



Operative Vaginal Birth Policy

1. Background

WACHS clinical Incident investigation of patient harm arising during operative vaginal births found the most common contributing factors were:

- the failure to comply with endorsed clinical guidelines for operative vaginal birth
- inadequate maternal and fetal clinical assessment prior to embarking on unsuccessful or difficult operative vaginal births
- failure to acknowledge presence of high risk indicators for unsuccessful or difficult vaginal birth
- failure to undertake and verbalise the 'team time out' checklist prior to embarking on the procedure
- failure to seek obstetric specialist advice

This policy should be used in conjunction with:

- the KEMH clinical guideline for [Instrumental Vaginal Birth Quick Reference Guide](#)
- the RANZCOG College Statement for [Instrumental Vaginal Delivery](#)

2. Policy Statement

2.1 Key Principles

- to ensure that all maternal, fetal, staffing and equipment conditions are favourable for a successful operative vaginal birth (OVB) and to minimise the likelihood of adverse outcomes
- To address common care delivery problems resulting in avoidable patient harm during either unsuccessful operative vaginal births or due to incorrectly placed vaginal birth instruments
- To minimise the risks of maternal and fetal harm during OVB.

2.2 Discussion with the woman

- Each decision to offer the woman operative assistance to achieve a vaginal birth should be made after discussion of the alternative options including:
 - allowing more time +/- different maternal posture and expulsive techniques
 - oxytocin infusion in a nulliparous woman
 - epidural analgesia +/- maternal rest period, or
 - emergency caesarean section.

2.3 OVB Team Time Out Checklist

- Before embarking on the OVB the primary Obstetric doctor and the primary midwife must verbally agree each point in the **Team Time Out (TTO) checklist** and on the **MR 72B Operative Vaginal Delivery Record**. .
- The **TTO checklist** is designed to ensure a pre-procedure comprehensive maternal and fetal physical assessment occurs which will identify the presence of risk factors that either decrease the chances of success or increase the chance of harm arising during the OVB
- The OVB **TTO checklist** can be verbally completed prior to the birth and then documented by the primary operator following the birth
- The **OVD TTO checklist** can be laminated and placed in each birth suite for quick reference during OVB.
- Where any clinician (midwife or doctor) becomes concerned during the OVB they should calmly request a '**team timeout review**' to signal the need for an immediate reconsideration of the current management.

2.4 Need for escalation including consultant Obstetrician

- The OVB **TTO checklist** is to be used with reference to available obstetric medical expertise and theatre access. Where regional consultant obstetric advice and/or assistance is available, consultation is expected as indicated.
- **Any member of the team can initiate contact with the on call consultant.**
- Where consultant support is not readily available, low thresholds are recommended for trial of OVB in theatre and /or NELUSCS when high risk factors are identified during the **TTO assessment** or when difficulties are anticipated or encountered.
- When theatre is on call there should be a low threshold for call-in when the **TTO assessment** is not favourable to uncomplicated OVB.
- High risk factors to discuss with consultant and consider trial of OVB in theatre:
 - Vertex above spines on VE **and/or** 1/5 above abdominally on bimanual exam
 - Suspected macrosomia
 - Occipito-posterior position
 - BMI >35
- High risk indications to abandon the OVB procedure and consider NELUSCS include:
 1. Difficulty applying instrument.
 2. No descent with first pull
 3. Absence of progressive descent with subsequent pulls.
 4. Birth not imminent after three pulls.
 5. Cup detachment twice
 6. > 15 mins elapsed since instrument application.
- Sequential instrumentation should be avoided if any of the six circumstances above occur - unless the decision has been supported by an on-call obstetrician.

- Should conflict of clinical opinion occur at any time during the OVB then follow the [WACHS Maternity Care Conflict of Clinical Opinion Pathway](#)

3. Definitions

Team	All medical and midwifery staff present during an OVB
TTO	Team time out
OVB	Operative Vaginal Birth forceps or vacuum assisted vaginal birth
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

4. Roles and Responsibilities

Primary doctor and primary midwife – complete the OVB **TTO checklist** prior to commencing the OVB and ensure all criteria conducive to successful OVB are confirmed.

Primary doctor – complete **MR 72B** documentation post birth including instrument, needle and pack count.

Primary midwife – double check and countersign that all instruments, needles and packs are accounted for before the birth trolley is taken from the room

Maternity managers – ensure only the current version of the [MR 72B](#) and the [OVD team checklist](#) are available for use by clinicians.

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

5. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

Clinical: [Health Record Management Policy](#)

Non Clinical: [Records Management Policy](#)

7. Evaluation

- Maternity managers are to review their InMATernity audit results quarterly <http://wachs.hdwa.health.wa.gov.au/index.php?id=16677> for completion of the OVB record (**MR72B**) and implement an action plan to address gaps identified.
- Incidences of maternal or fetal harm associated with care delivery problems during OVB (including non-compliance with the OVB TTO) should be reported in Datix CIMS and investigated as per the WA Health Clinical Incident Management Policy

8. Standards

National Safety and Quality Health Service Standards

Clinical governance - 1.1b/c, 1.7a,1.27a, 6.1,6,11,
Clinical evidence based - 5.5

9. Related Forms

MR72B WACHS Operative Vaginal Delivery Record

WACHS OVB Team Time Out Checklist

10. Policy Framework

Clinical Governance, Safety and Quality

This document can be made available in alternative formats on request for a person with a disability

Contact:	WACHS Coordinator of Midwifery (K. Reynolds)		
Directorate:	Nursing and Midwifery Services	EDRMS Record #	ED-CO-15-22759
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Print from this link: [WACHS OVB Team Time Out Checklist](#)

Operative Vaginal Birth (OVB) - Team Time Out Checklist

Confirm maternal and fetal assessment favourable to success:

- Ensure bladder is emptied or IDC removed
- Ensure contractions adequate i.e. strong, occurring 1 in 3 – 4 mins
- Ensure adequate analgesia.
- Abdominal palpation: head 0/5 palpable
- Vaginal exam: fully dilated, membranes ruptured, vertex below spines & fetal position determined (**ultrasound can be used to confirm position**)

Confirm team ready:

- Informed consent of the woman obtained
- Shift coordinator informed
- Scribe and timepiece nominated
- Call Paediatric Dr **OR** ensure 3rd staff with neonatal resus competency for baby

Consult obstetrician – consider theatre if any of high risk factors present:

- Vertex above spines on VE (contraindicated in singleton) **and/or**
- 1/5 palpable abdominally on bimanual exam
- Suspected macrosomia
- Occipito-posterior position
- BMI >35.

Consider abandoning OVB and call Obstetrician if any of below occur:

1. Difficulty applying instrument.
2. No descent with first pull
3. Absence of progressive descent with subsequent pulls.
4. Birth not imminent after three pulls.
5. Cup detachment twice
6. more than 15 mins elapsed since instrument application.

Any team member can call for a “**Team Time Out Review**” to halt the procedure, rethink current management and /or contact the Consultant Obstetrician (including regional)