

# Retrospective Audit of Instrumental Vaginal Delivery in a Busy Level 3 Obstetric Unit.

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## Introduction

Assisted vaginal delivery accounts for approximately 13% of deliveries throughout Australia. Given the potential for significant maternal and foetal complications, instrumental deliveries should ideally be carried out during daylight hours, when hospitals are optimally staffed. This study is aimed at identifying the risks, complications and suitability of induction time, aiming to facilitate safer deliveries where possible.

## Methods

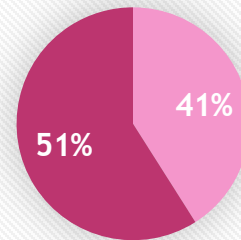
A single centre, retrospective audit of 161 instrumental deliveries, carried out between 1<sup>st</sup> September 2019 and 31<sup>st</sup> March, 2020. Data collection was carried out using delivery database and review of individual medical records.

## Demographics of Assisted Deliveries

Parity	77% Primip
Age*	29 y/o
BMI*	25.6
Foetal Birthweight*	3425g

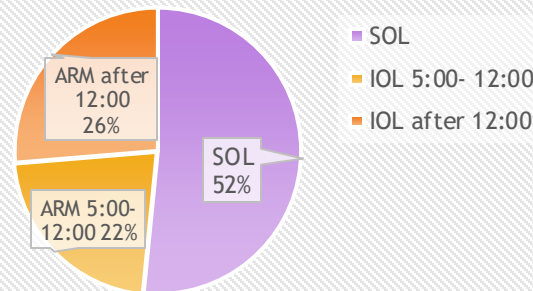
\* Median values

## Time of Delivery



■ Day Time 08:00- 18:00  
■ After Hours 18:00- 08:00

## After-Hours Deliveries



■ SOL  
■ IOL 5:00- 12:00  
■ IOL after 12:00

## Results

- 15.6% of a total of 1060 deliveries were assisted instrumental deliveries.
- 77% of those were primip deliveries (median age - 29, BMI- 25.6, foetal birthweight -3425g).
- 59% of instrumental deliveries took place between 18:00 and 08:00 (night). with just under half of these women having undergone induction of labour (IOL).
- 54% of IOL who delivered after hours, had failed to have ARM before 12pm.

## Discussion

Given the potential associated risks, instrumental deliveries should be carried out in the safest circumstances possible. This study has identified areas in which this can be improved on. One area of focus is that time of IOL and ARM. We have changed our own policy and increased staff numbers, striving to commence this early in the morning to maximise the number of women who deliver in daylight hours.

## References:

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