Aim:
The objective was to devise an updated version of the Hay’s Forceps. This *counter-current research* was undertaken in spite of the constraints of funds, doubtful commercial viability, lack of larger hospital teaching facility, unassured availability for use and assessment by other interested colleagues.

Materials and Methods:
The basis remains the original work done by WB Shute (Canada), D Hay (UK), this author and his collaborators (India and abroad). Progress has been regularly reported in international journals, congresses including many FIGO meetings. *The color atlas monograph “Hay’s Forceps” by the author in 1991 includes theory, practice, tuition and reports on use. Unique true size CAD drawings depicting feto-maternal pelvic and forceps relationships have been incorporated.* Subsequent forceps use, in upward of 4000 cases, has established safety, potential and advantage. Over 200 modifications of design and materials were made, tested with safety in the author’s private practice over 30 years.

Results: The instrument has been used in all known vaginal presentations and positions from -1 to +5 and paradoxically electively at C-sections for floating, deep or after-coming heads.

The Hay-Nargolkar instrument has everything that the Hay’s forceps had....short-long, adaptable parallel-divergent, straight with retro-pelvic curve useful for rotation and at C-section. Many new features have been introduced. The forceps is bendable with a two finger Pajot Manoeuvre for built-in pelvic-axis traction and flexion. It has narrow, short blades, only 14cms to correspond to the mento-vertical diameter. They extend only up to the sub-zygoma, allowing accommodation for caput and moulding. A special feature is a unique spud-in-groove lock for safety and asynclitism correction. The Hay-Nargolkar forceps has incorporated equal anterior-posterior asynclitism correction, better grip smaller handles with finger-rests and open cleaning tracts. The finish is superior. The blades are sturdier and lighter. Special markings for pre-op evaluation, check and recording of ACOG classification are a feature. *This design finally results in, perhaps, the lightest obstetric forceps ever!*

Conclusions: *Evaluation of Hay-Nargolkar forceps universally will re-establish forceps use in the 21st century, albeit, with review and modifications.*

*Note:* "OGASH Professor" is the highest teaching title of OGASH Institutions.

*WORLD OGASH BOARD SUPERIOR STANDING COMMISSION FOR AWARDS, ACADEMIC GRADUATION & MEDICAL ACTIVITIES*