Assisted Delivery of Your Baby

Episiotomy, Forceps or Vacuum Assistance, and Cesarean Delivery
Congratulations on your pregnancy! The birth of your child is a joyous and happy occasion. You will spend many months preparing for the arrival of your newborn. Our doctors and nurse midwives will work with you toward the common goal of delivering a healthy baby.

Most often, this is a “spontaneous vaginal birth”. Other times your doctor or midwife may decide to recommend that it is in the best interest of you, your baby, or both, to deliver another way. This might be by cesarean delivery (c-section), or with the assistance of the vacuum or forceps.

Since there may be little time for discussion (because these decisions may be made quickly at the time of delivery) we are providing some information now. This way you and your partner have a chance to review it. Please discuss these procedures, and any questions you have, with your health care provider.
Episiotomy

Episiotomy is a straight cut or incision through the vaginal area to enlarge the opening and allow the baby’s head to push through the opening of the vagina. If an episiotomy is necessary, local or epidural anesthesia is used to “numb” the area beforehand. This cut is repaired (with dissolving stitches) after delivery.

An episiotomy is used:

• To prevent tearing of the vaginal tissue when the doctor or midwife believes the tear would be worse than an episiotomy
• To shorten the pushing stage of labor (second stage of labor) – for example, if the baby’s heart rate pattern is not reassuring
• Sometimes before using forceps or vacuum for delivery

An episiotomy does not cause any risks to the baby.

Risks to the mother that can occur with natural tears, but may be increased with episiotomy include:

• Greater blood loss
• Chance of further tearing or extension of the episiotomy incision – including tearing into the anus or rectal area
• Swelling and pain with tenderness lasting days after delivery
• Infection of the stitches placed to help with healing the incision
• Painful intercourse lasting several weeks longer than if no episiotomy was made
Forceps or vacuum assistance

Your baby may need extra help getting out of the birth canal. Both the vacuum and the forceps shorten the second, or pushing, stage of labor and might be used if you or the baby would benefit by the delivery occurring sooner. Local or epidural anesthesia is used for pain relief. Examples of when extra help might be needed:

• Help deliver the baby more quickly, if that appears to be in the best interest of the mother or baby
• In the event of a prolonged “pushing” stage of labor in which the baby is not moving down the birth canal and assisting with the vacuum or forceps is appropriate
• If the baby’s heart rate pattern is not reassuring
• For certain health conditions of the mother (for example, heart disease) for which pushing during labor needs to be avoided

It is estimated that either vacuum assistance or forceps are used in about 1 out of 10 deliveries. These procedures are usually safe in appropriate circumstances. However, as with every medical procedure, there is a risk of complications. You and your doctor should discuss the risks and benefits of these procedures and any alternatives.
**Forceps**

Forceps may be necessary to help the baby’s head through the birth canal. They can also be used to help turn the baby into a more favorable position. Some people might say they look like a long pair of spoons. If you do not have an epidural, the vaginal area may be numbed with an anesthetic. The forceps are then gently placed on either side of the baby’s head and used to help pull/guide the baby out while the mother continues to push. An episiotomy may be done.

Forceps have little risk of life threatening injury to the baby, but may be associated with:

- Bruising or swelling of the baby’s scalp or face where the forceps are applied
- Injury, usually temporary, to nerve groups that control the arm or facial muscles
- An increased risk of difficulty in delivering the baby’s shoulders
- On very rare occasions, bleeding into the baby’s skull or brain which can lead to injury or death

Bruising, nerve injury, difficulty delivering the shoulders, or bleeding into the brain may also occur with spontaneous vaginal or cesarean deliveries, but the risk is higher with forceps deliveries.

Risks to the mother include:

- Greater chance of tear or extension of the episiotomy into the anus or rectal area
- Bruising or cut into the vaginal wall
**Vacuum assisted delivery**

Vacuum assisted delivery involves the use of a special suction device that is placed on the baby’s head to help the baby’s head through the birth canal. This is done to help pull/guide the baby out while the mother continues to push.

Vacuum assisted delivery has little risk of life threatening injury to the baby, but may be associated with:

- Bruising of the scalp where the suction was applied
- An increase in the caput or natural molding of the baby’s scalp
- Jaundice which may be related to blood under the scalp (cephalohematoma)
- Occasionally superficial small cuts on the baby’s scalp or small temporary red spots in the eye from broken capillaries
- An increased risk of difficulty in delivering the baby’s shoulders
- Injury, usually temporary, to nerve groups that control the arm or facial muscles
- On very rare occasions, bleeding into the baby’s skull or brain, which can lead to injury or death

Any of these can occur with normal spontaneous or cesarean deliveries, but the risk is higher with vacuum assisted deliveries.

Risks to the mother include:

- Greater chance of a tear or extension of the episiotomy into the anus or rectal area
Cesarean delivery (c-section)

Cesarean delivery is a surgical procedure in which an incision (cut) is made through your abdomen. Then another incision is made into the uterus and the baby is delivered through these incisions. Spinal, epidural, or general anesthesia is used for this procedure.

Cesarean delivery is used:

- If labor is not progressing in a way that will result in vaginal delivery; sometimes this is because the cervix does not dilate completely. Another reason for cesarean delivery is if the mother is unable to push the baby out of the birth canal and the obstetrical provider does not feel that vacuum or forceps should be tried. Occasionally, vacuum or forceps are tried but do not result in a vaginal delivery, so cesarean delivery is performed.

- If there are complications of pregnancy or labor for which the obstetrical provider judges that cesarean delivery is the safest way to deliver the baby; these complications could include certain medical problems, problems with the placenta, active genital herpes, multiple pregnancy, or concern that the baby is not or will not tolerate labor and vaginal delivery (“nonreassuring fetal status”).

- For some mothers who have had one or more previous cesarean deliveries
Cesarean delivery has little risk of life-threatening injury to the baby, but may be associated with:

- The baby being injured (for example, bruising) as the doctor moves the baby into correct position and then delivers the baby through the uterine and abdominal incisions
- A small cut on the scalp or buttocks

Risks to the mother are uncommon. They are usually treatable, and rarely require additional surgery or hospitalization. The most common complications include:

- Infection in the skin incision, uterus, or other nearby structures
- Blood loss – sometimes enough to require blood transfusion
- Blood clots in the legs, pelvis, and/or lungs
- Injury to the bowel or bladder or other structures during the surgery or scar tissue formation after surgery
- Need for repeat cesarean delivery for subsequent pregnancies
A final word

None of these procedures are done “electively”. Rather, they may be recommended to you when the doctor or midwife feels that the potential benefits of the procedure are greater than the potential risks. Most often, the decision is subjective and relies on the doctor’s or midwife’s professional judgment and experience. We are providing this information now because the decision is also commonly made at a point in the labor and delivery process when a full discussion of the risks and benefits is difficult.

References

• Operative Vaginal Delivery – Practice Bulletin #17; American College of Obstetricians and Gynecologists; 2000.