

Protocol # 42- Maternal Fetal Medicine, University of New Mexico

**Suggested Delivery Notes for Complicated or Operative
Vaginal Deliveries**

Suggested Delivery Note in cases with Shoulder Dystocia

1. Note whether forceps, vacuum or maternal effort resulted in delivery of head. (If operative vaginal delivery, include all the points consistent with the mode of delivery.)
2. Detail procedures attempted, for how long a maneuver was attempted prior to delivery or switching to another maneuver. Note who attempted maneuver.
3. Estimate the amount of traction applied
4. Note the individuals in the room including who was doing the McRobert's maneuver.
5. Was suprapubic pressured applied, by whom, and exactly where on the abdomen. (although it is called suprapubic pressure if it is not clearly documented as suprapubic, claims will be made that it could have been fundal which is clearly contraindicated).
6. Note which fetal shoulder was anterior when the dystocia was identified. Was the same shoulder anterior at delivery?
7. Detailed itemization of the time from delivery of head, each maneuver and eventual delivery.
8. When was assistance requested and who came what was their role. (note time)
9. Pediatric service present? Any evidence of neurologic impairment of the infant? (note time of arrival)
10. Once delivery is completed, document the discussion with patient and family counseled as to the nature of the problem, what was done and why.

Suggested Delivery Note for a Vacuum Delivery

Pre-procedure Evaluation for Operative Vaginal Delivery

1. Indication for use:
 - a. Prolonged second stage
 - b. Suspicion of potential/immediate fetal compromise
 - c. Maternal exhaustion
 - d. Other
2. Fetal Heart Rate interpretation
 - a. Category 1
 - b. Category 2
 - c. Category 3
3. Examination findings
 - a. EFW
 - b. Fetal Station: __ out of ____
 - c. Position of head
 - d. Bladder empty
4. Patient Counseling
 - a. Indications explained
 - b. Questions answered
 - c. Patient consented to operative delivery

Details of Procedure

1. Cup placement
 - a. Flexion point identified
 - b. Cup choice _____
 - c. Verified maternal tissue excluded from vacuum cup.
2. Station at application: _____
3. Position of vertex: _____
4. Anesthesia: _____
5. Episiotomy/Laceration: _____
6. Amount of traction is vacuum used has manometer on it.
7. Number of pop-offs: _____
8. Number of pulls: _____
9. Vacuum reduced between contractions? Yes/No
10. Advancement with pulls? Yes/No

Post-procedure Evaluation

1. Document routine information for a delivery
2. Note if operative vaginal delivery successful.
3. Note any fetal injury or anomalies

Suggested Delivery Note for a Forceps Delivery

Pre-procedure Evaluation for Operative Vaginal Delivery

1. Indication for use:
 - d. Prolonged second stage
 - e. Suspicion of potential/immediate fetal compromise
 - f. Maternal exhaustion
 - g. Other
2. Fetal Heart Rate interpretation
 - a. Category 1
 - b. Category 2
 - c. Category 3
3. Examination findings
 - a. EFW
 - b. Fetal Station: __ out of ____
 - c. Position of head
 - d. Bladder empty
4. Patient Counseling
 - a. Indications explained
 - b. Questions answered
 - c. Patient consented to operative delivery

Details of Procedure

1. Forceps used:
2. Station at application: ____
3. Position of vertex: _____
4. Anesthesia: _____
5. Episiotomy/Laceration: _____
6. Hinge/lock approximated without difficulty
7. Advancement in station with each pull
8. Rotation of fetal head with forceps: _____

Post-procedure Evaluation

1. Document routine information for a delivery
2. Note if operative vaginal delivery successful
3. Note any fetal injury, forceps marks or anomalies