usefulness of ultrasound before OVD to decrease perinatal morbidity. We may hypothesize that ultrasound before OVD will decrease OVD, and increase the cesarean delivery rate without decreasing maternal and neonatal morbidity. A robust pragmatic randomized trial evaluating the influence of ultrasound determination of fetal head position during the second stage of labor on mode of delivery showed that systematic ultrasound examination should not improve management of labor and increased the rate of OVD without decreasing maternal and neonatal morbidity.3

We are concerned that these methodologic limitations may impact the validity of the study’s findings and the authors may moderate the conclusions since no randomized trial exists and no clinical practice guidelines promote routine use of ultrasound assessment of fetal head station before OVD.

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REPLY

We would like to sincerely thank Ducarme et al for their comment about our article assessing whether measurement of the perineum-to-skull ultrasound distance (PSUD) was predictive of a difficult operative vaginal delivery (OVD).1

We agree that the evaluation of maternal and/or neonatal morbidity would have been a more relevant outcome rather than the OVD difficulty. Fortunately, we did not have serious morbidity issues and there was no statistically significant association between PSUD and maternal nor neonatal outcomes. We believe that this reflects a cautious use of instrumental extraction and that the prediction of difficult OVD is still of interest. At last, it is to be noted that another article found that ultrasound was predictive of OVD failure.2

We also agree that the prediction for difficult OVD based on PSUD alone is poor but we raised the point that it was still better than prediction based on digital examination! Moreover, we stated in our conclusion that ultrasound is a useful supplementary tool to the usual clinical findings, ie, parity, expected fetal weight, and presentation.

At last, we agree that the interest of ultrasound before OVD should be evaluated by a randomized controlled trial. The findings from the pragmatic randomized trial showing that knowledge of fetal occiput position determined by ultrasound was associated with an increase in OVD are of interest.3 Even if it is surprising somehow, it makes sense because clinical examinations underestimate malpositions and physicians are aware that those are associated with complicated deliveries. Still, we believe that we would be better off if we learn how to use appropriately some new relevant ultrasound findings, rather than putting them aside for fear of misinterpreting them.

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