

# Assisted Vaginal Birth



## SAFETY NOTICE 027/25

Issue date:	17 December 2025
Content reviewed by:	CEC Maternal Perinatal Patient Safety Team, Clinical Excellence Commission Maternity Policy and Strategy Unit, Health and Social Policy Branch, NSW Health Maternal Perinatal Serious Incident Review (MP SIR) Sub-Committee
Distributed to:	Chief Executives Directors of Clinical Governance Director, Regulation and Compliance Unit
KEY MESSAGE:	Minimising risks associated with assisted vaginal birth is essential to reduce adverse outcomes.
ACTION REQUIRED BY:	Local Health District Maternity Co-Leads with support from respective Executive Sponsors.
REQUIRED ACTION:	<ul style="list-style-type: none"> <li>Distribute this safety notice to all clinicians involved in antenatal and intrapartum care.</li> <li>Review any local procedures relating to assisted vaginal birth to align with the recommendations of this safety notice.</li> <li>Include this safety notice where relevant including clinical handovers, safety huddles, morbidity and mortality and other clinical meetings.</li> <li>Report any adverse outcomes associated with assisted vaginal births into a local incident management system, for example <a href="#">ims+</a></li> <li>Monitor assisted vaginal birth outcomes, particularly when unsuccessful, to identify unwarranted clinical variation and opportunities for improvement.</li> </ul>
DEADLINE:	November 2026
We recommend you also inform:	Directors, Managers and Staff of: <ul style="list-style-type: none"> <li>Antenatal clinics and childbirth education teams</li> <li>Birth Units</li> <li>Operating Theatres</li> </ul>
Website:	<a href="https://www.health.nsw.gov.au/sabs/Pages/default.aspx">https://www.health.nsw.gov.au/sabs/Pages/default.aspx</a> <a href="http://internal.health.nsw.gov.au/quality/sabs/index.html">http://internal.health.nsw.gov.au/quality/sabs/index.html</a>
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## Situation

The NSW Maternal Perinatal Serious Incident Review (MP SIR) Sub-Committee have identified multiple incidents involving assisted vaginal births which have contributed to serious maternal and neonatal harm including neonatal death.

## Background

Assisted vaginal birth, using either vacuum or forceps, is used to facilitate timely vaginal birth. Indications for assisted vaginal birth include:

- Concerns for fetal and / or maternal wellbeing
- Slow progress / delay in the second stage of labour
- Where maternal or fetal conditions require shortening of the second stage of labour

Rates of assisted vaginal birth, particularly forceps births, have been declining in New South Wales (NSW)<sup>[1]</sup>. This may present challenges for obstetric clinicians in developing and maintaining relevant skills and experience in the procedure.

It is recommended that assisted vaginal birth should be performed by, or in the presence of, an appropriately trained and credentialled obstetric clinician with expertise in the chosen procedure and in the management of any complications which may arise<sup>[2]</sup>.

## Assessment

While generally safe, assisted vaginal birth carries specific risks which require appropriate consideration to optimise outcomes for both women and babies. Serious incident reviews have identified several themes and safety concern across NSW, including:

### ***Variation in the provision of information and gaining consent***

- inconsistent provision of antenatal and intrapartum information to women regarding assisted vaginal birth to support informed decision-making and ensuring valid consent is obtained.
- poor compliance with [NSW Health consent requirements](#) for assisted vaginal birth.

### ***Inconsistencies in junior medical officer credentialling***

- significant variation in procedural credentialling processes for assisted vaginal birth.
- poor understanding and visibility of the credentials of clinicians by maternity care team members.

### ***Inconsistent senior obstetric medical involvement***

- variation in senior obstetric awareness and oversight of women with an increased likelihood of assisted vaginal birth.
- missed opportunities for earlier senior obstetric input to support collaborative decision-making with women likely to require assisted vaginal birth.
- delayed communication between obstetric trainees and consultants when an assisted vaginal birth is being considered and there is an increased likelihood of procedural failure.
- delayed communication with an obstetric consultant when procedural difficulties are encountered.

### ***Compliance with best practice guidance***

- significant variation in local clinical processes to guide medical staff in decision-making and escalation when planning assisted vaginal birth, including:
  - o the importance of accurately identifying fetal position prior to performing an assisted vaginal birth
  - o consideration of the most appropriate location in which to perform the procedure
  - o consideration of the most appropriate instrument
  - o criteria for escalation to a senior obstetrician
  - o criteria for abandoning the procedure

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### *Speaking up for safety*

- difficulties are encountered within maternity teams around speaking up and escalating concerns during assisted vaginal birth, including the decision-making process and procedural performance.

### *Anticipation of maternal and neonatal emergencies*

- lack of care planning to ensure timely access to essential equipment and appropriate clinicians to respond to any maternal and / or neonatal emergencies (i.e. maternal collapse, postpartum haemorrhage and neonatal resuscitation).

## Recommendations

All maternity services should ensure local processes and procedures are in place to support:

- the provision of appropriate information to pregnant women regarding assisted vaginal birth.
- informed decision-making and obtaining valid consent for assisted vaginal birth in line with [NSW Health consent requirements](#)
- clear, consistent and transparent information being accessible by appropriate team members regarding medical officer credentialing for assisted vaginal birth.
- appropriate senior obstetric involvement in assisted vaginal birth decision-making and procedural performance.
- decision-making when planning and performing assisted vaginal birth that includes confirmation of fetal position (including the use of ultrasound), location for the procedure, choice of instrument and criteria for escalation and / or abandoning the procedure.
- regular multidisciplinary team training for staff involved in assisted vaginal birth.
- incident reporting, review and thematic analysis relating to adverse outcomes associated with assisted vaginal birth to identify trends and improvement opportunities.
- promoting a [culture of safety](#), where communication is open and escalation is timely within maternity teams.

### Further information:

- RANZCOG, [Instrumental Vaginal Birth](#)
- RANZCOG, Consumer Information – [Assisted Birth](#)
- RCOG Assisted Vaginal birth ([Green-top Guideline No. 26](#))
- Monash Health, [Operative Vaginal Birth Bundle](#)
- Australian Commission on Safety and Quality in Health Care, Quality Statements - [Instrumental vaginal birth](#)

### References:

1. NSW Health, 2025. *NSW Mothers and Babies Report 2023 – Type of Birth* [Web report], NSW Health, Sydney. Accessed 21.11.2025.
2. Royal Australian New Zealand College of Obstetrics and Gynaecology (RANZOG), 2020. [Instrumental Vaginal Birth](#), RANZCOG, Melbourne. Accessed 21.11.2025.