

Instrumental Vaginal Delivery

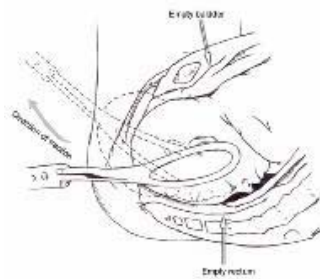
Forceps & Ventouse

Introduction.

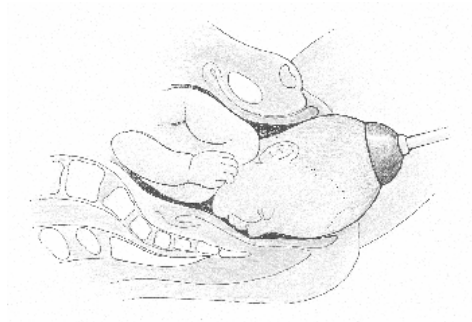
This leaflet is to provide information to women whose babies may be delivered using either forceps or ventouse equipment. The decision to have this type of delivery is made by the doctor usually at the time of delivery

What are these instruments?

- Forceps are like metal spoons, which fit on each side of the baby's head inside the birth canal.



- The ventouse (vacuum) is a metal or plastic cup, which is attached to the baby's head using suction.



- Both instruments have handles that are pulled on to help deliver the baby.

Why does my baby need to be delivered this way?

- It may be that your baby shows signs of distress and so needs to be delivered more quickly than you are able to do alone.
- If your labour has been very long you may be too exhausted to push hard enough.

- If the baby's head is facing the wrong way inside your birth canal then the instruments can be used to help turn the baby to the correct position for delivery.

What alternatives do I have?

If you do not want to have an instrumental delivery, you may choose to wait for your baby to be born naturally. As an instrumental delivery is only performed when absolutely necessary, to ensure the well being of both mother and baby, this will put you or your baby at risk.

A caesarean section may be an option, however this is a major operation which if possible should be avoided as there are serious possible complications to both mother and baby.

What will happen during an instrumental delivery?

- The doctor on duty will be asked to see you in the delivery room. They will examine you, including an internal examination, to decide how best to deliver your baby and which instrument to use.
- You then need to be positioned on the bed with your legs up and your feet supported in stirrups. Stirrups look like slings, which are, attached to the top of a short pole either side of the bed.
- Antiseptic solution is used to wash your vulva and vagina and sterile drapes are placed over your legs. A catheter is used to make sure your bladder is empty.
- If you have an epidural this is checked to make sure it is working well. Otherwise the doctor will use an injection of local anaesthetic (pain killing injection) to make your vagina numb for the delivery.
- The forceps or ventouse (vacuum) cup is then attached to your baby's head.
- As you get a contraction the doctor will ask you to push as hard as possible. They will be pulling down on the handle of the instrument at the same time. It may take more than one contraction to get your baby delivered.

What will I feel?

- If your epidural is working well you will not feel much at all.
- Putting the forceps or the cup on to the baby's head can be uncomfortable.
- As your baby comes down the birth canal you will feel a lot of stretching.
- The local anaesthetic will make it less painful

Will I get a cut or a tear?

- The doctor will often make an episiotomy (cut) as the baby's head is being delivered. This is done to help prevent a bigger tear occurring.
- The cut is then sewn up after the baby is born.

Will my baby be harmed?

- Forceps may leave bruises on the baby's cheeks. The ventouse cup may make a swelling on the top of the head where it has been attached.
- These only last a very short time and will get less each day after the birth.

- In some cases there can be a graze to the baby's skin.
- Other, more serious, problems such as internal bleeding or fractures are rare.

Am I at risk of complications?

Instrumental delivery can be associated with tears to the birth canal, which can cause heavy bleeding

What happens afterwards?

- Once the doctor has finished delivering the baby and has finished any stitching that may be needed your feet can be taken out of the stirrups and you can sit up.
- Most women who have a forceps or ventouse delivery will recover in the same way as after a normal delivery.
- If you had a tear during the delivery that went towards the back passage then you will need to have a special clinic appointment after 6 weeks. (There is an information leaflet called 'What if I need stitches after the birth of my baby' if you require further information)

This information is not intended to replace discussion with either medical or midwifery staff. If you have any questions regarding the contents of this leaflet please discuss this with a midwife or obstetrician. The hospital is heavily involved in research and you might be asked to consider taking part in a research study. A midwife or doctor will discuss this with you and answer any questions that you may have.

This leaflet may be available in different formats on request

For further information there is a list of useful web sites which can be found on the Liverpool Women's Hospital web site.

Go to

www.lwh.org.uk

Click on

Clinical Services

↓

Support & Information

↓

Useful organisations

If you require any advice about the information on the web sites please speak to a midwife or doctor at the hospital or a community midwife at the GP surgery

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