

Section: Division of Nursing

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PROCEDURE

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NEWBORN SERVICES

(Scope)

TITLE: VACUUM EXTRACTION

PURPOSE: To outline procedure for use of vacuum extractor.

SUPPORTIVE DATA:

The following conditions should be met:
Term infant, no demonstrable cephalopelvic disproportion, full dilation of cervix, membranes ruptured, engaged vertex presentation.

EQUIPMENT:

1. Vacuum Pump
2. Disposable vacuum kit (provider to determine size of cup 60 mm vs 65mm) or Kiwi Vacuum Extractor

CONTENT:

PURPOSE

1. Ensure patient has empty bladder.
2. Ensure continuous fetal monitoring.
3. Open sterile kit onto delivery table.
4. Provider will hand off end of sterile tubing to nurse, who will connect tubing to pump.
5. Check all connections to ensure system is tight.
6. Provider will place cup on infant occiput and pass finger around edge of cup to ensure no maternal tissue has been inadvertently drawn under cup rim.
7. At provider's instruction, as contraction begins, rapidly raise vacuum pressure to 38 – 58 hg ***58 cm Hg is the maximum recommended vacuum force. Always pull in synchronization with contractions.**
8. When contraction subsides, reduce pressure to about 10 cm Hg and await next contraction.
9. Repeat steps 7 & 8 until delivery of head is complete.

KEY POINTS

WARNING: Do not continue use after 30 minutes or 15 contractions (whichever occurs first) or after 10 accrued minutes at maximum allowable vacuum force.

NOTE: If the pull is misdirected or too forceful, the adhesion to fetal head will be broken. This acts as a safety factor. Should this occur, provider to reapply the cup, if within the accrued time limit.

WARNING: Do not reapply cup it has disengaged (pop-off) 3 times. Situation should be re-evaluated.

Note: The Kiwi is individually wrapped for single use entirely by provider. Follow steps 1,2,3 only.

DOCUMENTATION: Note use of vacuum in QS system.

FOLLOW UP: Wipe down pump with germicide