

Vacuum Extractor – Forceps Delivery Indicators

1. **Was patient selection criteria met?**
Patient selection
The fetal head must be engaged
The cervix must be fully dilated
Membranes must be ruptured
The exact position of the head should be determined
The type of pelvis should be known
Appropriate anesthesia should be in effect
Estimated gestational age of 34 weeks or greater
Personnel and facilities readily available to perform a cesarean section in the event the operative vaginal delivery is unsuccessful.
Qualified personnel available for immediate care of the newborn.

2. **Were indications for use met?**
Prolonged second stage
Nulliparous women: lack of continuing progress for 3 hours with regional anesthesia or 2 hours without regional anesthesia.
Multiparous women: lack of continuing progress for 2 hours with regional anesthesia or 1 hour without regional anesthesia.

Suspicion of immediate or potential fetal compromise
Non-reassuring fetal heart rate tracings
Shortening of the second stage for maternal benefit
Maternal exhaustion
Bleeding
Women with cardiac or pulmonary disease, history of spontaneous pneumothorax or detached retina in which bearing down is contraindicated.

3. **Instrument used? (Vacuum or Forceps)**
Documentation states use of vacuum or forceps for delivery. Documentation should also state what type of vacuum or forceps used. (ie: Kiwi Vacuum, Simpson Forceps)

4. **Length of time, in minutes, from application to delivery.**
Evidence in documentation stating, in minutes, delivery was achieved within 30 minutes.

5. **What was the maximum pressure achieved? Was this recorded in the delivery record?**
Documentation stating what maximum vacuum (in cm Hg) was utilized. Documentation evident in the delivery record.

6. **Type of delivery. (Outlet, Low, or Mid)**
Evidence is found in physician documentation regarding type of delivery. (Outlet, Low, or Mid Forceps)

7. **Were multiple instruments used?**
Documentation present in the delivery record indicating the use of multiple instruments. If multiple instruments were used, detailed justification is evident in physician documentation.

8. **Number of “pop-offs”**
Evidence is found in documentation of no more than three (3) detachments or “pop-offs”. If there are 3 documented, and delivery is not achieved, an alternative method of delivery is documented.
9. **Apgars at 5 min and other (if applicable):**
Evidence is found in documentation of Apgar score 5 minutes after birth. If other Apgar after 5 minutes is obtained (5 minute Apgar < 7), there is evidence in documentation of those subsequent Apgar scores.

OUTCOME

MATERNAL

Episiotomy/laceration:

Evidence in documentation that an episiotomy was performed. Documentation of what type.
Evidence in documentation that patient suffered a laceration. Documentation of what type.

FETAL

Cephalohematoma

Cephalohematoma documented on neonatal assessment.

Hyperbilirubinemia

Documentation in neonatal record of hyperbilirubinemia. Assess whether this prolonged hospitalization for the newborn.

Intracranial Hemorrhage

Documentation of intracranial hemorrhage found on initial or subsequent neonatal assessment.

Subgaleal Hemorrhage

Documentation of subgaleal hemorrhage found on initial or subsequent neonatal assessment.

Scalp/Skull Trauma

Documentation of scalp or skull trauma found on initial or subsequent neonatal assessment.

Apgar scores: 5 min < 7

Evidence is found in documentation of 5 minute Apgar score being < 7 after birth.

Facial nerve palsy

Evidence is found in documentation of facial nerve palsy