Mode of birth: Vaginal breech  Vacuum extraction  Forceps

Indication for procedure: ..................................................

Decision for birth:
Date: ............
Time: ...........

Time operating theatre notified: ...........

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
- Complete prior to application of vacuum or forceps
- Draw landmarks and cup position

Vaginal Exam
- Pelvis assessment
- Dilatation
- Caput
- Moulding
- Station
- Position

Expectation
Step 1
- Assessment
- Complete
- Newborn Care Team Time
- Comments
Step 2
- Verbal consent
- Complete
- Newborn Care Team Time
- Comments
Step 3
- Bladder emptied
- Complete
- Newborn Care Team Time
- Comments
Step 4
- Pain relief assessed
- Complete
- Newborn Care Team Time
- Comments

Expectation
Commencement of procedure
- Application of instrument
  - Time: ...........
  - AM / PM
  - FHR: ............

Rotation of Kiellands
- Time: ...........
  - AM / PM
  - FHR: ............

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

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

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

Progress across perineum
- Pull (traction) 4
  - Time: ...........
  - AM / PM

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

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

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

- Time of birth
  - Time: ...........
  - AM / PM

3rd stage complete: Yes  No

Name: ____________________________ Designation: ____________________________ Signature: ____________________________ Date: ____________________________
**Birth Attendees**

<table>
<thead>
<tr>
<th>Obstetric Consultant</th>
<th>Present at time</th>
<th>Time: : AM / PM</th>
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<tbody>
<tr>
<td>Obstetric Registrar</td>
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<tr>
<td>Midwives</td>
<td>1:</td>
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<tr>
<td>Anaesthetist</td>
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<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>Arterial:</th>
<th>pH:</th>
<th>B_e (base excess):</th>
<th>Lactate:</th>
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</thead>
<tbody>
<tr>
<td>Venous:</td>
<td>pH:</td>
<td>B_a (base excess):</td>
<td>Lactate:</td>
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**Episiotomy: | Yes | No | Repair completed: | Yes | No | Packs in situ: | Yes | No | Number of packs: | Yes | No |

Debrief with patient (include review of birth events, healing, bowel and bladder function and recommendations for future births) | Yes | No |

**Date / Time | Comments / Notes | Initials**

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**Signature Log**

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

| Name (print) | Designation | Signature | Initials | Name (print) | Designation | Signature | Initials |