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
1. Parity
   - Nullipara
   - Multipara
   OR
   - Discuss with Consultant
   - Suitable for procedure in Birth Suite

2. Position
   - OP, OT
   - OA
   OR
   - Discuss with Consultant
   - Suitable for procedure in Birth Suite
   For trial in Birth Suite
   For trial in OT because: 

3. Station
   - 0, +1
   - +2, +3, on view
   OR
   - Discuss with Consultant
   - For trial in Birth Suite
   For trial in OT because: 

Clinical Findings

IDC

Fundus
   - In / Out
   - Indwelling

Lie

Attitude

Presentation

Position

Engagement

Pelvis assessment

Dilatation

Caput

Moulding

Station

Vaginal Exam

Expectation

Action

Complete

Newborn Care Team Time

Comments

Step 1: Assessment
   - Notified: : AM / PM

Step 2: Verbal consent
   - Arrived: : AM / PM

Step 3: Bladder emptied

Step 4: Pain relief assessed

Commencement of procedure

Application of instrument
   - Time: : AM / PM

Rotation of Kiellands
   - Time: : AM / PM

Pull (traction) 1
   - Time: : AM / PM

Pull (traction) 2
   - Time: : AM / PM

Pull (traction) 3
   - Time: : AM / PM

Head born
   - Time: : AM / PM
   - Number and time vacuum detached: 

Progress across perineum

Pull (traction) 4
   - Time: : AM / PM

Pull (traction) 5
   - Time: : AM / PM

Pull (traction) 6
   - Time: : AM / PM

Time of birth
   - Time: : AM / PM

3rd stage complete:
   - Yes
   - No

Questions:

- If full vacuum cup not visible / or no progress / or two detachments call an obstetrician urgently, a caesarean may be indicated
- If consultant / senior medical officer not in attendance call now and a caesarean may be indicated

Contact: Clinical_Pathways_Program@health.qld.gov.au

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### Birth Attendees

<table>
<thead>
<tr>
<th>Role</th>
<th>Information</th>
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<tbody>
<tr>
<td>Obstetric Consultant</td>
<td>Call at time: _____ : _____ AM / PM</td>
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<tr>
<td>Obstetric Registrar</td>
<td>Present at time: _____ : _____ AM / PM</td>
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<tr>
<td>Midwives</td>
<td>1: ..................................................</td>
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<td>2: ..................................................</td>
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<tr>
<td>Anaesthetist</td>
<td>Anaesthetic type:</td>
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<td>Paediatrics Team</td>
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### Cord blood analysis (indicated for all operative births):

<table>
<thead>
<tr>
<th>Type</th>
<th>pH:</th>
<th>Be (base excess):</th>
<th>Lactate:</th>
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<tbody>
<tr>
<td>Arterial</td>
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<td>Venous</td>
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### 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

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<tr>
<th>Date / Time</th>
<th>Comments / Notes</th>
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### Signature Log

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

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<thead>
<tr>
<th>Name (print)</th>
<th>Designation</th>
<th>Signature</th>
<th>Initials</th>
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