TEMPLATE DEBRIEFING ASSISTED BIRTH HAYDOM LUTHERAN HOSPITAL

Patient reg. No: _____ Admission date: _____ GA: _____

Name: _____ Village: _____ TCL/Balozi: _____

Before delivery:

Gravida: _____ Para: _____ Living: _____

Previous CS: _____ Age: _____ Martial status: _____ Telephone no: _____

Performance of the vacuum extraction:

What was the indication of the VAB: _____

VAB identified by: _____

VAB performed by: _____

Vacuum operated by: _____

Which cup was used: _____

Descent of the head: _____

Number of pulls: _____ Number of pop-offs: _____

Oxytocin augmentation used: ☐ Yes ☐ No How much: _____

Episiotomy: _____

Perineal tear: _____

Estimated blood loss: _____

Apgar score 1/5/10 min: _____

Resuscitation (suction/stimulation/ventilation: _____

Neonatal resuscitation (specify stimulation/suction/BMV): _____

NICU admission: _____ Birth weight: _____

VAB Team:

What went well in terms of technical procedure and communication within the team and the patient?
What could be improved in terms of technical procedure and communication within the team and the patient?
Do we need to take any further actions for these points of improvement?

_____

_____

_____