

# Assisted Vaginal Births: An Audit of Compliance with Written Documentation Standards at a Major Metropolitan Hospital

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## Background

While assisted vaginal birth (AVB) – also referred to as operative or instrumental vaginal delivery – are a safe and effective alternative to second stage Caesarean section, there can be associated maternal and neonatal morbidity. Risks, benefits and suitability of proceeding with an operative vaginal delivery need to be comprehensively considered in each case, with particular attention drawn towards appropriate patient selection and location of delivery.

Comprehensive and complete written documentation is important for both quality assurance and medicolegal reasons. It also helps inform debriefing, follow up care and counselling with regard to future pregnancies.

Many institutions around Australia and the other parts of the world use a checklist proforma as a cognitive aid for physicians, to assist in ensuring that important aspects of AVB are documented. The RCOG Green-top guidelines on AVB recommend the use of a standardised proforma for documentation.

Logan Hospital is a large Brisbane metropolitan hospital with over 3900 annual births. While other Queensland Health facilities widely use a checklist form (Assisted Vaginal Birth Clinical Pathway) – neither this form nor another local proforma is in use at Logan Hospital as of January 2023.

## Aims

To review current compliance with written documentation standards of AVB at Logan Hospital.

## References

Murphy DJ, Strachan BK, Bahl R, on behalf of the Royal College of Obstetricians Gynaecologists. Assisted Vaginal Birth. BJOG 2020; 127: e70–e112..

## Methods

This was a retrospective audit of 85 cases of AVB performed at Logan Hospital over a 3-month period between 1st March to 31st May 2023. Cases were identified through Birthing Outcome Systems (BOS). Compliance was defined as whether or not pertinent aspects of care (according to consensus best practice) had been documented in medical officer notes.

## Results

Patient selection and indication	
	Documented (%)
Abdominal palpation	39
Station	96
Position	94
Caput	78
Moulding	56
Analgesia	71
Empty bladder	53
CTG findings at time of decision	95
Parity of patient	46
Primary indication for procedure	96

Consent and ongoing safety assessment	
	Documented (%)
Discussion of risks	88
Verbal consent obtained	87
Clock times during procedure	41
Procedure start time	39
Procedure end time	42
Fetal heart rate recorded continuously during procedure	21
Number of pulls	99
Pop-off (of vacuum cases only)	17
Ease of blade application (of forceps cases only)	70
Episiotomy performed	75

Time, place and personnel	
	Documented (%)
Consultant notification or presence	71
OT notification (of relevant cases)	0
Decision made time	15
Personnel present including presence of paediatric team	71

Post-procedural assessments	
	Documented (%)
Review of perineum	93
Estimated blood loss	60
Cord gases findings	4
Birthweight	0
Apgar score	0
IV antibiotics given	74

## Discussion

Compliance with written documentation standards detailing decisions and events surrounding AVB is important medicolegally, for quality assurance and to inform debriefing and future care. This audit identified areas within documentation in need of improvement at our local hospital. Introduction of a standardised form, in keeping with the rest of Queensland Health maternity facilities, will aim to improve documentation compliance in line with recommended standards.