

## APPENDIX B

# Sample Documentation of Operative Vaginal Delivery

*Patient identifiers here or upper right hand corner, depending on institution*

## Indication(s) for OVD (check all that apply)

- Fetal intolerance of labor  
 Arrest of descent  
 Birthing person exhaustion  
 Prolonged 2nd stage  
 Elective  
 Other (specify): \_\_\_\_\_

## Patient Counseling (check all that apply)

Discussed with patient: Risks:  NO  YES | Benefits:  NO  YES | Alternatives:  NO  YES

Patient consent obtained prior to procedure:  NO  YES

If NO, state why: \_\_\_\_\_

## Birthing Person-Fetal Assessment Prior to Operative Delivery

Birthing person bladder empty:  NO  YES

Fetal vertex position:  OA  LOA  ROA |  OT  LOT  ROT |  OP  LOP  ROP

Fetal station immediately prior to application of instrument:  +2/+5  +3/+5  +4/+5  +5/+5

Fetal heart rate:  Category 1  Category 2  Category 3

Estimated fetal weight: \_\_\_\_\_ grams

Anesthesia (check all that apply):  None  Local  Epidural  Spinal  Pudendal  Other: \_\_\_\_\_

Anesthesiology Team alerted:  NO  YES

Pediatric Team alerted:  NO  YES

## Details of Procedure

Forceps instrument applied

Forceps (name): \_\_\_\_\_ | # of pulls: \_\_\_\_\_

Rotation of fetal head:  None  0-45°  45-90°  >90°

Total time instrument applied (minutes): \_\_\_\_\_

Vacuum instrument applied

Vacuum cup:  Hard cup  Soft cup  Other: \_\_\_\_\_

Pressure setting: \_\_\_\_\_ | # of pulls: \_\_\_\_\_ | # of pop offs: \_\_\_\_\_

Total duration of instrument application (minutes): \_\_\_\_\_

Was instrument-assisted delivery successful:  NO  YES

If NO, please describe: please describe: \_\_\_\_\_

Was instrument-assisted delivery accompanied by shoulder dystocia?  NO  YES | If YES, *also complete shoulder dystocia form.*

SAMPLE DOCUMENTATION OF OPERATIVE VAGINAL DELIVERY

**Birth Person Status**

Episiotomy:  NO  YES | If YES:  Median  Mediolateral, right  Mediolateral, left

Lacerations:  NO  YES | If YES:  1<sup>st</sup> degree  2<sup>nd</sup> degree  3<sup>rd</sup> degree  4<sup>th</sup> degree

Other birthing person complications:  NO  YES

If YES, describe: \_\_\_\_\_

Estimated birthing person blood loss: \_\_\_\_\_

Placenta:  Spontaneous  Manual extraction

Blood transfusion:  NO  YES | If YES, # units of blood transfused: \_\_\_\_\_

**Newborn Status**

MALE  FEMALE

Birth weight: \_\_\_\_\_ lbs \_\_\_\_\_ oz, or \_\_\_\_\_ grams

Apgar: 1 min \_\_\_\_\_ | 5 min \_\_\_\_\_

If 5 min is less than 7, document Apgar score at: 10 min \_\_\_\_\_ | 15 min \_\_\_\_\_ | 20 min \_\_\_\_\_

Arterial and venous cord blood gasses, if 5 min Apgar is 5 or less: \_\_\_\_\_

Newborn injury:  NO  YES

If YES, check all that apply:  Scalp laceration  Scalp hematoma  Other (describe): \_\_\_\_\_

Operative vaginal delivery note and dictation/electronic equivalent entered into chart:  NO  YES

\_\_\_\_\_  
Clinician Name (print)

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time