

LOCAL SAFETY STANDARD FOR INVASIVE PROCEDURE CHECKLIST:



Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

ASSISTED BIRTH

Procedure date:	Time:	Operator:
Primary Midwife:		Assistant:
Level of supervision: None >ST3 Cons		Equipment and trolley checked <input type="checkbox"/>

Procedure:	Birth with Ventouse	Birth with Forceps
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SIGN IN (Before procedure)

Patient identity checked using at least 3 identifiers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Verbal consent obtained after discussion of risk of bleeding, infection, pain, injury to vagina/perineum (including OASI), injury to baby (marks from instrument/ bruising/ fracture), unsuccessful procedure (double instrument/Caesarean birth), haematoma	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Consent obtained for episiotomy and repair	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Known allergies:.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there reliable continuous foetal heart rate monitoring?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

LEVEL OF DIFFICULTY ANTICIPATED BEFORE THE PROCEDURE

Station 0 or above <input type="checkbox"/>	Occipito-transverse or occipito-posterior <input type="checkbox"/>	High risk of MBL>500ml <input type="checkbox"/>
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IF HIGH LEVEL OF DIFFICULTY (2 or more boxes above ticked)

1) CONSIDER TRIAL IN THEATRE

2) ENSURE ANAESTHETIST AND 2nd SENIOR OBSETRICIAN ARE PRESENT ON LABOUR WARD

Is the current analgesia sufficient for the procedure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Type of analgesia: Pudendal block	Epidural
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IF INADEQUATE ANALGESIA CONSIDER TRANSFER TO THEATRE FOR REGIONAL ANAESTHESIA (Terbutaline can be administered if concerns about foetal heart rate)

TIME OUT
(Verbal confirmation before procedure begins)

Have all team members introduced themselves by name and role?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the patient positioning optimal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Position and station of vertex known?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Urinary bladder emptied within the last 30 minutes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Time instrument applied:

No. of application attempts:

OPERATOR TO VERBALLY CONFIRM EACH PULL

1st Pull:

2nd Pull:

3rd Pull:

- 1) IF BIRTH NOT IMMINENT AFTER 3 PULLS CONSIDER TRANSFER TO THEATRE
- 2) IF >2 ATTEMPTS AT APPLICATION (INCLUDING POP-OFFS) CONSIDER ULTRASOUND ASSESSMENT OF POSITION AND TRANSFER TO THEATRE

Transfer to theatre?

Yes

No

Time of birth:

SIGN OUT

Is a single dose of a prophylactic antibiotic needed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has it been confirmed that instruments, swabs and sharps counts are correct?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have paired cord gases been taken and recorded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

ENSURE ASSISTED BIRTH PAGE IN LABOUR BOOK AND OBS CYMRU COMPLETED
COMPLETE INTENTIONALLY RETAINED OBJECT FORM IF PACK IN SITU

Post-procedural level of care: Routine

High dependency

Operator Name:

Operator Signature:

GMC Number:

Midwife Name:

Midwife Signature:

Addressograph