

Vaginal delivery procedure note

(Multiple gestations: complete 1 form for each infant delivered)

Spontaneous vaginal delivery

Vacuum-assisted

Forceps-assisted

PREPROCEDURE EVALUATION FOR VACUUM OR FORCEPS

Preoperative diagnosis (indication for use)

- Prolonged second stage
- Suspicion of potential/immediate fetal compromise
- Maternal exhaustion
- Other:

Fetal heart rate interpretation: Check all that apply

- Reassuring
- Nonreassuring
- Decelerations (describe)

Examination findings

- EFW _____
 Fetal station _____
 Position of head _____
- Cervix completely dilated and effaced
 - Maternal-fetal size appropriate for application
 - Bladder empty

Patient counseling

- Indications discussed
- Questions answered
- Patient consented to operative delivery

Cup placement (vacuum only)

- Flexion point identified
- Cup choice appropriate for application site
- Maternal tissue excluded from vacuum cup

DETAILS OF PROCEDURE

Station at application

- +1
- +2
- +3
- +4
- +5

Position

- OA ROT
- LOA LOP
- ROA ROP
- LOT OP

Anesthesia

- Local
- Epidural
- Spinal
- General
- Sedation

Episiotomy/laceration

- Episiotomy: No / Yes
 Median
 Mediolateral
 Degree: 1 2 3 4
 Repair suture: _____
- Laceration:
 No
 Yes:
 Degree: 1 2 3 4

FORCEPS-ASSISTED

Forceps used

- Simpson Forceps
- Eliot Forceps
- Tucker-McLean Forceps
- Luikart Forceps
- Keilland Forceps
- Other (describe)

Complete and check all categories

- Bladder catheterized prior to application of forceps
- Hinge/lock approximated without difficulty
- Advancement in station with each pull

Rotation of fetal head: Forceps rotation

- None
- 0-45°
- >45°

VACUUM-ASSISTED

Vacuum used

- Kiwi Omni
- Mity-Vac M-cup
- Mity Vac Bell
- Kobayashi Cup
- Other (describe)

Complete and check all categories

- Total time of vacuum application _____ (minutes) (1st application to delivery)
- Maximum vacuum achieved _____ (cm Hg)
- Number of pulls (contractions) _____
- Number of involuntary releases ("pop-offs") _____
- Vacuum reduced between contractions
- Advancement in station with each pull

Rotation of fetal head: Vacuum autorotation

- None
- 0-45°
- >45°

POSTPROCEDURE EVALUATION

Infant

- Male
- Female
- Weight _____
- Date of delivery: _____
- Time of delivery: _____
 - Live birth
 - Stillborn
- Apgar scores**
 - 1 min _____
 - 5 min _____
 - 10 min _____

Cord blood gases

- Not collected
- Arterial
- Venous
- pH _____
- pO2 _____
- pCO2 _____
- BE/BD _____
- HC03 _____

Amniotic fluid

- Clear
- Meconium
- Blood

Suction

- Yes
- No

Maternal EBL _____mL

Nuchal cord/ true knot

- Yes
- No

Placenta

- Spontaneous
- Manually extracted
- Abnormal (describe below)
- Sent for pathology evaluation

Shoulder dystocia

- Yes
- No

Maneuvers employed

- Suprapubic pressure
- McRoberts
- Rotation/Wood's
- Posterior arm
- Other (describe)

Fetal injury / anomalies

- No
 - Yes (see additional notes below)
- Describe any forceps marks:

Vacuum application

- Median flexing
- Median deflexing
- Paramedian flexing
- Paramedian deflexing

Extraction successful

- Yes
- No (Indicate reason below)

Newborn evaluation

- NRP-certified personnel in attendance at delivery
- Neonatologist/pediatrician

Additional notes dictated: Yes _____ No _____

Signature:

Date:

Time:

Patient identification information

