

TeamBirth Scenario-Based Learning: Assisted Delivery Discussion Guide

In Practice: Assisted Delivery Discussion Guide

Jordan is a laboring primigravida patient who was admitted to the labor unit after showing progressive cervical change in triage. The patient has been pushing for over 2 hours and is feeling exhausted. Jordan’s labor team enters the room for a bedside huddle.

Jordan’s labor team is composed of their partner, Sam, their L&D nurse, Amanda, and their midwife, Jocelyn. “Jordan, it is 11:00 PM and I can tell you’re very tired after so much pushing,” says Jocelyn. “Would it be ok with you and the rest of the team if I lead the next huddle?” Jordan and Sam agree. Jocelyn introduces the **Assisted Delivery Discussion Guide** to the care team. “We are going to use this aid to determine if there are any mom, baby, or progress indications for assisted delivery, and we will use that information to discuss next steps with the team,” Jocelyn explains.

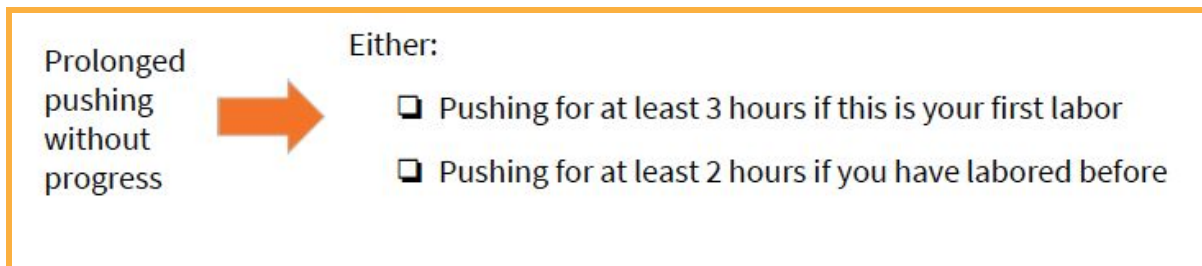
Assisted Delivery Discussion Guide

Use this guide in team discussions about assisted vaginal delivery or C-section. Assisting delivery may be appropriate if your condition meets these criteria, but **discuss with your team what is best for you and your baby** (see *Labor Support Guide for options*).

What are your reasons for considering assisted delivery?		What are the MINIMUM conditions for assisted delivery?
MOM	Request →	<input type="checkbox"/> You believe that operative delivery is the best option for you after discussion with your care team
BABY	Concerns about wellbeing →	<input type="checkbox"/> On-going slow heart rate OR <input type="checkbox"/> Far away from delivery with either: <input type="checkbox"/> Repeated slow downs in heart rate that do not improve with support <input type="checkbox"/> High heart rate that does not improve with support
	Slow induction →	Either: <input type="checkbox"/> Early labor (4 cm or less) for 24 hours or more <input type="checkbox"/> Medications to support contractions and waters broken for 15 hours or more
PROGRESS	Slow progress →	No cervical change with waters broken and 6 cm or more dilated with either: <input type="checkbox"/> Good contractions for 4 hours or more <input type="checkbox"/> Medications to support contractions for 6 hours or more
	Prolonged pushing without progress →	Either: <input type="checkbox"/> Pushing for at least 3 hours if this is your first labor <input type="checkbox"/> Pushing for at least 2 hours if you have labored before

Jocelyn begins with a fetal monitoring review of the baby so they can determine if the baby’s health is an indication for assisted delivery. Jordan asks right away if the baby is showing any signs of being tired as well. The team agrees that the baby’s heart rate is strong, normal, and at this time there is no concern.

The team then moves to Jordan’s labor progress. Jordan has been pushing for 2.5 hours and has made slow progress (Jordan hasn’t been pushing for 3 hours, which could indicate the necessity for an assisted delivery). Jordan wants to keep pushing but try different positions, so there is no maternal indication for an operative delivery.



They all agree that Jordan will try to push in different positions, guided by the labor nurse, and that the team will huddle again in 30 minutes. The midwife updates the **Shared Delivery and Planning Board (“Shared Planning Board”)** to reflect this plan.

Labor and Delivery Planning Board	
<p>TEAM</p> <p>Jordan (patient) Amanda (L&D nurse)</p> <p>Sam (partner) Dr. Woodbury (OB)</p> <p>Jocie (midwife)</p>	<p>PLAN</p> <p>Mom: try different positions</p> <p>Baby: continued review</p> <p>Labor Progress: support mom’s efforts</p>
<p>PREFERENCES</p> <ul style="list-style-type: none"> - Keep pushing - Movement: try different positions 	<p>NEXT ASSESSMENT</p> <p>Huddle after 30 minutes of pushing</p>
<p>EARLY LABOR ACTIVE LABOR PUSHING →</p>	

After 30 minutes of pushing, the baby is still at +2 station and Jordan is exhausted after pushing for 3 hours. Jocelyn leads a huddle, referring back to the **Assisted Delivery Discussion Guide**. “I recommend we ask the obstetrician, Dr. Woodbury, to come evaluate Jordan,” Jocelyn explains. “Because you have been pushing for 3 hours without progress, there may be a progress indication for assisted delivery, but we want your full team’s input before making a decision.”

While waiting for the obstetrician, Jordan and Sam ask questions and share their preferences for delivery as Jocelyn once again updates the **Shared Planning Board**. The obstetrician enters the room and huddles with the team. “I initially wanted a natural vaginal birth,” explains Jordan. “But I do feel very tired and my primary concern is my baby’s health.” Echoing Jocelyn’s assessment, Dr. Woodbury says, “Because you have now been pushing for more than 3 hours with no progress and you are feeling very tired, I recommend we proceed with a vacuum assisted delivery. How would you feel about that?” The whole team agrees with that recommendation and they proceed with a vacuum delivery. Two contractions later, Jordan delivers vaginally and the baby is placed on her chest.