



# Operative Vaginal Birth Policy

## 1. Purpose

In Australia and New Zealand, assisted vaginal birth accounts for between 7.4 – 16.4% of all births across the spectrum of hospitals. Typically, an operative vaginal birth (OVB) is indicated to accelerate birth in the presence of suspected or anticipated fetal compromise, a delay in the second stage of labour or where maternal bearing down effort is contraindicated.

With increased duration of second stage times there is an increased risk of fetal compromise, maternal exhaustion and anal sphincter dysfunction <sup>(1)</sup>. An OVB should be performed or supervised by a clinician who has the knowledge, experience, and skills necessary to assess the situation, to use the instruments effectively and safely, and to manage any complications that may arise <sup>(1)</sup>.

The purpose of this policy is to outline and ensure all maternal, fetal, staffing and equipment conditions are favourable in those situations where operative vaginal birth (OVB) is required and to minimise the likelihood of adverse outcomes.

This policy should be used in conjunction with:

- [MR72B WACHS Operative Vaginal Birth Record](#)
- The Women and Newborn Health Service (WNHS) [Operative Vaginal Birth Clinical Practice Guideline](#)
- The WNHS [Perineal Care and Repair: Protection, Assessment and Management Clinical Practice Guideline](#)
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) Statement for [Instrumental Vaginal Birth](#).

## 2. Policy

### 2.1 Shared Decision Making

Effective communication with the woman is required to ensure that there is clear understanding of the management plan and there is informed choice. Informed consent must be obtained and documented as per the [MR72B WACHS Operative Vaginal Birth](#) and the WACHS [Consent to Treatment Policy](#).

Each decision to offer the woman operative assistance in second stage to achieve a vaginal birth should be made after careful assessment and consideration of:

- allowing more time +/- different maternal posture and expulsive techniques
- epidural analgesia +/- maternal rest period
- oxytocin infusion in a nulliparous woman with an epidural
- manual rotation of the fetal head to the occiput anterior position, or
- emergency caesarean section.

### 2.2 Pre-procedure Comprehensive Assessment

The [MR72B WACHS Operative Vaginal Birth Record](#) includes a team timeout (TTO) checklist 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.

Before embarking on the OVB the primary obstetric doctor and the primary midwife must verbally agree each point on the [MR72B WACHS Operative Vaginal Birth Record](#) and this is then documented.

Where any 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 and discussion details documented in the clinical notes.

### 2.3 Need for Escalation including Consultant Obstetrician

**Any member of the team can initiate contact with the on-call consultant.**

The TTO checklist within the [MR72B WACHS Operative Vaginal Birth Record](#) is used to review available obstetric medical expertise and theatre access prior to commencement of the OVB. Where regional consultant obstetric advice and/or assistance is available, consultation is expected as indicated. Where consultant support is not readily available, low thresholds are recommended for trial of OVB in theatre and / or non-elective lower uterine segment caesarean section (NELUSCS).

When high risk factors are identified during the TTO on the [MR72B WACHS Operative Vaginal Birth Record](#) assessment or when difficulties are anticipated or encountered there should be a low threshold for theatre call-in when the assessment is not favourable for uncomplicated OVB.

High risk factors to discuss with consultant as to trial of OVB in theatre with ready access to an emergency caesarean section include:

- vertex above spines on VE and/or 1/5 above abdominally on bimanual exam
- suspected macrosomia
- occipito-posterior position
- body mass index (BMI) >35.

High risk indications to abandon the OVB procedure and consider NELUSCS include:

- difficulty applying instrument
- no descent with first pull or absence of progressive descent with subsequent pulls
- birth not imminent after three pulls
- cup detachment twice
- > 15 mins elapsed since instrument application
- multiparous woman.

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 Maternal and Newborn Care Collaboration and Escalation Policy](#).

### 3. Roles and Responsibilities

**Primary doctor** is responsible for:

- completion of the [MR72B WACHS Operative Vaginal Birth Record](#) TTO checklist prior to commencing the OVB
- ensuring all criteria conducive to successful OVB are confirmed
- completion of the [MR72B WACHS Operative Vaginal Birth Record](#) documentation post birth including instrument, needle and pack count.

**Maternity managers** are responsible for:

- ensuring only the current version of the [MR72B WACHS Operative Vaginal Birth Record](#) is available for use by clinicians.

**Primary midwife** is responsible for:

- completion of the [MR72B WACHS Operative Vaginal Birth Record](#) TTO checklist prior to commencing the OVB
- ensuring all criteria conducive to successful OVB are confirmed.

### 4. Monitoring and Evaluation

#### 4.1 Monitoring

Monitoring of compliance with this policy is to occur via reviewing and reporting on:

- regular feedback received from women experiencing and health providers assisting, implementing and performing OVB in the maternity setting
- all concerns and complaints received from women, families and health providers regarding this policy
- adverse outcomes / incidents (maternal or newborn) where the OVB was identified as a contributing factor i.e. maternal trauma, maternal PPH, newborn requiring any resuscitation, NELUSCS for fetal compromise.

The site Maternity Manager and Obstetric lead are to:

- audit outcomes of compliance, correct use of, and evaluation of the feedback and effectiveness of OVB in maternity settings
- evaluate, benchmark, investigate and escalate OVB indications outside policy limitations
- regularly evaluate OVB rates, trends and outcomes every six months via the perinatal report of clinical outcomes
- Maternity managers are to review their **Power BI - Audit in Maternity** audit results quarterly for completion of the [MR72B WACHS Operative Vaginal Birth Record](#) and implement an action plan to address gaps identified.

Monitoring and review / investigation of OVB rates will be performed by the Obstetric Leadership Group (OLG) six monthly via the Obstetric dashboard.

#### 4.2 Evaluation

This policy will be evaluated by the OLG and Midwifery Advisory Forum to determine the effectiveness, relevance and currency. The overall compliance will occur through continuous evaluation and review of audit outcomes as per the monitoring activities above.

## 5. Compliance

This policy is aligned to the [Health Services Act 2016](#)

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](#) 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 and procedures is mandatory.

## 6. References

1. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (2020). "Instrumental Vaginal Birth (C-Obs 16)". [Internet]. Available from: [Instrumental vaginal birth \(ranzcog.edu.au\)](http://www.ranzcog.edu.au)
2. Murphy, DJ., Strachan, BK., Bahl, R. on behalf of the Royal College of Obstetricians Gynaecologists (2020). "Green-top guideline No. 26: Assisted vaginal birth". BJOG, [Internet]. Available from: [Assisted Vaginal Birth \(wiley.com\)](http://www.wiley.com)
3. Knight, M., Chiochia, V., Partlett, C., Rivero-Arias, O., Hua, X., Hinshaw, K., et al. (2019). "Prophylactic antibiotics in the prevention of infection after operative vaginal delivery (ANODE): A multicentre randomised controlled trial". Lancet, 393 (10189): 2395-403. [Internet]. Available from: <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2819%2930773-1>
4. Yim, SLY., Petersen, TW., Uppal, MT., Quinlivan, JA. (2023). "Compliance with clinical guidelines increases the safety of vacuum-assisted delivery". Aust N Z J Obstet Gynaecol, 63(1):13-18. [Internet]. Available from: <https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1111/ajo.13545>

## 7. Definitions

Term	Definition
Team	All medical and midwifery staff present during an OVB

## 8. Document Summary

<b>Coverage</b>	WACHS wide
<b>Audience</b>	Clinical midwives and obstetric doctors
<b>Records Management</b>	<a href="#">Health Record Management Policy</a>
<b>Related Legislation</b>	<a href="#">Health Services Act 2016</a> (WA)
<b>Related Mandatory Policies / Frameworks</b>	<ul style="list-style-type: none"> <li>• MP 0122/19 <a href="#">Clinical Incident Management Policy 2019</a></li> <li>• MP 0175/22 <a href="#">Consent to Treatment Policy</a></li> <li>• <a href="#">Consent to Treatment Procedure</a></li> <li>• <a href="#">Clinical Governance, Safety and Quality Policy Framework</a></li> </ul>
<b>Related WACHS Policy Documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">Consent to Treatment Policy</a></li> <li>• <a href="#">Maternal and Newborn Care Collaboration and Escalation Policy</a></li> </ul>
<b>Other Related Documents</b>	<ul style="list-style-type: none"> <li>• RANZCOG <a href="#">Instrumental Vaginal Birth</a></li> <li>• WNHS <a href="#">Operative Vaginal Birth Clinical Practice Guideline</a></li> <li>• WNHS <a href="#">Perineal Care and Repair: Protection, Assessment and Management Clinical Practice Guideline</a></li> </ul>
<b>Related Forms</b>	<ul style="list-style-type: none"> <li>• <a href="#">MR72B WACHS Operative Vaginal Birth Record</a></li> </ul>
<b>Related Training Packages</b>	Nil
<b>Aboriginal Health Impact Statement Declaration (ISD)</b>	ISD Record ID: 2978
<b>National Safety and Quality Health Service (NSQHS) Standards</b>	1.10, 1.27, 1.28, 3.07, 5.05, 5.06, 5.10 – 5.13, 6.03, 6.09, 6.11, 8.01, 8.04
<b>Aged Care Quality Standards</b>	Nil
<b>Chief Psychiatrist's Standards for Clinical Care</b>	Nil

## 9. Document Control

Version	Published date	Current from	Summary of changes
3.00	31 July 2024	31 July 2024	<ul style="list-style-type: none"> <li>minor text and layout changes made with consideration of updated WNHS Operative Vaginal Birth Guideline</li> <li>updated MR72B contains the elements of the TTO checklist and former TTO appendix has been removed.</li> </ul>

## 10. Approval

<b>Policy Owner</b>	Executive Director Nursing and Midwifery Services
<b>Co-approver</b>	Executive Director Clinical Excellence
<b>Contact</b>	WACHS Coordinator of Midwifery
<b>Business Unit</b>	WACHS Nursing and Midwifery
<b>EDRMS #</b>	ED-CO-15-22759
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