

Instrumental vaginal birth

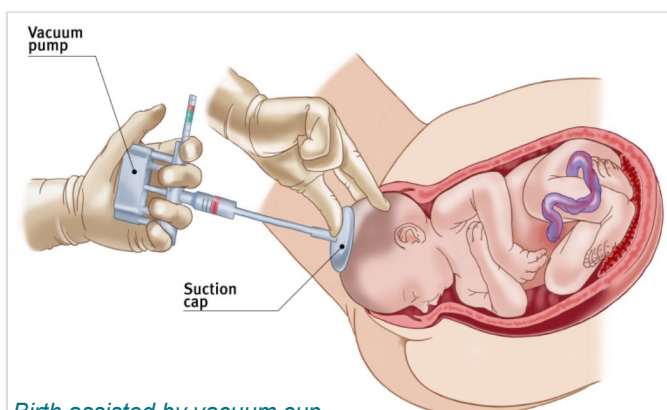
This information sheet aims to answer some commonly asked questions about instrumental vaginal birth.

IMPORTANT: This is general information only.
Ask your doctor or midwife about what care is right for you.

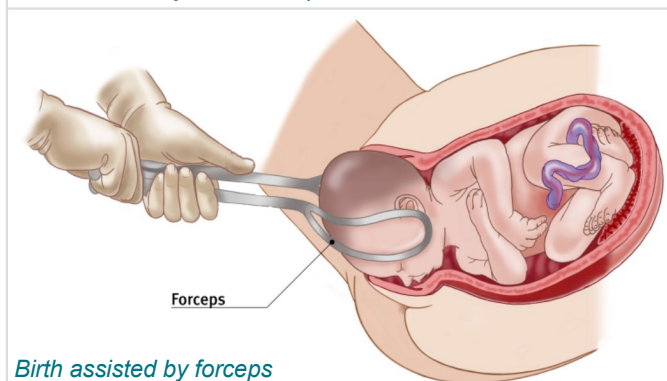
What is an instrumental vaginal birth?

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. Forceps look a bit like two curved stainless-steel salad servers that fit around and cradle each side of your baby's head. A vacuum cup is a round device placed on your baby's head.

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 increases the effectiveness of your contraction and your pushing efforts and helps your baby come down the birth canal. This is sometimes also called an operative birth, or an assisted birth or delivery.



Birth assisted by vacuum cup



Birth assisted by forceps

How common is it?

In Queensland about one in five women giving birth vaginally are assisted with instruments. An assisted birth can sometimes help a woman avoid a caesarean section. Having a vaginal birth, especially for your first baby, makes a straightforward birth with your next baby more likely.

When is it recommended?

An instrumental birth might be recommended to you if:

- your baby is taking a long time to be born despite you pushing well with good contractions
- your baby becomes distressed (e.g. has an abnormal heart beat)
- you have a medical condition that means it is not safe for you to push (e.g. high blood pressure or a heart problem)
- you become too tired to push well

When is it likely to be needed?

There are several factors that might increase your chance of needing assistance with instruments 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 face is looking up to your pubic bone) as he or she comes down the birth canal
- your second stage of labour is longer than usual
- you have a body mass index (BMI) more than 30 kg/m²

Can you reduce your chances?

Sometimes it is not possible to avoid an instrumental birth. 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 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 your or your baby is not common, but can happen with either instrument (forceps or vacuum). Compared to forceps, women who have a vacuum birth have less chance of:

- damage to their vagina or perineum (the area between your vagina and anus)
- problems in the future with their bowel or bladder

However, a vacuum birth has a higher chance of:

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

Is it better to have a caesarean section?

Your individual circumstances will guide the decision about caesarean section. A caesarean section after you have been pushing for a while, also has serious risks for you and your baby.

What happens during an instrumental birth?

Your health care provider will talk with you about why an instrumental birth is needed and ask for your consent.

Your health care provider will:

- feel your abdomen (abdominal palpation)
- listen to your baby's heart rate (you may have a CTG put on)
- perform a vaginal examination
- make sure your bladder is empty (you may need a catheter)
- monitor you closely and remain with you all the time

Support & Information

13HEALTH (13 432584) offers health information and referral services to the public via telephone

Pregnancy, Birth & Baby Helpline 1(800 882 436—free call) offers free, confidential, professional information and counselling for women, their partners and families relating to issues of conception, pregnancy, birthing and postnatal care. www.health.gov.au/pregnancyhelpline

Lifeline (13 11 14) offers a telephone crisis support service to anyone. www.lifeline.org.au

Australian Birth Trauma Association (support@birthtrauma.org.au) support women and their families who are suffering postnatally from physical and /or psychological trauma resulting from the birth process www.birthtrauma.org.au/

Queensland Clinical Guidelines: Parent information on Perineal tears www.health.qld.gov.au/qcg