OBSTETRICS & GYNECOLOGY
Clinical Expert Series

Operative Vaginal Delivery

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1. Recent literature confirms that an advantage of forceps delivery compared to vacuum extraction is:

   A. Lower cost
   B. Lower maternal complication rate
   C. Lower failure rate
   D. Higher maternal satisfaction
   E. Higher reimbursement rates

2. The following prerequisite for operative vaginal delivery should be confirmed by the most experienced person at the delivery:

   A. Complete cervical dilation
   B. Adequacy of anesthesia
   C. Patient positioning
   D. Fetal position and station
   E. Need for episiotomy

3. A patient undergoes a forceps delivery of her fetus when the fetal scalp is at the introitus without separating the labia and the fetal skull is on the maternal pelvic floor. The fetus is initially just anterior to the left occiput transverse position and is rotated instrumentally to directly occiput anterior for delivery. This forceps delivery should be classified as:

   A. Outlet forceps
   B. Low forceps
   C. Mid forceps
   D. High forceps

4. Current estimates of the ratio of vacuum-to-forceps deliveries in the United States are:

   A. 1:4
   B. 1:2
   C. 1:1
   D. 2:1
   E. 4:1

5. Data suggest that maternal morbidity increases and the likelihood of successful vaginal delivery diminishes after a second stage of approximately:

   A. 1 hour
   B. 2 hours
   C. 3 hours
   D. 4 hours
   E. 5 hours

6. Based on a series of 1,000 consecutive vacuum-assisted deliveries, the failure-to-deliver rate for nulliparous women approximates:

   A. 1%
   B. 5%
   C. 10%
   D. 15%
   E. 20%

7. According to the author, damage to the maternal perineum during a forceps delivery is most directly attributable to the:

   A. Instrument used
   B. Operator
   C. Fetal position
   D. Patient's parity
   E. Initial fetal station

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