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Vacuum extraction versus forceps for assisted vaginal delivery (Review)

Johanson R, Menon V

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Vacuum extraction versus forceps for assisted vaginal delivery.
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[Intervention Review]

Vacuum extraction versus forceps for assisted vaginal delivery

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Editorial group: Cochrane Pregnancy and Childbirth Group.

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REASON FOR WITHDRAWAL FROM PUBLICATION

This review has been withdrawn because it has been updated by a new review entitled 'Choice of instruments for assisted vaginal delivery'.

The editorial group responsible for this previously published document have withdrawn it from publication.

FEEDBACK

Vacca, December 1997

Summary

Abstract:

The first objective, of assessing failure to achieve delivery, is not mentioned in the abstract results, although it is discussed in the review. The word 'fortunately' should be dropped from results.

Discussion:

The lower risk of caesarean section following vacuum extraction may be because after a failed vacuum extraction delivery is usually by forceps, while failed forceps is more likely to be followed by caesarean section. Maternal and neonatal injury may be increased when a difficult failure of vacuum extraction is followed by an attempt to deliver with forceps.

The statement 'overall caesarean section rate is significantly lower with the vacuum extractor suggesting that it may be more effective than forceps in some situations' should not be made on current evidence. The statement that failure to deliver with the vacuum extractor is 'because it is not possible to pull as hard' is opinion only. Another possible explanation is error in technique, for example incorrect cup application or pulling in the wrong direction.

Conclusions:

The lower failure rate of forceps and the adverse effects of the vacuum extractor could be seen as compensating benefits for forceps.

Reply

These comments have been incorporated into the review.

[Summary of response from Richard Johanson, December 1998]

Contributors

Summary of comments from Aldo Vacca, December 1997.

Griffin, July 1999

Summary

Implications for practice:

As a user of vacuum I am conscious and proud of leaving an intact perineum. However, I have begun to wonder if this really is to the long term benefit of the woman. Visible perineal trauma may lead to better treatment of the muscular separation which occurs during vacuum deliveries, which will be unrepaired if the perineum is intact.

Reply

A response from the reviewer will be published as soon as it is available.

Contributors

Summary of comments from Chris Griffin, July 1999.

Airede, June 2004

Summary

Does anyone use the vacuum extractor, rather than forceps, for women with eclampsia?

Reply

A response from the reviewer will be published as soon as it is available.

Contributors

Summary of comment received from Lydia Airede, June 2004

WHAT'S NEW

Date	Event	Description
6 October 2010	Amended	Review withdrawn from publication.

HISTORY

Protocol first published: Issue 1, 1997

Review first published: Issue 3, 1997

Date	Event	Description
12 May 2009	Amended	Contact details updated.
30 October 2008	Amended	Updated Published note.
20 September 2008	Amended	Converted to new review format.
1 January 2005	Amended	Added Published note.
26 February 1999	New search has been performed	Updated search.

SOURCES OF SUPPORT

Internal sources

- North Staffordshire Hospital Trust, UK.

- Keele University, UK.

External sources

- No sources of support supplied