VAGINAL DELIVERY PROCEDURE NOTE

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

☐ **Spontaneous Vaginal Delivery** | ☐ **Vacuum-Assisted** | ☐ **Forceps-Assisted**

Pre-Procedure Evaluation for Vacuum or Forceps

Pre-op Diagnosis (Indication for use)

- ❑ Prolonged second stage
- ❑ Suspicion of potential/immediate fetal compromise
- ❑ Shorten second stage for maternal benefit
- ❑ Other: ________________________________

Fetal Heart Rate Interpretation: Check all that apply

- ❑ Reassuring
- ❑ Non-reassuring
- ❑ Decelerations (describe)

Description of Decelerations

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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

Vacuum-assisted: Complete and check all categories

- ❑ Device: _____________________________
- ❑ 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

Station @ application

- ❑ Outlet (+5)
- ❑ Low (+2 to +4)
- ❑ Mid (0 to +1)

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: Complete and check all categories

Type of Forceps: _______________________________________

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

Rotation of Fetal Head

Forceps Rotation	Vacuum Autorotation
❑ None	❑ None
❑ 0—45 degrees	❑ 0—45 degrees
❑ >45 degrees	❑ >45 degrees

Post-Procedure 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____________

Amniotic Fluid

- ❑ Clear
- ❑ Meconium
- ❑ Blood

Suction

- ❑ Yes
- ❑ No

Nuchal Cord/True Knot

- ❑ Yes
- ❑ No

Placenta

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

Fetal injury/Anomalies

- ❑ No
- ❑ Yes (See additional notes below)

Maternal EBL: __________ml

Newborn Evaluation

- ❑ NRP-certified personnel in attendance at delivery
- ❑ Neonatologist/Pediatrician
- ❑ Nursery notified of operative mode of delivery

Extraction Successful

- ❑ Yes
- ❑ No (Indicate reason for C/S or alternate mode of delivery below)

Shoulder Dystocia: Yes / No

- ❑ McRoberts Maneuver
- ❑ Woods Maneuver
- ❑ Posterior Arm Reduction
- ❑ Other: ___________________

Additional notes dictated: Yes □ No □

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Signature:

Date: | Time:

Patient Identification Information