SW800		
		SW800

Queensland Government					(Affix identification label here) URN:							
Queensland Government Assisted Vaginal Birth Clinical Pathway Facility: Mode of birth: Vaginal breech Vacuum extraction						Family name:						
			_			Given nam	e(s):					
	C	HINI	cal Path	way		Address:						
	Facility:											
Fa	cility:					Date of birt	:h:		Sex:	M F	· [][
			ginal breech									
Inc	dication for p	rocedu	ure:		Time		DM Time exercis	~ th o otro	notified.			
	ep 1: Answer						PM Time operation p 1 then follow prom				PIVI	-
_	Parity		Nullipara		. 5:	1.76.1	Consultant	ibis peior	/V			
l'''	i arity		iltipara	OR OR			or procedure in Birth	Suite		ocess until a T/L aware a		
2.	Position		OP, OT		• Di		Consultant ——		on stan	dby	ina incanc	
ı		OA	١	क क			or procedure in Birth Birth Suite	Suite		ck complete		
ı							OT because:		Obstetr	ic Consultan	t	
3.	Station	/_ ,		444	• Di	_	Consultant	,	· I — '	/ notified ric Registrar	nresent	
ı		+2,	, +3, on view	יל יל יל	·		Birth Suite OT because:			ervices notifi	•	
CI	inical Find	linas	Complete p ı	rior to appli	cation of va				Draw landr	narks and c	un nosition	
	IDC	mgo	In / Out	• • • • • • • • • • • • • • • • • • • •	cation of ve	acaam or ic	псерз		Braw lariar	namo ana o	ap poortion	
	Fundus			, marroning					-			
<u>_</u>	Lie								1			
pation	Attitude								-			
Palp	Presentation								/			
_	Position									$\overline{}$		
	Engagement								- (
	Pelvis assess								┪ \			
ڇ	Dilatation											A
Exam	Caput								1 `			ASSIST
inal	Moulding											S
Vagina	Station										П	
	Position											0
Ex	pectation		Action		Complete	Newborr	Care Team Time	Comme	nts			VAGINAL
Ste	p 1		Assessment			Notified:	: AM / PM					
Ste	ep 2		Verbal conser	nt		Arrived:	: AM / PM					∑
Ste	ep 3		Bladder emptied Pain relief assessed									
Ste	ep 4											BIRTH
Ex	pectation		Action		Observat	tions						
	mmencement procedure		Application of	instrument	Time:	. : AM	/ PM FHR:					- 1
01	oroocaarc		Rotation of Ki	ellands			/ PM FHR:					
Pull (traction) 2			Pull (traction)	1	Time: : AM / PM FHR:							
) 2 Time:		: AM	/ PM FHR:				CLINICAL			
Descent to perineum Pull (traction) 3			Time:	: AM	/ PM FHR:							
perineum							an urgent	ly, a caesare	ean may be	indicated	Įĕ	
			Pull (traction)			: AM						J
			Pull (traction) 5			AM						PATHWAY
,						: AM		<u> </u>		1.		⊣ ≤
			Head born				/ PM Number and to	ime vacu	um detached	J:		4
	If a succession	41	Time of birth	laau		.:AM		ha lu-ll	nto d			4
STOP	stage comple		Yes No		itteriaance	can now ar	nd a caesarean may	DE INGICA	ateu			4
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Queensland Government
Government

Birth Attendees
Obstetric Consultant

Assisted Vaginal Birth Clinical Pathway

(Affix identification label here)								
URN:								
Family name:								
Given name(s):								
Address:								
Date of birth:		Sex:	M	F	I			

Present at time Time:

AM / PM

Obstetric Regis	strar									
Midwives 1:			l:							
Anaesthetist			Anaesthetic type:							
Paediatrics Tea	ım									
Cord blood ana	alysis (ii	ndicated fo	r all operative births)							
Arterial:			pH:		Be (base excess):		Lactate:			
Venous:			pH:		Be (base excess):		Lactate:			
Episiotomy:	Yes		Repair completed:		No Packs in situ:		No Number of p			
			w of birth events, heali	ng, bowel and I	bladder function and r	ecommendation	ns for future births)	Yes		
Date / Time	Com	ments /	Notes						Initials	

S	ignature Log	Every person documenting in this pathway must provide their name, signature and initials below										
	Name (print)	Designation	Signature	Initials	Name (print)	Designation	Signature	Initials				