

Vaginal Delivery Procedure Note

(Multiple Gestations: complete one 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

- Est. Fetal Weight _____
 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: Yes / No Laceration:
- Median Yes
 - Mediolateral No
- Degree: 1 2 3 4 Degree: 1 2 3 4
- Repair Suture: _____

FORCEPS-ASSISTED

Forceps Used

- Simpson Forceps Luikart Forceps
- Eliot Forceps Keilland Forceps
- Tucker-McLean Forceps Other:

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 degrees >45 degrees

VACUUM-ASSISTED

Vacuum Used

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

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 degrees >45 degrees

POSTPROCEDURE EVALUATION

Infant

- Male
- Female
- Live birth
- Stillborn

Cord Blood Gas

- Not collected
- pH _____

Rupture of Membranes

- SROM
- AROM

Placenta

- Spontaneous
- Manually extracted
- Abnormal (see progress notes)
- To Pathology

Fetal Findings

- Normal
- Other

Date/Time of Delivery: _____

Extraction Successful Yes No

Maternal EBL: _____ ml

Nuchal Cord/True knot Yes No

Newborn Evaluation

- NRP certified team at delivery
- Neonatologist/Pediatrician

Amniotic Fluid

- Clear
- Meconium
- Bloody

Vacuum Application

- Flexing Median
- Flexing Paramedian
- Deflexing Median
- Deflexing Paramedian

Shoulder Dystocia No

Maneuvers employed

- Suprapubic pressure
- McRoberts
- Rotation/Woods
- Posterior arm

Additional notes dictated? Yes No

Signature: _____

Date: _____ **Time:** _____

Patient Label here