Fetal Pillow – Guidelines to use (GL1046)

Approval

<table>
<thead>
<tr>
<th>Approval Group</th>
<th>Job Title, Chair of Committee</th>
<th>Date</th>
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<tbody>
<tr>
<td>Maternity &amp; Children’s Services Clinical Governance Committee</td>
<td>Chair, Maternity Clinical Governance Committee</td>
<td>5th April 2019</td>
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Change History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author, job title</th>
<th>Reason</th>
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<tbody>
<tr>
<td>1.0</td>
<td>Feb 2017</td>
<td>Surabhi Bisht (Consultant Obstetrician)</td>
<td>New requirement</td>
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<td>2.0</td>
<td>Mar 2019</td>
<td>Surabhi Bisht (Consultant Obstetrician)</td>
<td>Reviewed – minor change to add YouTube clips to pg 4</td>
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1. Introduction
Caesarean section at full dilatation can be difficult if the fetal head becomes impacted in mother’s pelvis. Difficulties in dis-impacting an engaged fetal head can often delay the delivery of an already compromised fetus and may cause fetal injuries. There is a higher risk of the new born admission to the NICU. Caesarean section at full dilatation also carries much higher maternal morbidity. There are higher incidences of uterine incision extensions, injury to uterine vessels, increased trauma to the urinary tract, post-partum haemorrhage and increased operating time. There is also increased maternal blood transfusion, sepsis, ITU admission and increased length of hospital stay for the mother.

2. What is a Fetal pillow?
Fetal pillow is a disposable soft silicon balloon device which is inserted into the vagina and placed beneath the head and then inflated to help lift the fetal head and dislodge it from the pelvis before commencing the caesarean section. Fetal pillow makes the delivery of the head easier and reduces the risk of complications for the mother and baby that occur when a caesarean section is carried out at full dilation.

3. Indications for use
Caesarean Section:
1. After a failed instrumental delivery
2. Second stage Caesarean section with deeply impacted head
3. Deep Transverse Arrests/Occipito Posterior position of head at full dilatation
4. Emergency Caesarean Sections for absent progress at 8-10 cm with deeply engaged head/ deflexed head/ Brow presentation
5. Excessive caput and moulding of fetal head at 8-10 cm of dilatation
4. Instructions for use

1. Patient to be in lithotomy position
2. The device is taken out from the pack onto the sterile trolley.
3. Deflate the silicon balloon completely by using the 60 ml syringe in the pack
4. Apply liberal amount of obstetric cream on the deflated balloon before inserting it inside the vagina
5. Hold the deflated balloon device like folded wings between the thumb and the finger, making sure that the tube attachment is at the superior end
6. Insert this in the vagina and place it behind the fetal head
7. Make sure this device lies flat, with the deflated surface in direct contact with the fetal head and push it posteriorly towards the sacral bone of mum.
8. Place patient’s legs flat on the operating table
9. Inflate the balloon using the 60 mls syringe to push in 180-200mls of Normal saline through the two way tap in the tube.
10. Close the tap so that Normal saline does not escape out
11. Commence Lower segment Caesarean section
12. Make a curvilinear incision on the upper part of lower segment of the uterus just beneath the vesico-uterine peritoneal reflection to deliver the baby
13. Deflate the balloon by opening the two way tap and saline to be drawn out using the 60 ml syringe- done by midwife/ HCA after delivery of baby,
14. Operating surgeon to carefully remove the deflated device by hooking a finger on the plate and to pull it out gently before cleaning the vagina after Caesarean section.

CONTRAINDICATIONS: Presence of active genital infection

WARNING:

1. Do not use air to inflate the balloon.
2. Do not inflate the balloon more than 300ml.
5. Fetal Pillow - Key Steps

**STEP 1 INSERTION**

- Bi-fold the device in two
- Lubricate device
- Insert vaginally ensuring the balloon surface is in contact with the fetal head

**STEP 2 PLACEMENT**

- Push the device as posteriorly as possible, towards sacrum
- Placement is similar to a posterior ventouse cup

**STEP 3 LEGS FLAT**

- Lay the legs flat in the operating table - otherwise it can be expelled or displaced if legs are open

**STEP 4 INFLATE**

- Inflate with 180ml of saline using the 60ml syringe provided - Three Full Syringes

https://www.youtube.com/watch?v=i8yOujC_vlQ

https://www.youtube.com/watch?v=WImw5z4Ft-o
6. References


