Dear Editor,

We previously published an article entitled “Safety and reliability of forceps delivery based on a 3-dimensional fetal head evaluation: a retrospective study”.1) In that article, we discussed the long-term outcomes of forceps delivery at a tertiary university hospital in Japan, as well as associated maternal complications. In our view, if the evaluation of fetal head descent is accurate and protocols are strictly followed, forceps delivery is at least as safe as vacuum-assisted delivery. Similarly, Sano et al. published the incidence and risk factors of severe lacerations during forceps delivery at another tertiary university hospital.2) While these two reports focused on deliveries at tertiary hospitals, no study has yet reported on forceps delivery at obstetrics clinics in Japan. One reason is that only a few facilities in Japan perform forceps delivery, with most only performing vacuum-assisted delivery. A likely explanation for this is the lack of training opportunities. Indeed, there are no training courses for forceps delivery that are supported by Japanese obstetric societies. Another reason may be a baseless apprehension toward forceps delivery. To address this situation, we introduced forceps delivery at a local primary obstetrics and gynecology clinic and assessed its impact.

The clinic was staffed by two full-time obstetricians. The author worked part-time at the hospital once a week and has been performing forceps delivery since 2013. One of the full-time obstetricians at the clinic underwent forceps delivery simulation training. The simulation training course consisted of three parts: a

![Figure 1. Changes in delivery method at a local primary clinic.](image)

Forceps delivery was introduced in 2013 and its rate of implementation gradually increased. The cesarean delivery rate also increased until 2015 but decreased in 2016. The normal vaginal delivery rate did not change after introduction of forceps delivery.

NVD, normal vaginal delivery; CS, cesarean section; VE, vacuum extraction; FD, forceps delivery
lecture with forceps delivery videos,3–5) a demonstration, and simulation training experience. After forceps delivery training, the obstetrician began performing forceps delivery in 2016. As shown in Figure 1, cesarean delivery rates at the clinic had steadily increased until 2015; however, after the obstetrician began performing forceps delivery, the cesarean rate decreased. As there was no change in the normal delivery rate, the decreased cesarean rate was likely due to the implementation of forceps delivery. Mid-career obstetricians rarely switch to forceps delivery, making this an important report. Although the decrease in cesarean rate will need to be followed over a long period, our experience suggests that forceps delivery may help reduce the number of cesarean deliveries.

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Disclosure

The authors have no conflicts to disclose.

References


