PATWARDHAN’S TECHNIQUE: IT’S IMPACT ON MATERNAL AND FETAL OUTCOME

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INTRODUCTION

In Patwardhan’s method of delivery in obstructed labour, the incision over lower uterine segment is made at the level of the anterior shoulder of the baby as the head is deeply impacted. Anterior shoulder is then delivered along with the anterior arm by hooking a finger in the elbow if required posterior shoulder is rotated forward and is similarly delivered. The trunk, breech and the lower limbs are successively delivered by traction on arms aided by fundal procedure.

Patwardhan Technique [6,7]
1. In case of occipito-transverse or occipito-anterior positions with the head deeply impacted in the pelvis, incision is made in the lower uterine segment, at the level of the anterior shoulder, which is delivered out.
2. With gentle traction on this shoulder, the posterior shoulder is also delivered out.
3. Next, the surgeon hooks the fingers through both the axillae and with gentle traction, aided by fundal pressure applied by assistant, the body of the foetus is brought out of the uterus.
4. Now the baby’s head which is the only part of the foetus which is still inside the uterus, is gently lifted out of the pelvis.

OBJECTIVE OF STUDY

To study the maternal and neonatal outcome associated with Patwardhan’s technique.

MATERIALS AND METHODS

Total number of cases consists of 50 cesarean section admitted to the HI-TECH MEDICAL COLLEGE, UTKAL UNIVERSITY Bhubaneshwar, Odisha during the academic year Jan 13- Jan 14.

INCLUSION CRITERIA

Women with single fetus at term in anterior vertex position and obstructed labour, with the head deeply impacted in pelvis and needing cesarean delivery where included in the study.

EXCLUSION CRITERION

1. Intrauterine fetal death
2. Congenital fetal anomaly.
3. Multiple pregnancies.
4. Ruptured uterus.
5. Previous cesarean section.
6. Fetal head more than 2 finger breadths palpable per abdomen.

OBSERVATION

A1 INTRAPARTUM OBSERVATION OF COMPLICATIONS: ---------------------- 20
1. Extension of incision, upward, downward or laterally:-----------------------------5
2. Causes of atonic PPH:----------------------8
   A. Managed medically (oxytocin, methergin, misoprost, Prostidin)----------------5
   B. REQUIRED B-LYNCH----------------------3

A2. POST-PARTUM OBSERVATION OF COMPLICATION:

1. FEVER------------------------------------------3
2. SUPERFICIAL WOUND INFECTION------2

A3. NEONATAL OBSERVATION------50

1. HEALTHY -------------------------------------45
2. MODERATE ASPHYXIA------------------------3
3. SEVERE ASPHYXIA---------------------------2
4. FRACTURE OF HUMERUS-----------------------0

RESULT OF STUDY: EASY TO LEARN AND NEEDS TO BE WIDELY PRACTICE.

Caesarean sections done in second stage of labour with impacted foetal heads are associated with increased trauma to lower uterine segment and associated structures, as well as, increased haemorrhage and infections [3]. A prolonged second stage of labour increases the attenuation of lower uterine segment and impaction of foetal head, which gives rise to a thin, easily lacerated lower uterine segment and cervix, which is predisposed to more extensions while delivering foetal head [4]. Extensions may also occur in cervix and broad ligament, thus increasing incidence of haemorrhage and need for blood transfusions and contributing to maternal morbidity. The incidence of extension of incision or intraoperative trauma in second stage caesarean sections seen in “Push” and “Pull” method used for extraction of foetus, has been found to be about 15% to 50% in various studies.

2. Less traumatic PPH
3. No extension of scar.
4. Asepsis is maintained.

REFERENCES