olden points out, Dr. Kripke's analysis of the limited data on outcomes of attempted forceps vaginal delivery, rather than immediate cesarean delivery, after failed vacuum extraction is not consistent with recommendations from ACOG or the ALSO curriculum sponsored by the AAFP. However, we feel that Dr. Kripke's view represents an alternative interpretation of the imperfect science surrounding the issue of sequential operative vaginal delivery. But, to avoid any confusion that Dr. Kripke's "Practice Pointers" might represent a conclusion from the Cochrane review, we have deleted the final sentence from the online version: "If a vacuum device is unsuccessful, delivery with forceps can be attempted."

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JAY SIWEK, MD, Editor, *American Family Physician*

Clarifications

The online version of the Cochrane Briefs, "Instruments for Assisted Vaginal Delivery," (July 1, 2011, page 26) has been updated because the last sentence of the "Practice Pointers" section did not represent a conclusion from the Cochrane review of instrumental delivery. The following sentence has been removed online: "If a vacuum device is unsuccessful, delivery with forceps can be attempted."

In the Practice Guidelines, "ACIP Releases 2012 Immunization Schedule," (February 1, 2012, page 281) the accompanying 2012 catch-up immunization schedule was clarified by the Centers for Disease Control and Prevention after publication. In Figure 3, the second bulleted item under footnote 9 now reads: "An inadvertent dose of DTaP vaccine administered to children aged 7 through 10 years can count as part of the catch-up series. This dose can count as the adolescent Tdap dose, or the child can later receive a Tdap booster dose at age 11-12 years." The online version of this handout has been updated. ■