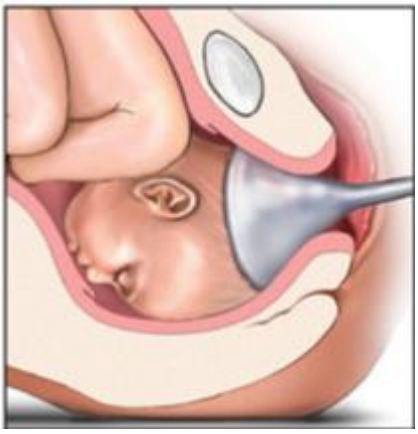
Patient Information

Assisted Vaginal Delivery

What is an Assisted Vaginal Birth?

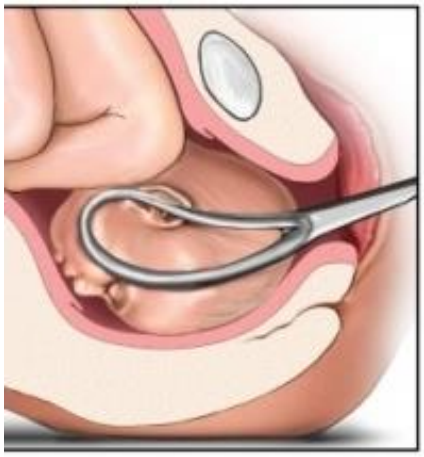
An assisted vaginal birth is where a doctor uses specially designed instruments to help deliver the baby during the last part of labour.

What is a Ventouse birth?



A vacuum extractor (Ventouse) is an instrument that uses suction to attach a soft or hard plastic or metal cup on to your baby's head. The obstetrician or midwife will wait until you are having a contraction and then ask you to push while he/she gently pulls to help deliver your baby. More than one pull is often required.

What is a Forceps birth?



Forceps are smooth metal instruments that look like large spoons or tongs. They are curved to fit around your baby's head. The forceps are carefully positioned around your baby's head. The obstetrician will wait until you are having a contraction and then ask you to push while he/she gently pulls to help deliver your baby. More than one pull is often required.

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Why might I need help with the birth of my baby?

There are several reasons. The main ones are:

- your baby is not moving out of the birth canal as would normally be expected.
- there are concerns about your baby's wellbeing during birth
- you are unable to, or have been advised not to, push during birth.

The purpose of an assisted vaginal birth is to mimic a normal (spontaneous) birth with minimum risk to you and your baby. To do this, an obstetrician uses instruments (ventouse or forceps) to help your baby to be born.

How common is an assisted vaginal birth?

Overall about 1 in 8 (12%) of births in the UK will be an assisted vaginal birth, although an assisted vaginal birth is much less common in women who have had a vaginal birth before.

Can I avoid an assisted vaginal birth?

Women who have continuous support during labour are less likely to need an assisted vaginal birth, particularly if the support comes from someone you know as well as a midwife.

You should have someone you know and trust with you during labour if you can.

Using upright positions or lying on your side as well as avoiding epidural pain relief can also reduce the need for an assisted birth.

If this is your first baby and you have an epidural, the need for an assisted birth can be reduced by waiting until you have a strong urge to push or by delaying when you start pushing. The length of time that you delay pushing will depend on your individual situation and your wishes, but is usually 1–2 hours after the neck of your womb (cervix) is fully open. Your midwife will guide you at the time. Starting a hormone drip may also reduce the need for an assisted vaginal birth.

Will I be asked for consent?

Forceps and Ventouse will only be used to deliver your baby if they are thought to be the safest method of delivery for you and your baby and you give consent. The reasons for having an assisted birth, the choice of instrument and the procedure of assisted birth should be explained to you by your obstetrician or midwife.

The risks to you and your baby of an assisted birth will be discussed with you. Your verbal consent will be obtained before delivering your baby. If your delivery is carried out in the operating theatre, your written consent will be obtained.

You may choose not to consent for an assisted birth and providing the risks and potential complications of delaying the birth of your baby are explained to you by your obstetrician and midwife this is your choice.

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What happens during a Forceps or Ventouse assisted birth?

Before your baby is delivered with Forceps or Ventouse, your obstetrician or midwife will examine your tummy and perform an internal examination to confirm that an assisted delivery is appropriate for you. Your bladder will be emptied by passing a small tube (catheter) into it.

Pain relief for the delivery may be either a local anaesthetic injection inside the vagina (pudendal block) or a regional anaesthetic injection given into the space around the nerves in your back (an epidural or a spinal). If your baby's head is lying in a way that will need turning, you are likely to be advised to have an epidural or spinal for pain relief during the birth.

You may need to have a cut (episiotomy) to enlarge the vaginal opening and allow the baby to be born, although this is not always the case, particularly if you've had a baby before. If you do not have an epidural, the entrance to the vagina will be numbed with local anaesthetic.

Ventouse or forceps delivery – which one?

Ventouse and Forceps are both safe and effective. There are many different types of Ventouse and Forceps, some of which are specifically designed to turn the baby round, for example if your baby has its back to your back in the late stage of labour. Forceps are more successful in delivering the baby, but a Ventouse is less likely to cause vaginal tearing. Your obstetrician will choose the type of instrument most suitable for you, your baby and your situation.

If your baby is not born with the help of a Ventouse, occasionally your obstetrician may then decide to change to the use of forceps.

The Ventouse is not suitable if you are at less than 34 weeks of pregnancy and can be used between 34-36 weeks but with caution, because the baby's head is softer.

What will an assisted birth mean for my baby?

The suction cup used for a Ventouse delivery often causes a mark on a baby's head. Swelling, or oedema, of an infant's scalp that appears as a lump or bump on their head shortly after delivery is called a Caput succedaneum; this usually disappears within 24–48 hours. The suction cup may also commonly cause a bruise on a baby's head called a cephalohaematoma. This occurs in between 1 and 12 in 100 babies who are born by the Ventouse and disappears with time; it rarely causes any problems with babies except for a slight increase in yellowish skin and eyes(jaundice) in the first few days.

Forceps marks on the baby's face are very common and usually small, and usually disappear within 24–48 hours. Small cuts on the baby's face or scalp are also common (occurring in 1 in 10 assisted births) and heal quickly without any treatment required.

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What happens after my baby is born?

A doctor or nurse who specialises in the care of newborn babies may be there when you have your baby, particularly if there have been concerns about his or her wellbeing or if your delivery is carried out in an operating theatre.

What makes a Ventouse/Forceps less likely to be successful?

Assisted vaginal birth is less likely to be successful if:

- you are overweight with a body mass index (BMI) over 30
- your baby is large
- your baby is lying with its back to your back (OP position)
- your baby's head is not low down in the birth canal.

Depending on your individual circumstances or if your obstetrician is not sure whether your baby can be safely born vaginally, you may be moved to the operating theatre if necessary for you to have a caesarean section. An obstetrician will recommend the method that is most appropriate for your situation.

What will an assisted vaginal birth mean for me?

Bleeding

It is normal to have bleeding after the birth of a baby. Immediately after an assisted vaginal birth, heavier bleeding is more common. The bleeding in the days afterwards should be similar to a normal birth.

Vaginal tears/episiotomy

If you have a vaginal tear or episiotomy, this will be repaired with dissolvable stitches.

A third- or fourth-degree tear (a vaginal tear which involves the muscle and/or the wall of the anus or rectum) affects 1 in 100 women who have a normal vaginal birth. It is more common following a Ventouse delivery, affecting up to 4 in 100 women (4%). It is also more common following a forceps delivery, affecting between 8 and 12 women in every 100 (8–12%).

Significant vaginal tears occur in 1:10 women who have a Ventouse delivery and 1:5 women who have a Forceps delivery.

After any birth, including an assisted vaginal birth, you may feel a little bruised and sore. The stitches and swelling may make it painful when you go to the toilet. It is important to keep your stitches as clean as possible and if you have any concerns about your stitches you should speak to your midwife or GP.

Pain relief

Most women experience some discomfort after they have given birth. If you suffer from discomfort after the birth, you should be offered regular pain relief such as Paracetamol and Ibuprofen; however if you have a known allergy to these medications other pain relief options will be considered.

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Bowel and bladder care

Problems with moving your bowels or passing urine are common immediately after birth, but the majority of women have no on-going problems. If you do suffer with these problems your midwife can advise you on how to try and resolve them.

Reducing the risk of blood clots

Being pregnant increases the risk of blood clots forming in the veins in your legs and pelvis (deep vein thrombosis). The risk goes up after an assisted birth. You can help matters by being as mobile as you can after delivery. You may be advised to wear special stockings and to have daily injections of heparin, which makes the blood less likely to clot.

Sexual Intercourse

You can begin to have sex again when you and your partner both feel that it's the right time for you; it is however recommended that you wear condoms for the first 6 weeks to reduce the risk of infection.

Will I be able to discuss the birth before I leave hospital (Debrief)

Yes. Before your discharge from hospital, you should be able to discuss, ideally with the obstetrician or midwife present at your baby's birth, why you needed an assisted birth and will you require this type of delivery next time. Even if your assisted vaginal birth was performed in theatre, you have an 80 out of 100 (80%) chance of having a spontaneous birth next time.
If you would like to discuss your delivery further please contact the Birth Matters team on 01793 605133.

Reference

Reference: An Assisted Vaginal Birth, Information for you, RCOG; (2012).
Operative Vaginal Delivery,, Consent Advice No 11, RCOG; (2011).

This information sheet is available to order in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email gwh.pals@nhs.net

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