Operative Vaginal Delivery
See Labor Management for Gestations > 34 Weeks Guidelines

1) Purpose:
   (1) Outcomes after failed operative vaginal delivery (OVD) are potentially poor, thus, OVD is considered when the provider anticipates a high probability of success with either vacuum or forceps.
      (a) The concept of a “trial of operative delivery” is discouraged.
   (2) Cesarean delivery (CD) following failed OVD is categorized as “Stat.”
   (3) The provider selects the instrument with which they are sufficiently comfortable and, in the case of forceps, appropriate for the degree of molding.
   (4) The indications for OVD are generally the same for both forceps and vacuum, though some specific contraindications exist for vacuum delivery.

2) Preparation:
   a) Informed consent is obtained from the patient and includes a discussion of the risks, benefits, and alternatives to the procedure.
      i) Patient discussion and consent is documented in the patient medical record either prior to use of forceps/vacuum or after the delivery.
   b) The charge nurse, pediatric providers, surgical technician and anesthesiology are informed of an impending operative delivery and operating room preparations are initiated in concert with the attempt at OVD.
      i) In the event the OVD is unsuccessful, CD is recommended except in unusual circumstances.
   c) The patient’s bladder is drained.
   d) Forceps without anesthesia may generate significant maternal discomfort. If regional anesthesia is not present or appropriate for the procedure, a pudendal block can be placed.
   e) Prior to OVD, the operator assesses for: fetal position, presentation, and lie, engagement of the fetal head, acyncinitism, and clinical pelvimetry.

3) Contraindications:
   a) The following are absolute contraindications to the use of either forceps or vacuum:
      i) The cervix is not completely dilated
      ii) The fetal head is not engaged
      iii) The fetal station and position are not consistent with the skill of the attending provider
      iv) Appropriate consent is not available from the patient or proxy
      v) Position of the fetal head is unknown
      vi) There is a known fetal demineralization or bleeding disorder
         (1) Suspected or possible bleeding disorders without definitive diagnosis are evaluated on a case by case basis.
      vii) Estimated fetal weight is unknown.
      viii) There is suspected disproportion between fetal size and the maternal pelvis.
b) Relative contraindications to vacuum or forceps:
   i) Maternal human immunodeficiency virus positive (HIV +), Hepatitis B Surface Antigen positive (HBsAg +), Hepatitis B or C virus positive (HBV +, HCV +)
   c) Gestational age less than (<) 34 weeks is a contraindication for vacuum delivery.

4) Discontinuation and Performance of Cesarean Delivery
   a) An attempt at OVD is discontinued at any point at which the probability of success is no longer felt to be high or a clinical change alters the risk/benefit balance.
   b) Attempt is discontinued if there is no advancement of the fetal station with the initial attempts at traction.
   c) There is no benefit to decreasing the vacuum pressure between contractions and traction attempts.
   d) An attempt at vacuum delivery should be discontinued after three “pop-offs.”
   e) Once the attempt at OVD by either forceps or the vacuum has failed, the fetus should be delivered by stat CD, except in unusual circumstances.
   f) Combination of OVD options (forceps and vacuum) is not supported. Once one OVD method has failed, delivery route by stat CD is appropriate.

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