# Compliance with clinical guidelines increases the safety of vacuum assisted delivery LY Yim<sup>1</sup>, TW Petersen<sup>2</sup>, MT Uppal<sup>1</sup>, J Quinlivan<sup>3</sup>

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## **Background and Objectives**

Vacuum assisted delivery (VAD) is a common and safe obstetric procedure. However, occasionally serious complications may occur. College Statements have been developed to reduce the risk of serious adverse events.

VAD

The aim was to evaluate whether compliance with **RANZCOG** College Statement C-Obs 16 advice reduced the risk of serious adverse outcome, specifically subgaleal haemorrhage and major birth trauma.

### **Methods and Materials**

Retrospective audit of VADs in a level 5 hospital (NSW Maternity and Neonatal capability framework) from January 2020 to 2021.

#### Results

1960 women delivered in the study period, of whom 252 (12.8%) delivered by vacuum, and complete data was available from 241 cases and statement compliance was observed in 81%.

The main deviation from Statement compliance was pulls exceeding three. Statement compliance was associated with a significant reduction in the incidence of subgaleal haemorrhage (0% VS 11%, p=0.0002), major birth trauma (3% VS 22%, p=0.0001), requirement for neonatal resuscitation (14% VS 35%, p=0.0026) and APGAR scores at 1 minute less than 6 (5% vs 22% p=0.0006).

Statement compliance was associated with a significant reduction in maternal blood loss at delivery (388mL vs 438mL, p=0.01). Non-compliance with Statement advice was observed significantly more often in pregnancy complicated by gestational diabetes (3% vs 15%, p=0.02) and birth requiring instrument change (4% vs 13% p=0.031).

Variable	Compliant deliveries N=195	Noncompliant deliveries N=46	p-value
Maternal outcomes			
Grade 3 tear N(%)			
Yes	6 (3%)	3 (7%)	0.38
No	189 (97%)	43 (93%)	
Blood loss at delivery mL			
Mean (sd)	388 (280)	438 (421)	0.01
Newborn outcomes			
Subgaleal haemorrhage N(%)			
Yes	0 (0%)	5 (11%)	0.0002
No	195 (100%)	41 (89%)	
Major birth trauma N(%)			
Yes	6 (3%)	10 (22%)	0.0001
No	189 (97%)	36 (78%)	
Special care nursery admission N(%)			
Yes	47 (24%)	11 (24%)	0.99
No	148 (76%)	35 (76%)	
Resuscitation required N(%)			
Yes	28 (14%)	16 (35%)	0.0026
No	28 (14%)	30 (65%)	
Apgar 6 or less at 1 minute N(%)			
Yes	9 (5%)	10 (22%)	0.0006
No	186 (95%)	36 (78%)	
Apgar 6 or less at 5 minutes N(%)			
Yes	1 (1%)	2 (4%)	0.094
No	194 (99%)	44 (96%)	

Compliance with RANZCOG College Statement C-Obs 16 is associated with lower rates of subgaleal haemorrhage and major neonatal trauma. The main deviation from compliance was pulls in excess of three.

Results
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Table 2. Predefined maternal and newborn adverse outcomes in compliant versus noncompliant

# Conclusions

Variable Maternal Mean (so Parity (pr Nulliparc Parous Gestatior Yes No Growth r Yes No Other pre Yes No Epidural i Yes VBAC N(9 Yes No BMI > 30 Yes No Birthweig Mean (so Gestatio Mean (sd Change i Yes No

1) 4) Demissie K, Rhoads GG, Smulian JC, Balasubramanian BA, Gandhi K, Joseph KS, et al. (2004) Operative vaginal delivery and neonatal and infant adverse utcomes: population based retrospective analysis. BMJ, 329:24–9

•	Compliant deliveries N=195	Noncompliant deliveries N=46	p-value
ıl age (years) d)	32 (4)	33(3)	0.94
rior to delivery) N(%)			
bus	177 18	41 5	0.78
nal diabetes N(%)			
	5 (3%) 190 (97%)	7 (15%) 39 (85%)	0.002
restriction N(%)			
	2 (1%) 193 (97%)	2 (4%) 44 (96%)	0.17
egnancy complication N(%)			
	28 (14%) 168 (86%)	7 (15%) 39 (85%)	0.82
in labour N(%)			
	133 (68%) 62 (382	32 (70%) 14 (30%)	0.86
%)			
	10 (5%) 185 (95%)	1 (2%) 45 (98%)	0.70
) N(%)			
	13 (7%) 182 (93%)	5 (11.5%) 41 (89%)	0.35
ght Grams			
d)	3394 (388)	3488 (394)	0.12
nal age at delivery (days) d)	277 (8)	281 (8)	0.58
in instrument N(%)	(0)	(0)	
	8 (4%) 187 (96%)	6 (13%) 40 (87%)	0.031

Table 1. Demographic and birth characteristics of compliant versus non-compliant VAD

# References

2) Royal Australian and New Zealand College of Obstatricians and Gynaecologists

(2020). College statement C-Obs 16. Retrieved from: https://ranzcog.edu.au/statements-guidelines

3) 5) Swanson AE, Veldman A, Wallace EM, Malhotra A. (2012) Subgaleal hemorrhage: risk factors and outcomes. Acta Obstet Gynecol Scand, 91:260–263.