Access to skills in rotational Kielland's forceps

Re: Are Kielland's forceps the exclusive possession of doctors from the UK?

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Dear Dr Papageorghiou,

Matsubara et al[1] posed the question if Kielland's forceps are for the exclusive use of doctors from the UK following a recent meta-analysis by Giacchino et al[2]. This meta-analysis found that Kielland's forceps are safe for the management of malposition of the fetal head in the second stage of labour. However, eight of the 13 included studies were conducted in the UK. Their letter raised the point that there is international variation in practice of rotational births, namely the limited use of Kielland's forceps in many countries including Japan. Given that "useful medical procedures should not be forgotten", the authors examine how skills in Kielland's forceps can be acquired and mastered[3].

Any procedural skill in Obstetrics requires an interplay of technical and non-technical abilities. This is particularly pertinent to the complex procedure of rotational vaginal birth, including Kielland's forceps. Obstetric trainees in the UK have the opportunity to enhance their skills in operative vaginal birth by attending a mandatory course in their junior years, ROBuST (RCOG Operative Birth Simulation Training). ROBuST provides hands-on simulation of instrumental births prior to undertaking these procedures independently. Both non-rotational and rotational instrumental deliveries, including the use of Kielland's forceps, are among the techniques taught. ROBuST has been running for more than a decade and is mandatory for UK trainees.

For senior obstetricians, a national course on Advanced Rotational Techniques and safe Caesarean biRth at Advanced/Full dilatation Training (Art & Craft) has been recently established in the UK and is open to international participants. Practical skills in rotational vaginal birth, and intrapartum ultrasound for fetal position, as well as disimpaction of the fetal head if the rotational methods fail, are taught by experienced clinicians.

Despite this availability of training, there is regional variation in the UK in the choice of rotational techniques, with some centres of excellence using Kielland's frequently[4], whereas in some hospitals only manual rotation and/or rotational ventouse are used for malpositions. This is understandable and acceptable, particularly in the absence of robust evidence on the advantages of one method over the others.

As Matsubara et al highlighted, there are currently no published randomised controlled trials on the use of rotational forceps. However, a multicentre randomised controlled trial, ROTATE, is currently underway in the UK and focusses on this knowledge gap. ROTATE compares manual versus instrumental rotation in cases of persistent malposition of the fetal head at full cervical dilatation, to ascertain if manual rotation will decrease the risk of severe perineal trauma without increasing the risk of caesarean section. For the purposes of ROTATE, the choice of rotational instrument, Kielland's forceps or ventouse, is at the discretion of the accoucheur. The trial aims to recruit 5200 women from over 40 sites over three years across the UK with the results eagerly awaited.

In the meantime Kielland's will not and must not become a 'thing of the past'. How many traditional skills are obstetricians going to lose before the profession becomes obsolete? Simulation training, mastering of abilities in practice, senior apprenticeships, and an improved evidence base, all aim to keep skills alive and prospering for future generations; enhanced where possible by novel research and tools.

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