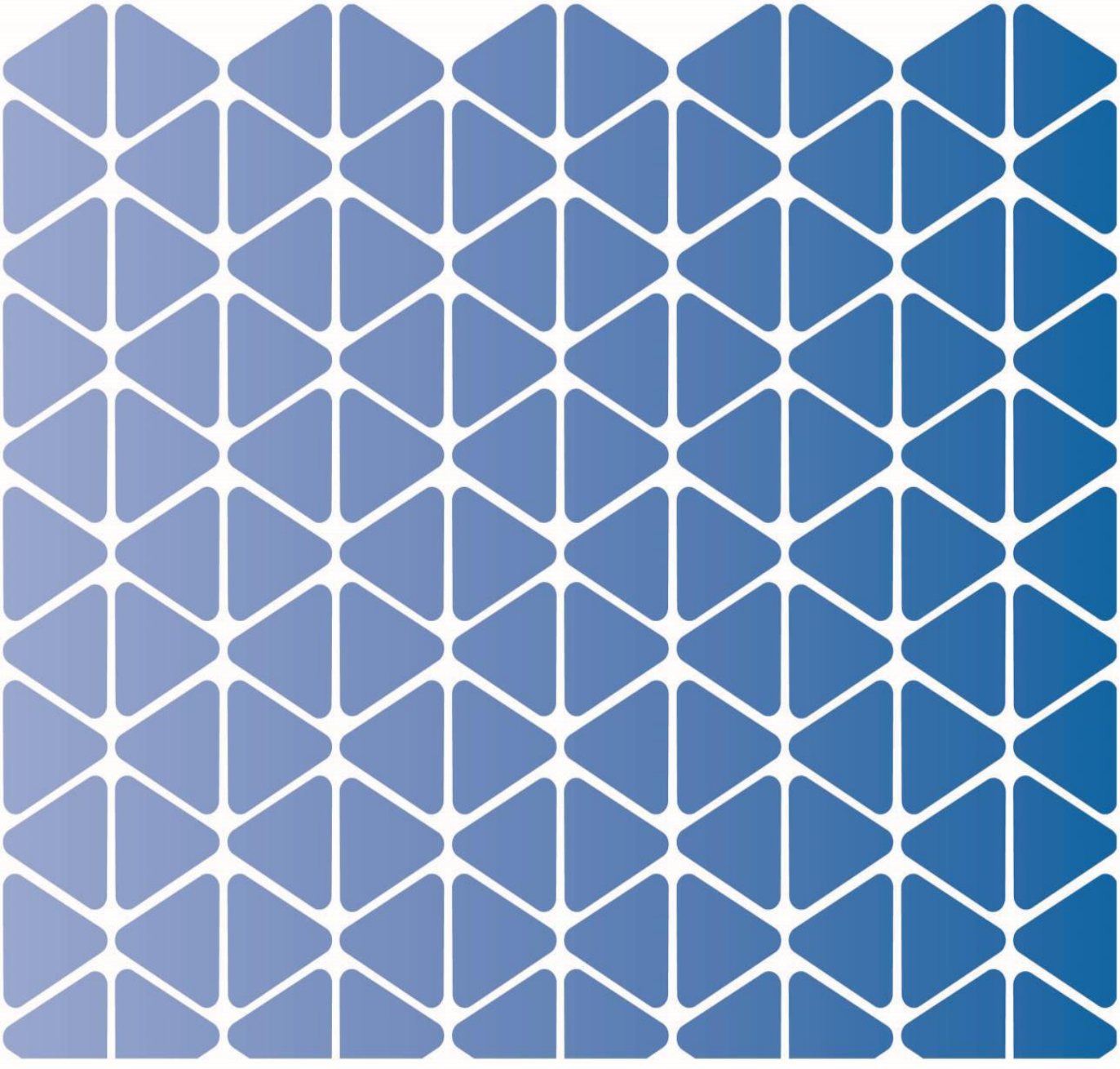
NHS
Worcestershire Acute Hospitals NHS Trust

PATIENT INFORMATION

ASSISTED VAGINAL BIRTH



An assisted vaginal birth (also known as an instrumental delivery) is when a forceps or ventouse suction cup are used to help deliver your baby. Ventouse and forceps are safe and only used when necessary for you and your baby.

It is helpful to read this information when you are pregnant to so that you are more prepared if midwives or doctors recommend the use if ventouse or forceps during your labour. The midwives and doctors at Worcester will always support you in making the right decisions for you and your baby during your labour and birth and answer any questions you may have.

Why Might you Need help During Birth?

An assisted delivery is used in about 1 in 8 births, and may be needed if:

- Your baby is getting tired and there are concerns that they may be in distress, or baby is an awkward position.
- Your labour isn't progressing as expected.
- You have been advised not to push for medical reasons (such as heart disease).

Your obstetrician or midwife should discuss with you the reasons for recommending an assisted birth, the choice of instrument and how it will be carried out.

How Common Is Assisted Vaginal Birth?

About 1 in 8 births in the UK (10-15%) involve assistance, such as using forceps or a vacuum (ventouse). This is more common for your first baby, with around 1 in 3 needing some assistance. If you've had a vaginal birth before, the chances are lower. If you have someone supporting you throughout your labour, you are less likely to need an assisted vaginal birth, particularly if the support comes from someone you know, in addition to your healthcare professional.

Assisted vaginal births are less likely if you do not have any complications in your pregnancy and plan to have your baby in a midwife-led unit. Using upright positions or lying on your side after your cervix is fully open in labour can reduce the need for an assisted vaginal birth. Having an epidural for pain relief in labour may increase the chance of you needing an assisted vaginal birth, but this is less likely with modern epidural anaesthetics.

The need for an assisted vaginal birth may be reduced by not starting to push too soon after your cervix is fully open. You may be advised to wait until you have a strong urge to push, or to try and delay pushing by 1-2 hours depending on your individual situation.

What is a Ventouse (Vacuum cup)

A ventouse is a suction device with a cup that attaches to your baby's head. Your midwife or doctor will wait until you are having a contraction and then gently pull while you push to help guide your baby out. This may happen over several contractions. Sometimes, the suction cup can come off and make a pop sound. If this happens it might need to be reattached.

What is Forceps?

Forceps are smooth, curved metal tools that fit around your baby's head. Your midwife or doctor will use them to help guide your baby out while you push during contractions.

What Happens During an Assisted Birth?

A midwife will be there to support you throughout your labour. If they think you may benefit from an assisted birth, the doctor will check if assisted birth is safe for you and your baby and discuss the options with you.

You'll usually be in a sitting position with leg support, and your bladder will be emptied with a small tube (catheter). Pain relief options will be discussed, including a local anaesthesia in the vagina or a regional block like an epidural or spinal (Link). You might need a small cut (episiotomy) to help your baby come out.

A baby doctor will be there to check on your baby after birth. If your baby is healthy, you can choose immediate skin-to-skin contact.

You will be offered a dose of antibiotics through a drip in your hand to reduce the risk of infection after the birth.

Can I choose which between ventouse and forceps?

Both are safe and effective. The choice depends on several factors, such as how well your epidural is working (if you have one), the wellbeing of your baby, and their head position.

If your baby is born before 34 weeks, then forceps might be preferred as they are gentler on a baby's softer skull.

Your doctor will recommend the best option for your situation, but you can always ask questions and discuss your concerns.

If the first method doesn't work, they may try the other or recommend an emergency caesarean section.

Risks

Ventouse and forceps are safe ways to deliver a baby, but there are some risks that should be discussed with you.

Vaginal tearing or episiotomy, this will be repaired with dissolvable stitches.

3rd or 4th degree vaginal tear, There's a slightly higher chance of having a vaginal tear that involves the muscle or wall of the anus or rectum, known as a 3rd- or 4th-degree tear. This kind of tear affects an estimated:

- 3 in every 100 women having a vaginal birth
- 4 in every 100 women having a ventouse delivery
- 8 to 12 in every 100 women having a forceps delivery

Higher risk of blood clots

After an assisted birth, there's a higher chance of blood clots forming in the veins in your legs or pelvis. You can help prevent this by moving around as much as you can after the birth. You may also be advised to wear special anti-clot stockings and have injections of heparin, which makes the blood less likely to clot.

Urinary incontinence

Urinary incontinence (leaking pee) is not unusual after childbirth. It's more common after a ventouse or forceps delivery. You should be offered physiotherapy to help prevent this happening, including advice on pelvic floor exercises.

Anal incontinence

Anal incontinence (involuntary passing wind or leaking poo) can happen after birth, particularly if there's been a 3rd or 4th degree tear. Because there's a higher risk of these tears happening with an assisted delivery, anal incontinence is more likely.

Are there any risks to the baby?

The risks to your baby include:

- a mark on your baby's head (chignon) being made by the ventouse cup – this usually disappears within 48 hours
- a bruise on your baby's head (cephalohaematoma) – this can happen during a ventouse assisted delivery, but the bruise is usually nothing to worry about and should disappear with time
- marks from forceps on your baby's face – these usually disappear within 48 hours
- small cuts on your baby's face or scalp – these affect 1 in 10 babies born using assisted delivery and heal quickly
- yellowing of your baby's skin and eyes – this is known as jaundice, and should pass in a few days.

You may need to stay in hospital for longer than originally expected after the birth of your baby.

What Are Your Alternatives?

Forceps and ventouse will only be recommended if they are thought to be the safest way to help you give birth. The reasons for recommending an assisted vaginal birth, the choice of instrument and the procedure will be discussed with you at the time. If you are in labour and choose not to have an assisted vaginal birth, the alternatives are to wait for your baby to be born without assistance or to have an emergency caesarean. Your healthcare professional will discuss your options depending on your individual circumstances.

A caesarean in the late stage of labour is a more complex operation than a planned caesarean and in some circumstances may increase the risk of harm to both you and your baby.

Decision making in labour can be difficult which is why it is important to explore any concerns you may have with your healthcare professional before you go into labour.

Where Will You Give Birth?

If the assisted birth is expected to be straightforward, you can stay in the same room where you've been labouring on delivery suite If it looks like it might be more complicated, you may be moved to the operating theatre so a caesarean can be done

quickly if needed. (This is just across from delivery suite). This will involve the presence of one or 2 obstetricians (doctors) and a baby doctor.

If you are in Meadow Birth Centre or at home a transfer to delivery suite would need to be arranged.

What Factors Can Make Assisted Birth Less Likely to Succeed?

Certain factors can make it harder for an assisted vaginal birth to be successful:

- A BMI over 30.
- Your baby is estimated to weigh more than 4 kg.
- Your baby's back is facing your back (posterior position).
- Your baby's head isn't low in the birth canal by the time of birth.

What Happens After an Assisted Birth?

You might stay in the hospital a little longer than planned as you will have a catheter. This will then be removed 12 hours after your birth on the postnatal ward. Pain relief will be offered to you regularly. For more information about what to expect after birth on the postnatal ward please see (Hyperlink to postnatal ward section of website)

For further information about instrumental births please follow the links below.
Assisted vaginal birth (ventouse or forceps) | RCOG
Assisted Birth: Forceps or Vacuum (Ventouse) Delivery | Tommy's
Forceps or vacuum delivery - NHS

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.