INSTRUMENTAL DELIVERY ON LABOUR WARD CHECKLIST

SIGN IN
To be completed by the individual conducting the procedure prior to scrubbing

☐ **Confirm all individuals have introduced themselves.**
☐ **Confirm patient identity.**

Confirm intended procedure:
☐ Ventouse.
☐ Traction forceps *(i.e. Neville-Barnes/Simpsons/Wrigleys).*
☐ Kiellands forceps.

Note – if Kiellands forceps are being used in a labour ward room, a Consultant must be present.

Check consent:
☐ Verbal ☐ Written
☐ Unable, document best interest decision

Does the patient have a known allergy?
☐ No ☐ Yes, specify:

Confirm operator appropriately:
☐ Trained **OR** ☐ Supervised

☐ **Confirm paediatrician called if required.**
☐ **Confirm resuscitaire checked and ready.**

☐ **Confirm there are no known contra-indications to conducting the procedure.**

TIME OUT
To be read out loud by the assistant before invasive part of procedure is commenced

☐ **Confirm operator is wearing gown and sterile gloves after scrubbing.**

Confirm operator is satisfied with the following pre-requisites for safely carrying out instrumental delivery:

☐ Fully dilated.
☐ Cephalic presentation.
☐ Position of presenting part correctly identified.
☐ Presenting part at station 0 or below.
☐ Bladder emptied.

Note – all 5 boxes above must be ticked before proceeding with the instrumental delivery.

Confirm method of analgesia:

☐ Local anaesthetic infiltration to perineum.
☐ Pudendal nerve block.
☐ Epidural.

SIGN OUT
To be read out loud by the operator before anyone leaves the procedural area

☐ **Confirm paired cord blood samples taken.**
☐ **Confirm placenta is delivered and complete.**

Was episiotomy performed? ☐ Yes ☐ No

Confirm degree of trauma:
☐ None
☐ Episiotomy
☐ 1st degree tear
☐ 2nd degree tear
☐ 3rd degree tear
☐ 4th degree tear
☐ Labial or clitoral tear

Note – if 3rd or 4th degree tear, transfer to theatre for repair.

Confirm action to trauma:
☐ Not sutured, reason:
☐ Repaired in room.
☐ Transferred to theatre for repair.

Record total blood loss: ***ml***

☐ **Instrument, swab, tampon and sharp counts correct.**
☐ **Confirm sharps disposed of safely.**

Has a vaginal pack or tampon intentionally been left in the patient? ☐ No ☐ Yes

☐ **If yes, confirm plan for removal is documented, communicated to the appropriate individuals and the patient's Vaginal Internal Pack wristband is secured.**

AFFIX BAR CODED PATIENT LABEL HERE

Signatures and printed name

Sign in: Date:
Time out: Time:
Sign out (operator): Location:

Specialty Documents

CDDFT Local Safety Standard for Invasive Procedures v1 27-9-17 (review date December 2018)

INSTRUMENTAL DELIVERY ON LABOUR WARD CHECKLIST

This **LocSSIP** applies to all instrumental deliveries and perineal repairs undertaken in the labour ward.

Must-do procedural steps

1. To ensure compliance with best practice:
    a. CDDFT's Instrumental Delivery procedural checklist **must** be used.
    b. The operator **must** dispose of all sharps before leaving the procedural area.

2. To reduce the risk of inadvertent injury to the baby:
    a. The operator or supervisor **must** be appropriately trained and signed off as competent.
    b. The pre-requisites for safely carrying out an instrumental delivery **must all be met** as per RCOG Green Top Guideline no.26 – Operative Vaginal Delivery:
        i. Fully dilated
        ii. Cephalic presentation
        iii. Position known
        iv. Presenting part at or below the level of the ischial spines (i.e. station 0/+1/+2)
    c. A Ventouse should not be used on a baby with gestation <34+0 weeks, and should be used with caution between 34+0 – 36+0 weeks gestation.
    d. Rotational forceps delivery should normally be performed as a trial of instrumental delivery in theatre. If Kiellands forceps are being used in a labour ward room, a Consultant **must** be present.
    e. The paediatrician should be called if required, for example if there is suspected fetal compromise.

3. To reduce the risk of inadvertent injury to the mother:
    a. The operator or supervisor **must** be appropriately trained and signed off as competent.
    b. Aseptic technique **must** be used.
    c. Appropriate analgesia **must** be used.
    d. The bladder **must** have been recently emptied. Any indwelling catheter should be removed or the balloon deflated.
    e. Any trauma involving the anal sphincter complex or rectum (i.e. 3rd & 4th degree tears) **must** be repaired in theatre. This is a safer environment to repair such injuries for the following reasons:
        i. Better lighting and correct visualisation of anatomical structures
        ii. Sterility and reduced risk of infection and consequent wound breakdown
        iii. Access to spinal or epidural anaesthesia for extensive tears
    f. Rectal and vaginal examinations **must** be performed both before and after undertaking a perineal repair for the following reasons:
        i. **Before** – to appropriately classify the degree of trauma and thereby:
            1. To determine the most appropriate form of analgesia
            2. To determine whether the patient needs to be transferred to theatre
            3. To determine whether senior help or assistance is required
        ii. **After** – to confirm all tears are appropriately repaired, and to exclude inadvertent suture placement through the rectal mucosa, thereby increasing the risk of infection and wound breakdown, or recto-vaginal fistula development.

4. To reduce the risk of retained swabs and instruments (**A NEVER EVENT)**:
    a. All swabs and instruments **must** be counted, verified, and documented before and after performing an instrumental delivery.
    b. Transferring a patient to theatre between procedures (e.g. instrumental delivery in a labour ward room, followed by transfer to theatre for a perineal repair) is a recognised risk factor for retained swabs and instruments. It is therefore a **must-do** step that all instruments, swabs, tampons and sharps are counted, verified and documented prior to transfer of the patient between areas.

Associated guidelines:

- RCOG Green Top Guideline no.26 – Operative Vaginal Delivery.
- Family Health Area LocSSIP describing all NatSSIP principals which apply to this invasive procedure and checklist.