NSW HEALTH

Safety Notice: 016/09

Safe Instrumental Birth

28 July 2009

Distributed to:

- Chief Executives
- Directors of Clinical Governance
- Directors of Clinical Operations

Action required by:

- Directors of Clinical Governance

We recommend you also inform:

- Directors of Nursing and Midwifery
- Directors of Obstetrics and Gynaecology
- Directors of Maternity Services
- Maternity Unit Managers
- Midwives and Student Midwives
- Obstetric Medical Staff including GP Obstetricians

Expert Reference Group

Content reviewed by:

- Maternal and Perinatal Health Priority Taskforce: includes Statewide Services Development Branch and the Nursing and Midwifery Office
- Primary Health and Community Partnerships Branch

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Background

From June 2004 to April 2007, there were 15 clinical incidents across all Severity Assessment Codes (SAC) related to vacuum assisted birth. In 2008, there were five SAC 1 incidents related to vacuum and forceps birth.
The key issues include:

- Procedure undertaken by inexperienced staff with lack of appropriate supervision.
- Lack of understanding of existing vacuum birth protocol
- Lack of pathway to seek external advice or seek help from senior staff
- Procedures resulting in significant perineal trauma
- Lack of multidisciplinary team approach in instrumental birth.

Issue

Risk factors and contraindications must be assessed prior to undertaking instrumental birth and are fundamental to ensuring that the health and well being of both mother and baby are maximised.

The application of forceps or a vacuum has the potential to cause serious harm to both the mother and baby. Conversely delay or hesitation has the potential for increased fetal morbidity and mortality.

Vacuum and forceps are instruments that, when used appropriately, are an important and safe component of maternity care. Each has its own specific indications and own risk profile.

It is important that clinicians are confident that birth can be effected by the primary instrument of their choice, as sequential use of instruments is associated with significantly increased risk of neonatal intracranial haemorrhage (NEJM 1999; 341:1711-4).

Vacuum assisted birth should not be viewed as a procedure associated with a need for less skill for the operator or as having fewer complications for the mother or neonate.

Performing a well timed instrumental birth in appropriate circumstances with a skilled operator may effectively avoid the need for a caesarean section.

What can AHS do to prevent these incidents?

- Each Area Health Service (AHS) should have consistent, area wide, evidence-based guidelines on instrumental birth
- Each AHS must ensure all clinicians performing instrumental deliveries are appropriately credentialed and have these procedures in their documented Scope of Practice (SOP)
- Other clinicians using vacuum or forceps must be directly supervised by a clinician who is appropriately credentialed and has instrumental birth in their SOP
- Clinicians who are undergoing training and are having Instrumental Birth being incorporated into their SOP should undertake the FONT program in the first 12 months of employment or have completed the program in the previous 3 years
- AHSs have a responsibility to provide ongoing education for all clinicians
- AHSs should ensure that clinical procedures are appropriately documented
- AHSs should ensure that clinical networks have Instrumental Birth in their existing or proposed quality review framework.

References

- New England Journal Medicine 1999;341:1709-14 - *content.nejm.org/cgi/reprint/341/23/1709.pdf*

Suggested Actions by Area Health Services

1. Ensure that this safety notice is distributed to all relevant clinical staff involved in instrumental births.
2. Review Instrumental Birth practices.
3. Further information is available from the CIAP journals freely available to NSW Health staff at http://internal.health.nsw.gov.au:2001 or at http://www.ciap.health.nsw.gov.au