Objective To compare mode of delivery in fetuses with known congenital heart disease (CHD) versus the background rate in non-anomalous fetuses.

Methods We examined all cases of prenatally-diagnosed CHD over the 5-year study period, 2007–2011. Data were extracted from computerised patient records. Control data for non-anomalous fetuses were obtained from published hospital records for 2007. Categorical data were analysed using Fisher’s exact test (5% level significant).

Results We identified 242 cases of prenatally-diagnosed CHD over the study period. We excluded 25 lethal karyotypes, 7 miscarriages and 1 termination. Of the remaining 209 cases, complete labour records were available for 158 women. There were 146 live births (92%) and 12 antepartum stillbirths at ≥24 weeks (8%). Of the live-born infants with CHD, the perinatal mortality rate was 41 per 1,000. Extra-cardiac defects and non-lethal karyotypic abnormalities were present in 22% (n = 34) and 11% (n = 18) of the cohort respectively. Overall, 23% (34/146) underwent elective caesarean section (CS). The remaining 112 women had a trial of labour, with a 15% (n = 15) intrapartum CS rate. The rate of intrapartum CS for nulliparous women with known CHD was 18% (8/45), which was not different to the rate in nulliparous controls in 2007 (13%, 45/332; p = 0.27). The equivalent rate in multiparous women was 10% (7/67) in CHD versus 2.4% (8/3892) in controls without previous CS (p = 0.0015).

Conclusions The rate of intrapartum CS in fetuses with known CHD is not different to the background rate in nulliparous women but is increased in multiparas.

Introduction Operative vaginal delivery is one of the first operative procedures a trainee obstetrician performs independently. Competence is developed through work place experience and procedures a trainee obstetrician performs independently. Competence is able to differentiate between an expert and a novice. We believe a formative feedback tool for vacuum extractor delivery has construct validity and reliability.

Methods Newborns were recruited into the study. Newborns were divided into Experts (ST6 and above) and Novices (ST1 and ST2). A formative feedback tool was used to score the mode of delivery. The formative feedback tool was scored by a senior obstetrician using the formative assessment tool to score the mode of delivery for experts was 4.8 and for novices was 3.3. The above findings show that the formative assessment tool is valid and reliable.

RESULTS The mean score for the experts was 48.4 (80.6%) compared to the mean score for novices of 34.6 (57.7%). The students’ T test result was significant at 5.01 with p value of <0.001 and 95% confidence intervals of 8.6 to 19.1. The average median score for experts was 4.8 and for novices was 3.3.

Discussion The above findings show that the formative assessment tool for vacuum extractor delivery has construct validity and is able to differentiate between an expert and a novice. We believe that the detailed feedback using this assessment tool will facilitate greater understanding of the skills required to develop expertise in vacuum extractor delivery.