**Helping Mothers Survive**



**Vacuum-Assisted Birth**

**Knowledge Assessment**

**Multiple choice: Circle *one* correct answer.**

1. Which of the following is ***TRUE*** about vacuum-assisted births (VABs)?
2. It is good practice to use a vacuum if the woman appears tired, but labor is otherwise progressing well.
3. It is good practice to use a vacuum when a nulliparous woman has been pushing for an hour without the baby being born.
4. **It is good practice to use a vacuum if the woman has a cardiac condition and needs to avoid pushing.**
5. It is good practice to immediately perform a vacuum-assisted birth if prolonged second stage is suspected.
6. One criterion for performing a vacuum-assisted birth is:
7. Fetal head at least at -2 station or not more than 3/5 above the symphysis pubis.
8. **A fully dilated cervix.**
9. Less than 3 contractions in 10 minutes, each lasting less than 40 seconds.
10. Gestational age between 24-34 weeks.
11. A 32-year-old gravida 2 para 1 at 40 6/7 weeks' estimated gestational age has been fully dilated for four hours, and has now been pushing for two hours. She is physically and emotionally exhausted. Which of the following is a criterion for performing a vacuum-assisted birth?
12. Breech presentation with a flexed head
13. Epidural anesthesia
14. **Lack of suspicion of obstruction / cephalopelvic disproportion**
15. Absence of meconium stained fluid at amniotic membrane rupture
16. To reduce the risk of intracranial hemorrhage in the newborn during a vacuum-assisted birth:
17. Only perform vacuum-assisted birth if you are sure that the estimated fetal weight is not more than 4000g
18. Keep vacuum pressure to less than 500 mmHg (0.68 kg/cm2)
19. **Only perform vacuum-assisted birth if you are sure that gestational age is at least 34 weeks**
20. Only perform vacuum-assisted birth if you are sure that the position is OA.
21. To provide informed consent for a vacuum-assisted birth, a woman in labor should be:
22. **Alert and able to communicate.**
23. Literate.
24. Mobile.
25. Educated to at least the 8th grade level.
26. For which position will you use a soft cup?
27. OT
28. OP
29. LMP
30. **OA**
31. Where is the flexion point on the fetal head?
32. **The flexion point is 3 cm anterior to the posterior fontanel**
33. The flexion point is 3 cm posterior to the anterior fontanel
34. The flexion point is 1 cm anterior to the posterior fontanel
35. The flexion point is 1 cm posterior to the anterior fontanel
36. Why is the flexion point important for vacuum-assisted birth?
37. If the cup is correctly placed on the flexion point, there will be fewer pop-offs.
38. **If the cup is correctly placed on the flexion point, it helps the fetal head stay in the smallest diameter to fit through the pelvis.**
39. If the cup is correctly placed on the flexion point, there will be less genital trauma to the woman.
40. Which of the following could be the cause of asynclitism or deflexion during the vacuum procedure:
41. Pushing in any position other than lithotomy.
42. Pushing while the provider is applying traction.
43. **Incorrect placement of the cup to the side of the sagittal suture or closer to the anterior fontanel.**
44. Applying too much vacuum pressure (e.g. >600 mmHg (0.8 kg/cm2).
45. When will you perform an episiotomy during a vacuum-assisted birth?
46. **Only cut an episiotomy if there is an indication such as fetal distress or if perineum interferes with the axis of traction.**
47. Only cut episiotomy if the baby is not born after 20 minutes of applying traction.
48. Routinely cut an episiotomy just prior to inserting the cup.
49. Routinely cut an episiotomy when the baby’s jaw is visible.
50. What vacuum suction pressure will you apply during traction?
51. 0.2 kg/cm2 negative pressure.
52. 0.4 kg/cm2 negative pressure.
53. 0.6 kg/cm2 negative pressure.
54. **0.8 kg/cm2 negative pressure.**
55. All of the statements below are true about applying traction ***EXCEPT***:
56. The provider should not reduce vacuum pressure in between contractions.
57. **The provider should use the cup to actively rotate the baby’s head.**
58. The provider should see some descent with each pull.
59. The fetal head is usually delivered in 3-4 pulls.
60. When should you decide if vacuum should continue?
61. **After every contraction.**
62. After 10 minutes of traction.
63. After 20 minutes of traction.
64. After 30 minutes of traction.
65. Stop using the vacuum if:
66. The cup slips off the head 2 times at the proper direction of pull with maximum negative pressure
67. There is no descent of the baby’s head after 10 pulls
68. There is no delivery after 20 minutes of application
69. **There is evidence of scalp trauma**
70. All of the following are potential neonatal risks associated with a vacuum-assisted birth ***EXCEPT***:
71. Cephalohematoma
72. **Facial nerve palsy**
73. Retinal hemorrhage
74. Jaundice

**True or False**

1. Neonatal jaundice can come from injuries and bruising.
2. **True**
3. False
4. Of the three head injuries – caput succedaneum, cephalohematoma, and subgaleal hemorrhage – only cephalohematoma is potentially life threatening.
5. True
6. **False**
7. A “hands off” (or "hands-poised") method, in which the provider never touches the perineum but keeps the hands poised, is recommended to reduce genital trauma during birth of the head.
8. True
9. **False**
10. To safely conduct a VAB, women should be in supine lithotomy position to give birth.
11. True
12. **False**
13. To facilitate birth of the head, ask the woman to give big pushes with contractions as the baby’s head is born.
14. True
15. **False**