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### **“Documentation of Operative Vaginal Deliveries”**

**OBJECTIVE:** We aim to identify if physicians are documenting operative vaginal deliveries according to Society for Maternal Fetal Medicine (SMFM) guidelines and to identify the frequency with which each criterion is being documented.

**BACKGROUND:** An operative vaginal delivery is a delivery in which the provider uses forceps, a vacuum, or another device to aid in the extraction of the fetus from the vagina. In some cases, operative vaginal delivery can serve as an alternative to cesarean section when spontaneous vaginal delivery is not possible. Operative vaginal deliveries have a higher mortality than spontaneous vaginal deliveries<sup>1</sup>; operative vaginal deliveries also have a high rate of malpractice suits as a result. One strategy to reduce litigation associated with operative vaginal deliveries is detailed documentation of the procedure.<sup>1</sup> The Society for Maternal Fetal Medicine (SMFM) released guidelines for documentation of operative vaginal deliveries<sup>2</sup> in May 2020. One of the long-term goals of this study is to develop ways to improve documentation and education for physicians on proper documentation of operative vaginal deliveries.

**METHODS:** We will acquire a list of all operative vaginal deliveries attempted and performed at Touro between January 1, 2015, and the present. We expect there to be about 500 operative vaginal deliveries during this time period. For each patient, we will fill out a REDCap survey of questions including the date of procedure, type of physician (i.e., resident, attending), and the presence or absence (i.e., yes/no) of different charting criteria.

**STATUS UPDATE:** Currently, this project has received approval from Touro to use their charts and only awaiting final IRB approval from LSUHSC. The REDCap survey has already been created, and we have met with the statistician to get his feedback on the survey.

**FUTURE DIRECTIONS:** A potential next step in this study would be evaluating what circumstances or tools worked to enhance or deter proper documentation of operative vaginal deliveries.