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## INTRODUCTION

Instrumental delivery is employed to accelerate birth when labour has progressed to full dilation, in the presence of suspected fetal distress, prolonged second stage labour, or where maternal effort is contraindicated. On review of the 2019 Australian Council on Healthcare Standards National Maternity Clinical Indicators data, there was a recognised increase in instrumental delivery rate at the Mater Mothers' Hospital (MMH) over a period of 12-18 months. The objective of this audit was to review the indications for instrumental delivery and analyse compliance with policy.

## METHODOLOGY

There were 7675 births at the MMH between January 2019 to March 2020. Antenatal and intrapartum records were collated from Matrix database. Further data was obtained from Verdi and Guardian databases to analyse the categorisation of cardiotocography (CTG) in cases with fetal distress.

## RESULTS & DISCUSSION

The overall rate of instrumental deliveries was 13% (Figure 1). 80.7% of these births were from nulliparous women. The onset of labour was induced in 49% and 80.6% had regional anaesthesia in the form of an epidural block. Fetal distress was the most common indication (Figure 2).

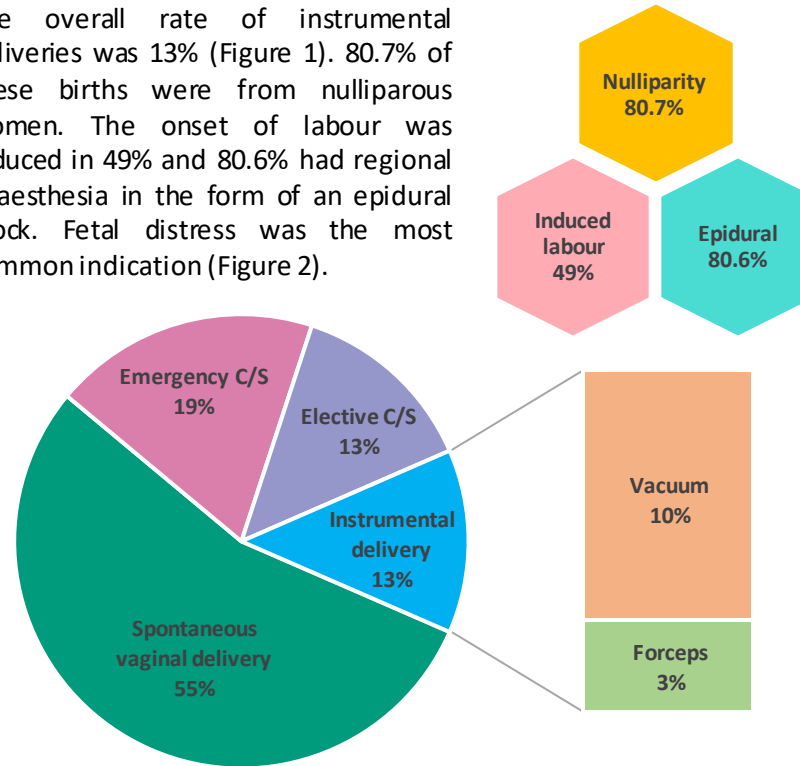


Figure 1. Mode of delivery of all births at the Mater Mothers Hospital between January 2019 and March 2020. C/S – Caesarean Section.

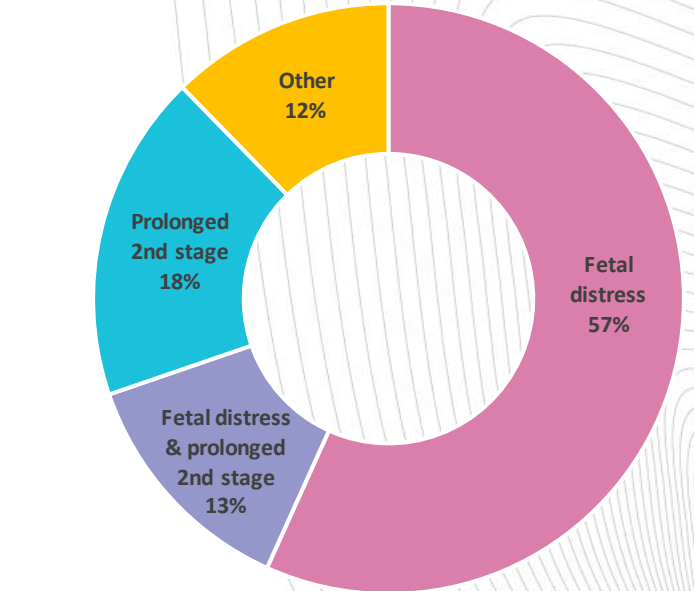


Figure 2. Indications for instrumental delivery at the Mater Mothers Hospital between January 2019 and March 2020.

Of the cases with documented fetal distress, only 75% satisfy the criteria for a “red” CTG. 9% were not in alliance with local policy. The higher rate of instrumental delivery may be partly accountable by non-compliance to policy and guidelines, which emphasises the importance of routine audits and feedback.