

Vacuum Delivery = RAT E3 EB

- R** Requires a pregnancy >35w, Cephalic, Fully dilated and Engaged, Uterus contracting (35C10EC)
- A** Apply the correct cup to the Flexion Point of the Fetal Head
- T** Traction only with contractions
- E3** Expect descent (and rotation) with no more than 3 pulls
- E** Episiotomy may be required
- B** Beware/Be prepared for Shoulder Difficulty and PPH

Requirements for Safe Vacuum Delivery

- Application of a ventouse cup with standard suction pressures is not recommended for a fetus of less than 34 completed weeks of pregnancy
- The presentation must be cephalic and the head flexed sufficiently for your suction cup to reach the posterior fontanelle
- The cervix needs to be fully dilated
- There should be no more than 1/5th of head palpable above the brim of the pelvis. This also means that the head (not just caput) will be at or below the level of the ischial spines.
- The position of the head needs to be known with certainty, preferably by identification of both the posterior and anterior fontanelles
- The pelvis needs to feel adequate to permit the passage of this baby
- The mother needs to be informed and cooperative
- The uterus needs to be contracting: Use Syntocinon by infusion, if necessary, until the uterus is contracting at not less than 2:10 and lasting >45 seconds

Preparation for Delivery

- The operator needs to be appropriately trained and skilled
- Have someone able to perform neonatal resuscitation in attendance
- Ensure adequate analgesia. Perineal infiltration with local anaesthesia will usually suffice
- Position the mother appropriately (with some lateral tilt, if required)
- Assemble all the equipment and check that it is working by applying your chosen suction cup to the thenar portion of the palm of one gloved hand i.e. base of the thumb

Delivery Tips

A is for Apply the correct cup to the Flexion Point of the Fetal Head

Soft cups are suitable only for simple lift-out procedures when the head is arrested on view at the level of the introitus

Use a Bird anterior cup for OA cephalic positions and the Bird posterior cup for all OP and OT positions. The Kiwi Omnicup can be used for both but...

The cup should be midline, at least 3 cm from the anterior fontanelle and as close to the occiput as possible. There is no place for placing the cup on the most accessible part of the head because applications on points other than the flexion point will deflect the head and result in failure

Take the pressure up to the recommended working pressure (top of the green) and check by sweeping one finger around the rim to ensure that no maternal tissue is included

T is for **T**raction only with contractions

Pull only with contractions and seek the mother's assistance with bearing down. You can stimulate contractions by applying traction after 90 seconds of uterine relaxation.

Pull at 90 degrees to the cup. This means down to the floor to start, out when the head has descended and up when it crowns. Keep two fingers and a thumb of your other hand on the anterior lip of the cup and baby's head to detect any tendency to detachment.

If detachment occurs send immediately for HELP and attempt reapplication only ONCE

E3 is for **E**xpect descent (and rotation) with no more than 3 pulls

Descent of the head (and not just the caput) should occur with EACH pull and...

Delivery should ideally occur or be close to completion after three pulls

Delivery should also be completed within 20 minutes of the application of full suction

There is no advantage in lowering the suction between pulls

As descent occurs the angle of pull will move upwards if the angle of pull to the cup is maintained at 90 degrees. Rotation (if required) occurs spontaneously. A few babies deliver OP when the direction of pull remains downward towards the floor

E is for **E**pisiotomy may be required

Perform an episiotomy if increased resistance is encountered at the introitus. Detachment is the alternative penalty

Detachment with the head at the introitus is the only situation in which it is permissible to complete the lift-out with forceps

B is for **B**eware/**B**e prepared for Shoulder Difficulty and PPH

Particularly if there is a large baby and or a long labour

Remember HELPER AB for Shoulder Dystocia and HIR,R&M CERCE for PPH