An assisted birth (operative vaginal delivery): information for you

Royal College of Obstetricians and Gynaecologists

Setting standards to improve women's health

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Why is an assisted vaginal birth used?

An assisted vaginal birth is to help deliver the baby during the last part of labour when the cervix is fully dilated.

There are many reasons for needing an assisted birth. The main ones are because:

- the baby is not moving out of the birth canal
- the baby is in distress during the birth
- you are unable to, or have been advised not to, push during birth.

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

How common is an assisted birth?

About one in eight (12%) of pregnant women in the UK will need an assisted birth.

What happens?

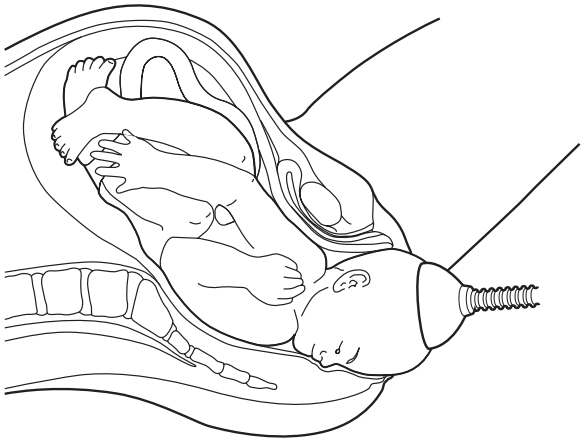
Before an assisted birth, your obstetrician will check to make sure that the baby can be safely delivered vaginally. This involves feeling your abdomen and performing an internal examination.

You should be given pain relief during an assisted birth. This will either be as 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). Your bladder needs to be empty for an assisted birth and your obstetrician may pass a small tube (catheter) into your bladder to empty it.

If your obstetrician is not sure that the baby can be born vaginally, your delivery may be carried out in theatre so that a caesarean section can quickly be undertaken if needed. A caesarean section is a surgical operation where a cut is made in your abdomen and the baby is delivered through that cut.

What is a ventouse delivery?

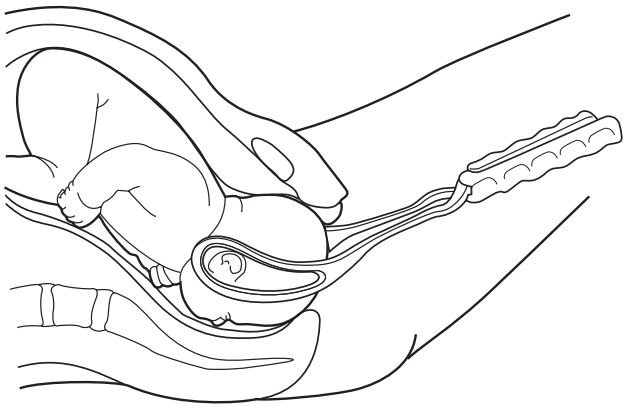
A ventouse (vacuum extractor) is an instrument that uses suction to attach a soft or hard plastic or metal cup on to the baby's head. The cup is attached by tubing to a suction device. The machine is switched on and the suction cup becomes firmly applied to the baby's head by the vacuum.
With a contraction and a woman's pushing, the obstetrician or midwife gently pulls to help deliver the baby.



A ventouse delivery

What is a forceps delivery?

Forceps are smooth metal instruments that look like large spoons or tongs. They are curved to fit around the baby's head. The forceps are carefully positioned around the baby's head and joined together at the handles. With a contraction and a woman's pushing, an obstetrician gently pulls to help deliver the baby.
There are many different types of forceps. Some forceps are specifically designed to turn the baby round, for example, if the baby has its back to your back. Your obstetrician will choose the type of forceps to best suit your situation.



A forceps delivery

Ventouse or forceps delivery – which one?

Ventouse or forceps are both safe and effective when used by an experienced obstetrician.

Your obstetrician will choose the type of delivery most suitable for you, the baby and your situation.

A ventouse is less likely to cause vaginal tearing. However, it is not suitable if the baby is less than 34 weeks because the baby's head is softer.

Ventouse and forceps are both safe and effective, when used appropriately. Forceps are more successful in delivering the baby.

If a ventouse is used and the suction cup has come off, or if delivery has not been successful after a few pulls, an obstetrician may then decide to deliver the baby by forceps or caesarean section.

What happens when the baby is born?

Discuss with your obstetrician if you would like your baby delivered on to your tummy and if you would like your partner to cut the cord.

As the baby is being born, a cut (episiotomy) may be needed to enlarge the vaginal opening. If you have a vaginal tear or cut, this will be repaired with stitches.

A paediatrician may attend the birth to check the baby to see if there are any concerns about the baby's wellbeing.

The suction cup (ventouse) can leave a mark on the baby's head called a chignon. The suction cup may also cause a bruise on the baby's head called a cephalohaematoma. Both will disappear with time.

Forceps can leave small marks on the baby's face. These will disappear.

A small tube (catheter) from your bladder may be needed for up to 24 hours after you have given birth while you are recovering. Women who have had an epidural are most likely to need a catheter after delivery.

You may need antibiotics afterwards. You may also be prescribed a course of treatment to prevent blood clots (thrombosis).

Will I need an assisted birth next time?

If you need an assisted birth in your first pregnancy, it is unlikely that you will need one in your next pregnancy. Most women have a normal birth next time.

How will I feel after I leave hospital?

After a normal or an assisted birth, you may feel a little bruised and sore. The stitches and swelling may make it painful when you go to the toilet. Any stitches will heal within a few weeks. Pain relief will help.

A few women may be traumatised by their experience of birth. Speak with your obstetrician or midwife, if you feel worried about this.

Sources and acknowledgements

This information is based on the Royal College of Obstetricians and Gynaecologists (RCOG) guideline Operative Vaginal Delivery (published in October 2005). This information will also be reviewed and updated, if necessary, once the guideline has been reviewed. The guideline contains a full list of the sources of evidence we have used. You can find it online at:
www.rcog.org.uk/resources/Public/pdf/operative_vaginal_delivery.pdf

Clinical guidelines are intended to improve care for patients. They are drawn up by teams of medical professionals and consumers' representatives, who look at the best research evidence there is about care for a particular condition or treatment. The guidelines make recommendations based on this evidence.

This information has been developed by the Patient Information Subgroup of the RCOG Guidelines and Audit Committee, with input from the Consumers' Forum and the authors of the clinical guideline. It was reviewed by women attending clinics in Surrey and Norfolk before it was published. The final version is the responsibility of the Guidelines and Audit Committee of the RCOG.

A final note

The Royal College of Obstetricians and Gynaecologists produces patient information for the public. This is based on guidelines which present recognised methods and techniques of clinical practice, based on published evidence. The ultimate judgement regarding a particular clinical procedure or treatment plan must be made by the obstetrician or specialist midwife or other attendant in the light of the clinical data presented and the diagnostic and treatment options available.