Safe Vacuum Registry Minimum Data Set

Every vacuum-assisted birth, attempted or completed, must be entered into the Safe Vacuum Registry soon after the procedure, linked to the clinical debrief form. The data set below is the minimum required for audit and quality improvement. Facilities may add columns but should not remove any field listed here.

Data Point	Description / guidance
#	Sequential case number
Date	Date of VAB procedure
Patient number	Facility patient identifier
Names	Patient name (initials or code per facility policy)
Age	Patient age in years
Gravida	Total number of pregnancies
Para	Number of previous births
Living	Number of living children
Previous SVD	Previous spontaneous vaginal deliveries
Previous CS	Previous caesarean sections
GA	Gestational age (weeks)
Indication for VAB	Primary indication (prolonged second stage / fetal distress / maternal exhaustion / maternal condition)
Apgar 1 min	Apgar score at 1 minute
Apgar 5 min	Apgar score at 5 minutes
Apgar 10 min	Apgar score at 10 minutes (if indicated)
Resuscitation	Resuscitation method performed (none / stimulation / bag-mask / intubation)
Baby outcome	Baby outcome at discharge (well / NICU / death)
NICU	NICU admission: yes / no; days if applicable
Birth weight (g)	Birth weight in grams
Blood loss (mls)	Estimated maternal blood loss in millilitres
Tear / episiotomy	Perineal trauma: none / 1st / 2nd / 3rd / 4th degree / episiotomy
Station / descent	Fetal station at time of VAB (e.g. 0 / +1 / +2)
Number of pulls	Number of traction pulls applied
Number of pop-offs	Number of cup detachments
Cup type	Cup used (metal / Kiwi OmniCup / other)
Cup placement	Cup placement: correct flexion point / suboptimal
Oxytocin	Oxytocin used during second stage: yes / no
Performer	Name / role of lead operator
Other team members	Names / roles of supporting team
Identified by	Who identified the indication (self / referral)
Other remarks	Free text for any additional clinical notes