

DATA COLLECTION TOOL
VAGINAL DELIVERY USING FORCEPS OR VACUUM EXTRACTOR

Patient MR# _____ **Date of Admission:** _____

Physician # _____ **Date of Delivery:** _____

1. Was the patient selection criteria met? Yes No
Comments:

2. Were indications for use met: Yes No
Comments:

3. Instrument used: (Vacuum or Forceps) (Circle)
 - a. Type of Vacuum _____
 - b. Type of Forceps _____

4. Length of time (in minutes) from application to delivery _____

5. What was the maximum vacuum achieved? _____ cm Hg
 Was this recorded in the delivery record? Yes No
Comments:

6. Type of delivery? (Outlet, Low, or Mid) (Circle)
Comments:

7. Were multiple instruments used? Yes No
Comments:

8. Number of "pop-offs"? _____
Comments:

9. Apgar at: 5 minutes _____ other _____
Comments:

OUTCOME

Maternal

- | | | |
|------------|-----|----|
| Episiotomy | Yes | No |
| Laceration | Yes | No |

Fetal

- | | | |
|-------------------------|-----|----|
| Cephalohematoma | Yes | No |
| Hyperbilirubinemia | Yes | No |
| Intracranial Hemorrhage | Yes | No |
| Subgaleal Hemorrhage | Yes | No |
| Scalp/Skull Trauma | Yes | No |
| Facial nerve palsy | Yes | No |

Apgar score: 5 min < 7 (Continue Apgar scoring until 8 or above)

Comments regarding outcome complications: