

# FORCEPS APPLICATION

A B C D E F G H I J

- A** Address the patient,  
Ask for help,  
Anesthesia adequate?
- B** Bladder empty?
- C** Cervix must be completely dilated
- D** Determine position of the head. Think of shoulder dystocia. Review the HELPER Mnemonic
- E** Equipment ready
- F** Forceps ready
- G** Gentle traction
- H** Handle elevated to follow the "j" shaped pelvic curve
- I** Evaluate for **I**ncision for a possible episiotomy when the perineum distends
- J** Remove forceps when the **J**aw is reachable



ALSO

[www.aafp.org/also](http://www.aafp.org/also)

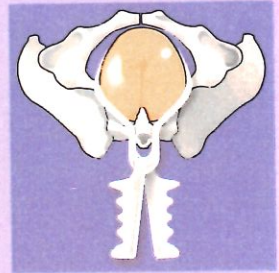
## Forceps Essentials and Safety

### Definitions:

- ✓ Outlet: Fetal skull on pelvic floor; scalp visible between contractions
- ✓ Low: Fetal skull at, or below, +2 station
- ✓ Mid: Head engaged, but above +2 station (Midforceps application not taught in ALSO course)

### Position Forceps for Safety

- ✓ Posterior fontanel midway between shanks, 1cm above plane of shanks
- ✓ Fenestrations admit no more than one fingertip
- ✓ Sutures: lambdoidal above, and equidistant from, upper surface of each blade; sagittal suture is midline



### Pajot's Maneuver

- ✓ Axis traction follows pelvic curve
- ✓ Initial traction downward, then sweeping in large, J-shaped arc
- ✓ Opposite hand exerts downward traction, causing two vectors of force: *horizontal outward* and *vertical downward*

