Assisted Vaginal Delivery – Instructions for Faculty– page 1

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Ensure that all the equipment is present and in working order. All candidates should practice BOTH instruments.

Demonstrate:

FORCEPS

- How to put them together and confirm they are a matching pair
- Name the forceps parts
- Pelvic: cephalic curve/ fenestration
- Correct application on fetal head

Vacuum

- How to apply correctly onto fetal head- position of flexion point
- How to create a vacuum
- How to release the vacuum
- Direction of traction

Discuss *Indications*

• Maternal	Exhaustion	
	Prolonged second stage	
	Maternal illness	
	Hemorrhage	
	Drug related analgesia	
• Fetal	Non reassuring FH tracing	

Pre-requisites

*	Vertex 0/5 PA
*	Know the position
*	Fully dilated
*	Ruptured membranes
*	No CPD
*	Relevant expertise
*	Willingness to stop

FORCEPS: *TRACTION* (rapid delivery if required) *ROTATION* (for OPs) *PROTECTION*

A Ask for help, Address the mother, Analgesia

B Bladder- should be emptied

C Cervix -fully dilated

D Determine position: **THINK SHOULDER DYSTOCIA**

E Equipment ready – (suction, cord clamp, instrument table etc.)

F Forceps-application **POSITION FOR SAFETY**

P- posterior fontanelle midway between the shanks and 1 cm above the plane of shanks

F- Fenestration : barely palpable and admit no more than a fingertip gap

S- Sagital suture in the midline between the blades

G *Gentle* traction- Pajot's maneuver

- Axis traction follows the pelvic curve
- Initial traction starts downward then sweeps up in a J shaped curve
- Unused (usually left) hand exerts ↓ pressure producing two vectors of force, one horizontal outward and one vertical downward

H Handles elevated following J shaped curve

I Incision – evaluate for episiotomy

J Jaw- remove blades when jaw is reached

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VACUUM-

Advantages

- Easier to use
- Still need to know position
- Less force applied
- Less maternal damage

Disadvantages

* More likely to fail particularly if poor technique
* ↑ incidence of intracranial hemorrhage from cephalohematomas
* Proper traction at right angles is necessary to avoid losing vacuum
* May take longer than forceps

Contraindications

- Preterm < 34 weeks
- Breech, face, brow or transverse lie
- Not fully dilated

* Cephalopelvic disproportion
* Head not engaged
* Delivery requiring excessive traction

DEMONSTRATE

- application
- correct positioning of cup
- confirm no maternal tissue involvement
- correct traction

VACUUM

A Ask for help, Address the patient, Analgesia adequate?

B Bladder

C Cervix- fully dilated

D Determine position THINK DYSTOCIA

E Equipment and extractor ready

F Fontanelle- apply cup over the sagittal suture 3cm in front of the posterior fontanelle, over *FLEXION POINT*

G Gentle Traction – should be applied at right angles to the plane of the cup, during a contraction

H Halt if
* Cup comes off three times – consider why this is happening
* No progress after three consecutive pulls
* No more than 20 minutes application time

I Incision – is an episiotomy necessary

J Jaw – remove cup when the jaw is visible

Post delivery care for operative vaginal delivery

- Look for vaginal, cervical and anal sphincter trauma
- Repair and beware of PPH
- Examine baby for correct application of cup or forceps and note any trauma or scalp emphysema
- DEBRIEF parents
- Operative note

Documentation for operative note for assisted vaginal delivery

- Name of operator and those present, date and time
- Diagnosis – preoperative and postoperative
- History
- First stage
- Second stage
- Description of procedure
- Third stage
- Sign document and print your name