

Instrumental vaginal birth

This information sheet aims to answer some commonly asked questions about having an instrumental vaginal birth. Informed consent and woman centred care are integral to health care in Queensland. Decisions about your care are always up to you.

IMPORTANT: This is general information only. Ask your doctor, midwife or nurse about your own situation.

What is an instrumental vaginal birth?

An instrumental vaginal birth is when forceps or a vacuum cup (also called a ventouse) is placed around or on your baby's head to help you birth your baby. This is sometimes also called an operative vaginal birth or an assisted birth. They may be used in the birth suite or the operating room.

The doctor uses the instrument (either the forceps or the vacuum cup) to pull on your baby's head when you push during a contraction.

This helps your pushing efforts with contractions, changes the position of your baby's head and helps them come down the birth canal

How common is it?

In Queensland about one in five women giving birth vaginally are assisted with forceps or a vacuum. An instrumental birth can sometimes reduce the need for a caesarean section. Having a vaginal birth, especially for your first baby, makes a vaginal birth more likely for your next baby (if you have one).

When is it recommended?

An instrumental birth might be recommended to you if:

- a vaginal birth is safe for you
- your baby is taking a long time to be born despite you pushing and having strong contractions
- your baby becomes distressed (e.g. has an abnormal heartbeat)
- you have a medical condition that means it is not safe for you to push (e.g. high blood pressure or a heart condition)
- you become too tired to push

Forceps

Forceps look a bit like two curved stainless-steel salad servers that fit around and cradle each side of your baby's head.

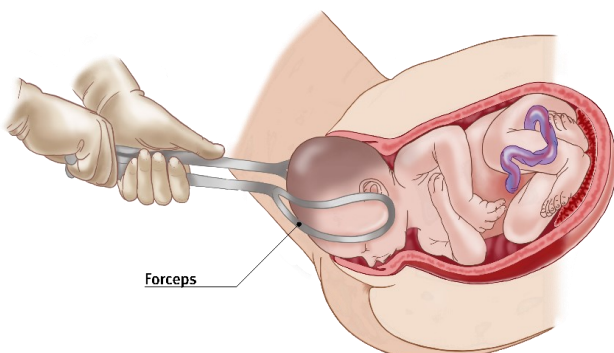


Image showing forceps on baby's head

Vacuum cup

A vacuum cup is a round device placed on your baby's head.

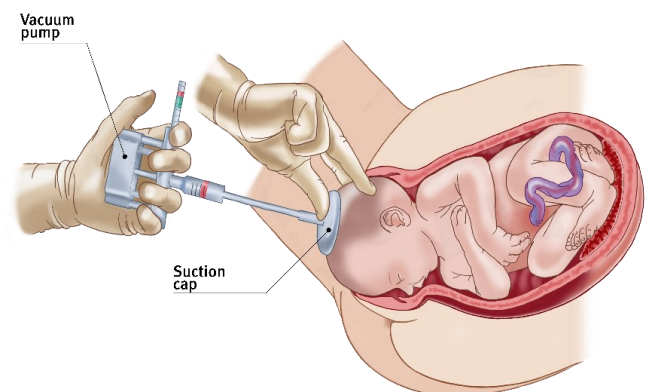


Image showing vacuum cup on baby's head and vacuum pump



When is it likely to be needed?

There are several factors that might increase your chance of needing assistance with forceps or vacuum during your birth.

These can include if:

- this is your first vaginal birth
- your baby is thought to be over 4 kg or is considered 'big' for your body size
- your baby remains in a posterior position (baby's back is pressing on your spine) as they come down the birth canal
- your second stage of labour (pushing stage) is longer than usual
- your body mass index (BMI) is more than 30 kg/m²
- you are over 36 years of age

Can you reduce your chances?

Sometimes an instrumental birth is the safest way for you and your baby. You can reduce your chances of needing an instrumental birth by:

- having an upright position during labour or lying on your side for the birth, rather than on your back
- not pushing until after your cervix is fully dilated and you have the urge to do so
- having continuous support from a birth partner or midwife during your labour

Which is better—forceps or vacuum?

There is no right answer to this question. The most suitable instrument (forceps or vacuum) for you depends on many factors including, the position of your baby, how many weeks pregnant you are, your personal situation and how difficult your doctor thinks your birth might be.

Injury to you or your baby is not common but can happen with either instrument (forceps or vacuum).

Either instrument may cause some swelling of your baby's face or head, bruising or small grazes. These will go away in the days and weeks after birth.

Forceps

Are more likely than vacuum to damage your pelvic floor (muscle that attaches to the bones in your pelvis and support your vagina, uterus, bladder and bowel).

This can lead to prolapse (pelvic organs drop down and bulge into the vagina from the muscle weakness) and incontinence (reduced control of your bowel or bladder)

Vacuum

A vacuum birth has a higher chance of:

- being unsuccessful (meaning forceps or caesarean section may be needed)
- causing injury to a baby's scalp (e.g. a cut or swelling)
- causing serious (but uncommon) bleeding between a baby's scalp and skull (called a subgaleal haemorrhage)
- causing a serious (but uncommon) bleeding in a baby's brain (called an intracranial haemorrhage)

Is it better to have a caesarean section?

Everyone's situation is different. Your healthcare provider will discuss the benefits and risks of forceps or vacuum birth or having a caesarean section. This will help you make an informed decision.

Having a caesarean section after you have been pushing for a while, also has serious risks for you and your baby.

What happens if you need an instrumental birth?

Your healthcare provider will talk with you about why an instrumental birth is recommended.

Some of the things they will discuss are:

- risks of perineal trauma including if an episiotomy may be needed
- risks and benefits of instrumental birth by vacuum or forceps compared to having a caesarean birth
- risks and benefits of doing nothing (to you and your baby)
- what happens before and during an instrumental birth

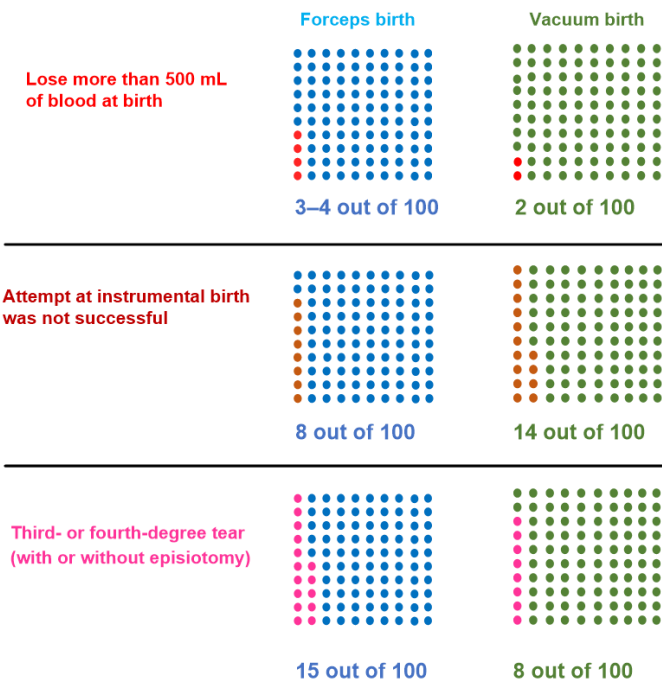
Your healthcare provider will ask for your consent and will:

- feel your abdomen (abdominal palpation)—to check your baby's position
- listen to your baby's heart rate—you may have a CTG put on (machine that monitors and records baby's heart rate and your contractions)
- perform a vaginal examination—to be sure your cervix is fully dilated, and your check the position of your baby's head to plan for a forceps or vacuum birth
- make sure your bladder is empty—you may need a catheter (thin tube) just before the birth
- make sure you have enough pain relief
- prescribe antibiotics
- remain with you all the time and monitor you closely
- explain to you and your support person what is happening
- ask another healthcare provider (e.g. doctor, nurse practitioner or midwife) to be in the room when you birth in case your baby needs help

Are there any risks with an instrumental birth?

Some of the risks in having an instrumental birth are:

- bleeding,
- not being able to have the instrumental birth
- needing a caesarean section (unsuccessful) a
- having a third- or fourth-degree tear.
- The chance of these risks happening for every 100 instrumental births are shown below.



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What happens after a forceps or vacuum birth?

Care recommended for you:

- help with skin-to skin and breastfeeding your baby if you choose to
- perineal suturing—if you had a tear or episiotomy (see also QCG consumer information [Perineal care](#))
- the chance to talk (have a debrief) with your healthcare provider about your birthing experience
- postnatal pelvic floor exercises or help from a physiotherapist
- Care recommended for your baby:
- vitamin K injection as soon as possible after birth (in case there was some trauma)
- close observation (usually at your bedside unless there are other concerns with your baby)
- if your baby had bruising, they may be more likely to have jaundice (become yellow) and may need phototherapy. You may like to read the QCG consumer information [Jaundice in newborn babies](#).

Support & information

Queensland Clinical Guidelines Parent information www.health.qld.gov.au/qcg

13HEALTH (13 432584) telephone service providing health information, referral and services to the public. www.qld.gov.au/health/contacts/advice/13health

Pregnancy, Birth & Baby Helpline (1800 882 436) offers free, confidential, professional information and counselling about conception, pregnancy, birthing and postnatal care. www.health.gov.au/pregnancyhelpline

Lifeline (13 11 14) telephone crisis support service. www.lifeline.org.au

Preterm Infant's Parent Association (PIPA) (1300 773 672) www.pipa.org.au

Australian Breastfeeding Association (1800 686 268) Community based self-help group offers information, counselling, and support services, on *breastfeeding* issues www.breastfeeding.asn.au