

DO NOT WRITE IN THIS BINDING MARGIN

v1.00 - 07/2017
 Mat. No.: 10353102



<p>Queensland Government</p> <p>Rockhampton Hospital</p> <p>Assisted Vaginal Birth Clinical Pathway</p> <p>Facility:</p>	(Affix identification label here)	
	URN:	
	Family name:	
	Given name(s):	
	Address:	
Date of birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I	

Mode of birth: Vaginal breech Vacuum extraction Forceps

Indication for procedure:

Decision for birth: Date: / / Time: : AM / PM Time operating theatre notified: : AM / PM

Step 1: Answer questions below **Step 2:** Count alarms (🔔) in step 1 then follow prompts below

<p>1. Parity <input type="checkbox"/> Nullipara <input type="checkbox"/> Multipara</p> <p>2. Position <input type="checkbox"/> OP, OT <input type="checkbox"/> OA</p> <p>3. Station <input type="checkbox"/> 0, +1 <input type="checkbox"/> +2, +3, on view</p>	<p>OR 🔔</p> <p>OR 🔔 🔔</p> <p>OR 🔔 🔔 🔔</p>	<p>• Discuss with Consultant</p> <p><input type="checkbox"/> Suitable for procedure in Birth Suite</p> <p>• Discuss with Consultant</p> <p><input type="checkbox"/> Suitable for procedure in Birth Suite</p> <p><input type="checkbox"/> For trial in Birth Suite</p> <p><input type="checkbox"/> For trial in OT because:</p> <p>• Discuss with Consultant</p> <p><input type="checkbox"/> For trial in Birth Suite</p> <p><input type="checkbox"/> For trial in OT because:</p>	<p>Do not process until all ticked</p> <p><input type="checkbox"/> Theatre T/L aware and theatre on standby</p> <p><input type="checkbox"/> OT check complete</p> <p><input type="checkbox"/> Consent complete +/- episiotomy</p> <p><input type="checkbox"/> Obstetric Consultant present / notified</p> <p><input type="checkbox"/> Paediatric Registrar present</p> <p><input type="checkbox"/> Ward Services notified</p>
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Clinical Findings		Complete prior to application of vacuum or forceps	Draw landmarks and cup position
Palpation	IDC	<input type="checkbox"/> In / Out <input type="checkbox"/> Indwelling	
	Fundus		
	Lie		
	Attitude		
	Presentation		
	Position		
	Engagement		
Vaginal Exam	Pelvis assessment		
	Dilatation		
	Caput		
	Moulding		
	Station		
	Position		

Expectation	Action	Complete	Newborn Care Team Time	Comments
Step 1	Assessment	<input type="checkbox"/>	Notified: : AM / PM	
Step 2	Verbal consent	<input type="checkbox"/>	Arrived: : AM / PM	
Step 3	Bladder emptied	<input type="checkbox"/>		
Step 4	Pain relief assessed	<input type="checkbox"/>		

Expectation	Action	Observations
Commencement of procedure	Application of instrument	Time: : AM / PM FHR:
	Rotation of Kiellands	Time: : AM / PM FHR:
	Pull (traction) 1	Time: : AM / PM FHR:
	Pull (traction) 2	Time: : AM / PM FHR:
Descent to perineum	Pull (traction) 3	Time: : AM / PM FHR:

STOP If full vacuum cup not visible / or no progress / or two detachments call an obstetrician urgently, a caesarean may be indicated

Progress across perineum	Pull (traction) 4	Time: : AM / PM	
	Pull (traction) 5	Time: : AM / PM	
	Pull (traction) 6	Time: : AM / PM	
Head born	Time: : AM / PM	Number and time vacuum detached:	
Time of birth	Time: : AM / PM		

STOP If consultant / senior medical officer not in attendance call now and a caesarean may be indicated

3rd stage complete: Yes No

Name:	Designation:	Signature:	Date:
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ASSISTED VAGINAL BIRTH CLINICAL PATHWAY



Queensland Government

Rockhampton Hospital

**Assisted Vaginal Birth
Clinical Pathway**

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Birth Attendees

Obstetric Consultant Called at time: : AM / PM Present at time: : AM / PM

Obstetric Registrar

Midwives 1: 2:

Anaesthetist Anaesthetic type:

Paediatrics Team

Cord blood analysis (indicated for all operative births):

Arterial:	pH:	Be (base excess):	Lactate:
Venous:	pH:	Be (base excess):	Lactate:

Episiotomy: Yes No Repair completed: Yes No Packs in situ: Yes No Number of packs:

Debrief with patient (include review of birth events, healing, bowel and bladder function and recommendations for future births) Yes No

Date / Time	Comments / Notes	Initials

Signature Log Every person documenting in this pathway must provide their name, signature and initials below

Name (print)	Designation	Signature	Initials	Name (print)	Designation	Signature	Initials

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