

Fact Sheet

Assisted birth (Forceps or Ventouse birth).

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Safely delivering a baby does not always occur exactly how 'nature intended'. While many women will have a natural vaginal birth and will require little or no medical assistance, 32% will birth by caesarean and another 10% (about 25% of those having their first vaginal birth and 2% having a second or later vaginal birth) will need help to deliver their baby vaginally.

This is called assisted vaginal birth or instrumental vaginal birth.

There are two types of instrumental vaginal births

- Forceps birth - metal forceps are placed around the baby's head to help guide it out.
- Ventouse (also called Vacuum) birth - a suction cup is placed on the baby's head to help guide it out.

Both the forceps and the ventouse have been specially designed for assisting the birth of babies and have been safely used in millions of births over many decades (centuries in the case of forceps).

If an assisted birth is recommended, your doctor and midwife will explain the situation to you and your partner so you can understand what is happening.



Why would I need an assisted vaginal birth?

There are a number of reasons why you might need a ventouse or forceps birth. The most common reasons are:

- there may be some concern that your baby is getting distressed during the birth, so we would like to deliver her/him sooner.
- you may not be able to push the baby out without help because you are exhausted
- you may have a health problem which prevents you from pushing, like very high blood pressure or heart problems.

Whenever doctors and midwives advise you to have an assisted birth, they will have balanced the risks for you and your baby from this type of birth against waiting for a normal birth or choosing a caesarean. They will only advise assisted vaginal birth if they believe this to be the safest way to deliver your baby.

Women often ask, '*why not just do a caesarean?*'

If the baby is still quite high in your pelvis, a caesarean may be the safest choice. However, if the baby is low in the pelvis, an assisted vaginal birth is usually safer for both the baby and you.

Your obstetrician will advise the type of instrumental birth – a forceps or ventouse - that they she/he believes is best in your particular situation. This can depend on factors like:

- the reason for the instrumental birth
- the position of the baby's head
- how quickly the baby needs to be delivered
- how far along the pregnancy is - ventouse is not used when your baby is premature (less than 36 weeks into your pregnancy).

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Is there anything I can do to lower the chance that I may need an assisted birth?

Mostly, the reasons for an assisted birth are out of your control. However, the following may reduce the chance in some cases:

- staying fit and slim during pregnancy by keeping your weight gain in the normal range and exercising every day
- staying in an upright position (sitting up or walking around) during labour or lying on your side
- having someone you know and trust well give you support you during your labour
- not having an epidural during labour - the modern epidurals don't increase the chance as much as the older style ones did in the past but there is still a small increase in the need for assistance if you have an epidural.

Will I feel pain during an assisted birth?

You will be given pain relief (analgesia) to decrease discomfort during your birth. The following types of pain relief can be used:

- **Epidural block** - you may have an epidural inserted or, if you have one already, then it will be topped up (extra anaesthetic used) [see *fact sheet on Epidural analgesia*]
- **Pudendal block** – local anaesthetic is injected around the nerves of the vagina.

Your doctor and midwife will advise the pain relief they believe will work best in your particular case.

What will happen during the birth?

Your doctor and midwife will examine you to check the position of the baby. Your legs will be placed in stirrups and clean drapes (sheets) will be put on your legs and tummy. A small tube (catheter) will be used to empty your bladder before the birth.

The forceps or ventouse will be applied to the baby's head and you will be asked to push with the contractions to help the baby out.

Usually two or three pulls on the forceps are needed, sometimes a few more with the ventouse because it uses a different technique. In addition, the obstetrician often slows the birth down towards the end as the head comes over the vaginal muscles to try and reduce the number of stitches you might need.



As long as good progress is being made, the instrumental procedure continues to the birth of the baby. If the obstetrician feels that there is a chance the instrumental birth may not work and you may need a caesarean section to deliver your baby, she/he will recommend doing the procedure in the operating theatre rather than the birth unit.

During the birth, there will be several people in the room including an extra midwife and a paediatrician (doctor for the baby) who will check your baby before she or he is handed to you. This is quite normal and should not worry you.

After the birth, a catheter will usually be placed in your bladder for about 1 day. This allows the bladder to return to normal function quickly without becoming over-full.

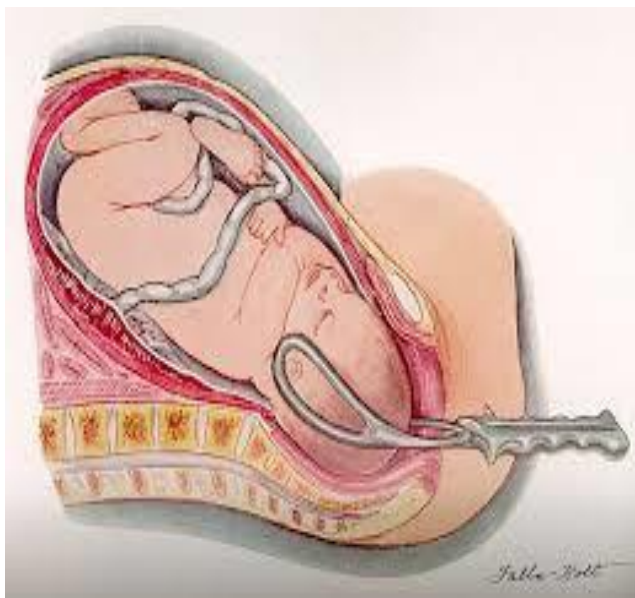
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Will I need an episiotomy (cut) to help the baby out?

The doctor assisting the birth will decide whether you need an episiotomy.

The baby's head is much larger than the vaginal opening. Therefore, during an assisted birth, and especially if this is your first vaginal birth, it is usual to place an episiotomy carefully out to the side of the vaginal tissues. The reason for this is to protect the anal sphincter muscle. Injury to the sphincter is called a 3rd or 4th degree tear and is discussed below.

You will be given pain relief before a cut is made and the cut will be repaired (stitched) with sutures (stitches) which dissolve over time.



Benefits of instrumental vaginal birth

A successful instrumental vaginal birth often rescues the baby from fetal distress and the mother from exhaustion. Unlike the case if a caesarean is done, an instrumental vaginal birth also means the woman is very likely to have successful vaginal births in the future rather than repeat caesarean births.

Are there any risks with an assisted vaginal birth?

Assisted vaginal birth is considered safe for you and your baby. However, no birth - normal vaginal, assisted vaginal or caesarean birth - is completely without risk. In every type of birth there is a small chance of harm to the baby (lack of oxygen or injury to head/neck/limbs) or the mother (injury to tissues, heavy bleeding).

On the other hand, as we all know, the vast majority of births occur without any serious problem.

Instrumental birth is chosen when it is the best option in the circumstances – when normal birth is close but is taking too long (mother exhausted or baby becoming distressed) and caesarean is not a good choice because the baby is low down in the pelvis.

Risks to the baby from forceps birth

- Temporary forceps marks on the baby's head or face occur in most cases and usually disappear within 24 hours; they do not cause scarring.
- Occasionally the forceps may cause a cut or bruise. These are usually superficial and do not need to be stitched; they will heal over a few days and should not cause scarring
- Extremely rarely the forceps can press on or damage a nerve on the baby's face. This usually recovers within a few days; it is extremely unlikely to cause long term problems.

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Risks to the baby from ventouse birth

- All babies delivered by ventouse will have some mild skin swelling on their head where the suction cup was applied. This is normal and harmless (it is called a chignon) and it disappears within 24 hours. It also occurs in normal birth but is more obvious after ventouse
- Occasionally the suction cup can cause minor cuts or bruises on the baby's scalp. These do not need to be stitched and will heal over a few days. They should not cause scarring.

Risks to the baby from both forceps and ventouse birth

- Mild swelling and bruising involving part of the skull bone (periosteum) can sometimes occur; it is called a cephalhaematoma. It may take some time to settle but does not cause any serious problems. It can also occur in normal birth but is more common with instrumental birth.
- Rarely, bleeding can occur under the baby's scalp after a vaginal birth because blood vessels under the skin have been torn. This is outside the skullbone and well away from the baby's brain. It is called a subgaleal haemorrhage (SGH). An SGH is more common with a ventouse than a forceps birth but can even happen with a normal vaginal birth. Most are small and cause no problems. Rarely, if an SGH is large, the baby may need a blood transfusion. Even a large SGH is very unlikely to cause any long term problems for your baby.

Are there any risks for the mother?

Sometimes, the muscle that circles around the anus (called the anal sphincter) is injured during vaginal birth. This is called a 3rd or 4th degree tear.

It occurs in about 3% of normal births and 5 – 10% of instrumental births. The anal sphincter is very important because it controls the passing of wind from your back passage.

A vaginal tear in the midline poses the biggest risk to the anal sphincter. Therefore, an episiotomy is often carefully placed out to the side to try and protect the sphincter as much as possible.

If an anal sphincter injury occurs:

- it will be carefully repaired with dissolving sutures
- you will be referred for pelvic floor physiotherapy to help strengthen your muscles again
- a close eye will be kept on you after your birth and also at your post-natal (6 week) check-up to make sure your bladder and bowel are working normally
- you will also have a check-up ultrasound a few months after the baby to make sure the anal sphincter has healed well (which it usually does).

For more information see *fact sheet on management of third/fourth degree tears*

After an assisted vaginal birth you are also more at risk of developing a clot (blockage) in your leg veins (deep vein thrombosis, DVT) so it's a good idea to move around soon after your birth and drink a lot of water. Some women may be given medicine to prevent clots.

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Will I have pain after my instrumental vaginal birth?

All women who have delivered a baby will experience some pain afterwards.

There is usually more pain if you have had an episiotomy or a tear. However, the pain is usually less than with a caesarean section. You will be given pain relief while you are on the ward as needed.



Understanding your birth

Talk to your midwife or doctor about your birth. Some women feel anxious and depressed after the birth of their baby. This can happen with any type of birth and it is important to discuss your feelings, ask questions and seek help if you need it.

And remember, if you have had an instrumental birth this time, you will usually have a normal birth next time.

Attributes

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Forceps picture-Att: An atlas of obstetric complications. By Frederick Howard Falls and Charlotte Sinclair Holt. 1961. Philadelphia: J. B. Lippincott Co. (London: Pitman Medical Publishing Co. Ltd.)

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