

Should Increase in Forceps Use Be the Way to Decrease the Frequency of Caesarean Sections?*

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Cakic et al. reported in the past issue of Central European Journal of Paediatrics that out of 3,570 women who gave birth vaginally in one tertiary clinical center in 2019, forceps was used to help deliver 23 (0.64%) newborns (1). Children born using forceps were observed to have lower Apgar scores and were required to spend twice as long time in the neonatal intensive care unit compared to newborns who were delivered without forceps. All complications of delivery with forceps were of minor significance (1). There was no difference in the frequency of adverse effects among newborns and mothers delivered with and without forceps (1).

A large retrospective cohort study of 22 million women found that vaginal deliveries using forceps make up about 1.1% of all vaginal deliveries over an 8-year period (2). Thus, the current use of forceps has been considerably low and has been decreasing over time (2). At the same time, there has been a rise in the frequency of Caesarean sections at a global level (3). This rise has been more prominent in wealthier countries, although it is also present in

the countries with limited resources (4). Caesarean section carries the risks and burdens of any operative procedure, particularly postoperative wound infection. Furthermore, a meta-analysis suggested that chronic postsurgical pain of wound after Caesarean section may last for 12 months or longer (5), while use of forceps has been associated with lower risk of maternal infections (6). Deliveries using forceps are also faster and have lower risk of adverse effects in newborns compared to Caesarean section (6).

A previous study reported that forceps deliveries are more common during day shifts, when senior obstetricians are handling deliveries (7). This finding suggests that there should be more opportunities for gynecologists to learn and practice forceps use with goal to achieve the necessary skills to perform safe and proficient forceps deliveries. Keeping these results in mind, gynecologists should consider a proposal to expand the indications for use of forceps, while restricting the indications for Caesarean deliveries to lessen the chances of adverse delivery outcomes for both mothers and newborns.

*Invited commentary on “Characteristics and Early Outcomes of Forceps Deliveries in a Tertiary Clinical Center” by Cakic et al. Central Eur J Paed. 2020;16(2):123131”.

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