

# OPERATIVE VAGINAL DELIVERY PROCEDURE NOTE

(Multiple gestations complete 1 form for each infant delivered)

☐ Vacuum assisted ☐ Forceps assisted

## PRE PROCEDURE EVALUATION FOR VACUUM OR FORCEPS

### Evaluation

- ☐ Maternal weight gain \_\_\_\_\_ lbs.  
☐ Diabetes \_\_\_\_ Yes or \_\_\_\_ No  
☐ EFW 2200 gm < 4000 gm  
☐ Active phase nonprotracted

- ☐ Gynecoid Pelvis  
☐ Bladder drained  
☐ Station + 2 or greater

### Patient Counseling

- ☐ R/B/A of operative vaginal delivery vs. c/s  
☐ Desires operative vaginal delivery

## DELIVERY NOTE

### 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.

- Fetal Monitor: ☐ U/S ☐ TOCO ☐ FSE ☐ IUPC  
Variability: ☐ Absent ☐ Minimal ☐ Moderate  
☐ Marked Baseline: \_\_\_\_\_  
☐ Accels ☐ Decels Type: \_\_\_\_\_

### Station at Application

- ☐ +1  
☐ +2  
☐ +3  
☐ +4  
☐ Outlet

### Position

- ☐ ROT ☐ OA  
☐ LOP ☐ LOA  
☐ ROP ☐ ROA  
☐ OP ☐ LOT

### Anesthesia

- ☐ Local  
☐ Epidural  
☐ Spinal  
☐ General  
☐ Sedation

### Episiotomy: Yes / No

- ☐ Median  
☐ Mediolateral  
Degree: 1 2 3 4  
Repair Suture: \_\_\_\_\_

### Episiotomy/Laceration

- Laceration: Degree: 1 2 3 4  
☐ No  
☐ Yes

## FORCEPS – ASSISTED

### Forceps used

- ☐ Simpson Forceps ☐ Luikart Forceps  
☐ Eliot Forceps ☐ Keilland Forceps  
☐ Tucker-McLean Forceps  
☐ Other (describe) \_\_\_\_\_

### 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 [ ] Mity vac  
☐ Bladder catheterized prior to application of vacuum

### Complete and check all categories

- ☐ Total time of vacuum application \_\_\_\_\_ (min.) (application to delivery)  
☐ Number of pulls (contractions) \_\_\_\_\_  
☐ Number of involuntary releases (“pop-offs”) \_\_\_\_\_  
☐ Advancement in station with each pull  
☐ Vacuum applied by Resident or Supervising Attending

### Rotation of fetal head: Vacuum Autorotation

- ☐ None ☐ 0-45 degrees ☐ >45 degrees

**Natividad** MEDICAL CENTER

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OPERATIVE VAGINAL  
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FORM 7155 (05/08)

Patient Label

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## POST-PROCEDURE EVALUATION

### INFANT

☐ Male  
☐ Female  
Weight \_\_\_\_\_  
Date of Delivery \_\_\_\_\_  
Time of Delivery \_\_\_\_\_  
☐ Live Birth

☐ Stillborn

### Apgar

☐ 1 min. \_\_\_\_\_  
☐ 5 min. \_\_\_\_\_

☐ 10 min. \_\_\_\_\_

Extraction successful

☐ Yes   ☐ No (indicate reason below)

Newborn evaluation

Describe any signs of trauma from forceps or vacuum:

### CORD BLOOD GASES

☐ No collected  
☐ Arterial  
☐ Venous  
☐ pH  
☐ pO<sub>2</sub>  
☐ pCO<sub>2</sub>  
  
☐ Base Excess/Base Deficit  
☐ HCO<sub>3</sub>

### AMNIOTIC FLUID

☐ Clear  
☐ Meconium  
☐ Blood

### Suction

☐ Yes

☐ No

### Maternal EBL

\_\_\_\_\_ mL

Nuchal cord/true knot

☐ Yes  
☐ No

### PLACENTA

☐ Spontaneous  
☐ Manually extracted  
☐ Abnormal (describe below)  
☐ Sent for pathology evaluation

☐ All counts correct

# of Raytex \_\_\_\_\_

# of laps \_\_\_\_\_

# of needles \_\_\_\_\_

☐ X-ray taken for incorrect counts.

Physician \_\_\_\_\_

Signature

Nurse \_\_\_\_\_

Signature

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