Subject: Vacuum Extraction Procedure

Purpose: To assist in the delivery of a fetus in vertex presentation with the use of a cup-suction device that is applied to the fetal scalp for traction by the doctor.

Policy: The Labor and delivery RN may assist the doctor in the use of a vacuum extraction device.

Additional Information:

Indications for use:
- Maternal: shorten 2nd stage in dystocia, mothers expulsive efforts are deficient, woman is endangered (i.e., cardiac decompensation)
- Fetal: to rescue a jeopardized fetus

Do not allow vacuum to remain at maximum levels for more than 10 accrued minutes.

Prerequisites for vacuum extraction use:
1. fully dilated cervix
2. ruptured membranes
3. term or near term infant

Contraindications:
1. prematurity
2. previous scalp sampling
3. breech, face, brow or transverse lie
4. unengaged presenting part

Equipment: Kiwi vacuum extractor

Content:

Procedure Steps                                          Key Points
1. Explain procedure to patient.                      
2. Obtain sterile vacuum extractor kit.            2. It is kept in LDR’s and OR/delivery rooms (cupboard)
3. Open sterile package for scrub nurse or doctor and he/she will remove vacuum. 3. Maintain sterile. Do not contaminate scrub nurse.
4. Note on strip and in nurses notes the time applied, if it came off between contractions and how many contractions it was used. Remind doctor when it has been on for 10 minutes.
5. Monitor patients’ pain and tolerance of procedure and intervene appropriately.
6. After delivery the infant should be examined for possible injuries.
   a. bruising
   b. cephalahematoma
   c. facial nerve damage
6. Labor nurse will communicate use of vacuum to nursery nurse as she will want to continue monitoring for injuries and or jaundice in the newborn.
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