Operative Vaginal Birth (OVB) - Team Time Out Checklist

Effective: 20 May 2020

Co	nfirm Maternal and Fetal Assessment Favourable to Success:		
	Ensure bladder is emptied or IDC removed		
	Ensure contractions adequate i.e. strong, occurring 1 in 3 – 4 mins		
	Ensure adequate analgesia.		
	Abdominal palpation: head 0/5 palpable		
	Vaginal exam: fully dilated, membranes ruptured, vertex below spines & fetal positio determined (ultrasound can be used to confirm position)		
Со	nfirm Team Ready:		
	Informed consent of the woman obtained		
	Shift coordinator informed		
	Scribe and timepiece nominated		
	Call Paediatric Dr <b>OR</b> ensure 3 <sup>rd</sup> staff with neonatal resus competency for baby		

## Consult Obstetrician - Consider Theatre if any of High Risk Factors Present:

- Vertex above spines on VE (contraindicated in singleton) and/or
- 1/5 palpable abdominally on bimanual exam
- Suspected macrosomia
- Occipito-posterior position
- BMI >35.

## Consider Abandoning OVB and Call Obstetrician if any of Below Occur:

- **1.** Difficulty applying instrument.
- 2. No descent with first pull
- 3. Absence of progressive descent with subsequent pulls.
- **4.** Birth not imminent after three pulls.
- **5.** Cup detachment twice
- **6.** more than 15 mins elapsed since instrument application.

Any team member can call for a "**Team Time Out Review**' to halt the procedure, rethink current management and /or contact the Consultant Obstetrician (including regional)

## This document can be made available in alternative formats on request for a person with a disability

Contact:	WACHS Coordinator of Nursing (K. Reynolds)		
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