

Operative vaginal delivery remains appropriate

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(HealthDay)—Operative vaginal delivery remains an important component of modern labor management, but obstetric care providers need to be familiar with the proper use of the instruments and the risks involved, according to a practice bulletin published in the November issue of *Obstetrics & Gynecology*.

The guideline reviews the current evidence regarding the benefits and [risks](#) of operative vaginal delivery and replaces a June 2000 practice bulletin.

In conjunction with an increase in cesarean birth rates in the United States, the rate of operative vaginal delivery has decreased over the past few decades, accounting for 3.3 percent of all deliveries in 2013. Prolonged second stage of labor, suspicion of immediate or potential

fetal compromise, and shortening of the second stage of labor for maternal benefit were identified as the indicators for operative vaginal delivery. The strongest evidence-based recommendations include the following: Forceps and vacuum extractors have low risk of complications and are acceptable for operative vaginal delivery; a vaginal birth is more likely to be achieved with forceps than with vacuum extractors, although forceps are more likely to be associated with third- and fourth-degree perineal tears; and routine episiotomy with operative [vaginal delivery](#) is not recommended.

"Despite significant changes in management of labor and delivery over the past few decades, operative vaginal [delivery](#) remains an important component of modern labor management," the authors write.

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