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Documentation of forceps/vacuum extraction deliveries

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Objective: To review current medicolegal requirements for documentation of forceps/vacuum extraction deliveries, assess the forms currently in use in hospitals for their concurrence with those requirements, and to devise a new, generic form for forceps/vacuum extraction deliveries that meet those requirements.

Method: A review of the literature and current text books was performed. Twenty-one hospitals in southwestern Ontario with active labour and delivery units were solicited for their labour and delivery summaries. Obstetrical forms were retrieved from 14 of these hospitals and compared to a master list of requirements. A new generic form was devised and presented.

Results: Less than 50% of medicolegal documentation is being met by current forms.

Conclusions: A new generic obstetrical form is required and has been presented to aid local perinatal committees in their work.

Objectif : Revoir les exigences médico-légales en vigueur qui ont trait à la documentation sur les accouchements par l'application de forceps ou de succion, évaluer les méthodes en usage dans les hôpitaux pour déterminer si elles sont conformes aux exigences en question et concevoir une nouvelle méthode générique d'accouchement par l'application de forceps ou de succion qui satisferait aux exigences en question.

Méthode : On a procédé à une recension des écrits et des manuels courants. On a demandé à

vingt-et-un hôpitaux du sud-ouest de l'Ontario dotés de services actifs de travail et d'accouchement de produire leurs sommaires de travail et d'accouchement. On a comparé les formules d'obstétrique de quatorze de ces hôpitaux à une liste maîtresse des exigences et conçu et présenté une nouvelle formule générique.

Résultats : Les formules courantes satisfont à moins de 50 % des exigences relatives à la documentation médico-légale.

Conclusions : Une nouvelle formule générique d'obstétrique s'impose et on l'a présentée pour aider les comités périnataux locaux dans leur travail.

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Introduction

The use of vacuum extractors or forceps is often necessary to expedite delivery. Their application requires an appropriate indication, physician training and careful documentation. There is an increased risk of neonatal and maternal morbidity and mortality with the subsequent possibility of legal or disciplinary action.1 A physician's best defence against unjust claims is careful documentation. In Ontario, although there are standard forms for antenatal care, there are no such forms for intrapartum care and postpartum care.

As a result of a request from the perinatal committee of our local community hospital, we summarized the current medicolegal requirements for documentation of forceps and vacuum extractor deliveries. It was apparent that the form in use was incomplete. We therefore decided to review the forms from other hospitals and devise a new form. The result of this work is presented to aid other perinatal committees.

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Methods

We reviewed the literature using MEDLINE and Online Index Medicus, going back to 1985. Search terms were: forceps, vacuum extraction, assisted deliveries, documentation and guidelines. Only 3 papers were retrieved.2–4 Documentation requirements were developed using these 3 papers and the guidelines of the Society of Obstetricians and Gynaecologists of Canada

(SOGC)5 and the Canadian Medical Protective Association,6 and standard texts.7–10

Twenty-one hospitals in southwestern Ontario (those within the telephone 519 area code) with active labour and delivery units were contacted and requested to send a copy of their labour and delivery summary. Each hospital summary was compared with the master list of requirements and the results were scored in percentages.

After combining the list of required documentation with the summaries retrieved, a generic labour and delivery summary was developed.

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Results

Of the 21 hospitals, 14 agreed to send their labour and delivery summaries. The hospitals were located in rural, urban and tertiary care centres. Reasons for not submitting summaries included the need for administration approval and the fear that the hospital could be placed at risk if the documentation was found to be inadequate. The 17 requirements that were identified as necessary to meet medicolegal requirements in Ontario are listed in Table 1.

On average, 30.6% of the documentation requirements were met. The percentage of hospitals documenting the requirements is shown in Table 2. No hospitals documented engagement, the amount of traction applied or the type of forceps used. There were no obvious differences among hospitals providing different levels of care.

A generic form has been developed, which will assist perinatal committees in developing forms for their hospitals (Fig. 1).

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Discussion

Less than 50% of documentation requirements were met. In particular, there was no documentation of engagement, forceps type or amount of traction. Only 1 hospital documented the presence of caput/moulding. Moulding is felt to be an indication of pelvic inadequacy,3 and

the courts take the view that lack of documentation indicates a lack of assessment, not that moulding was not apparent.

The SOGC explicitly states that "forceps should never be applied through a non-dilated cervix or with an unengaged presenting part."1 An estimate of the degree of traction applied, through such suggested means as how long and through how many contractions, gives some indication of delivery technique. In the absence of such information, "a reviewer usually makes the worst assumption: that the damage was due to below-standard care."3

It was difficult for us always to ascertain the documentation of presentation, position, station and degree of dilatation. Most forms had an area for pelvic examination results where this information could be noted, but what information was required was not explicit. As such, if the forms were not clear in the information required, they were considered inadequate for medicolegal purposes. Most forms noted "breech" deliveries separately, implying that if this was not noted, then the presentation was vertex. Station was not always clearly noted but was implied by the labelling "mid/low/outlet" forceps. Hospitals with these labels were considered to have documented station.

It was not always clear where indications for a forceps/vacuum extraction delivery would be documented. Some forms had a "complications" or "comments" section where indication potentially would be documented. However, we felt this would be inadequate for medicolegal standards.

Since only 14 of a potential 21 hospital forms were reviewed, it is possible that a particularly thorough form was missed. As such, the percentages of documented requirements may be greater or less than we found.

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Conclusions

It is often necessary to intervene with an assisted delivery for the benefit of the mother and child. However, such deliveries increase the chance of mother or infant morbidity or mortality. Whether such adverse outcomes are a result of pre-existing factors or a direct result of the intervention can become a contentious legal issue. A doctor's best defence is adequate documentation. A review of hospitals in southwestern Ontario revealed that documentation currently summarized on available forms is inadequate. Although we realize that more complete documentation is often recorded in the notes, in our opinion more thorough forms will improve documentation. We have presented a generic form, which covers the 17 requirements considered necessary for adequate

documentation, to aid perinatal committees when their labour forms are being revised.

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