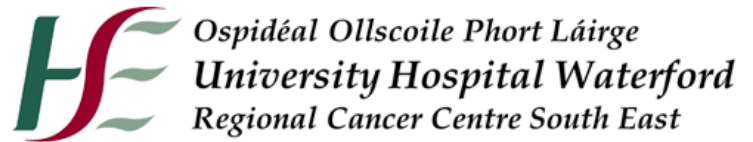


# Patient Information for Consent



## OG14 Emergency Assisted Vaginal Delivery

Expires end of March 2021

### Further Information

If you have any questions related to the content of this Patient Information Leaflet, please contact the UHW Quality and Patient Safety Office:

Telephone: 051-848527

Email: [uhwsafetyandquality@hse.ie](mailto:uhwsafetyandquality@hse.ie)

Your query will be forwarded to your doctor/medical team. Urgent concerns about your clinical condition or treatment cannot be responded to through this office.

The Quality and Patient Safety Office is open from Monday to Friday between 09.00 and 17.00hrs. Please leave a message on the voicemail if the phone is unattended.

You may also get more information and references at [www.aboutmyhealth.org](http://www.aboutmyhealth.org)

Tell us how useful you found this document at [www.patientfeedback.org](http://www.patientfeedback.org)



## Information about COVID-19 (Coronavirus)

On 11 March 2020 the World Health Organization confirmed COVID-19 (coronavirus) has now spread all over the world (this means it is a 'pandemic'). Hospitals have very robust infection control procedures, however, it is impossible to make sure you don't catch coronavirus either before you come into the hospital or once you are there. You will need to think carefully about the risks associated with the procedure, the risk of catching coronavirus while you are in hospital, and of not going ahead with the procedure at all. Your healthcare team can help you understand the balance of these risks. If you catch the coronavirus, this could affect your recovery and might increase your risk of pneumonia and even death. Talk to your healthcare team about the balance of risk between waiting until the pandemic is over (this could be many months) and going ahead with your procedure.

Please visit the World Health Organization website: <https://www.who.int/> for up-to-date information.

## Information about your procedure

Your baby needs to be delivered as safely as possible. Following the Covid-19 (coronavirus) pandemic, some of the hospital processes have changed. You will need a coronavirus test before the birth. This involves the healthcare team taking a nasal and throat swab (using cotton wool to take a sample from the surface of your nasal passage and throat). The birth may need to go ahead before the results are available. Your healthcare team can tell you about the risks of coronavirus.

Coronavirus is highly contagious (meaning it spreads easily from person to person). The most common way that people catch it is by touching their face after they have touched a person or surface that has the virus on it. Try not to touch your face, especially if you have not washed your hands.

Wash your hands with alcoholic gel or soap and water when you enter the hospital, at regular intervals after that, and when you move from one part of the hospital to another.

Be aware of social distancing. Chairs and beds are spaced apart. If your healthcare team need to be close to you, they will wear personal protective equipment (PPE). If you can't hear what they are saying because of their PPE, ask them to repeat it until you can.

You will be allowed one birthing partner. Your healthcare team can give you more information about this.

The hospital and health professionals looking after you are very well equipped to care for you and your baby in a safe and clean environment. Guidance about coronavirus may change quickly your healthcare team will have the most up-to-date information.

Your baby needs to be delivered urgently. Your obstetrician (surgeon who specialises in childbirth) recommends that you have an assisted vaginal delivery to deliver your baby safely. This involves using a ventouse (vacuum cup) or forceps (like large tongs) to guide your baby as you push with your contractions. In the UK 10-13% of women will require an operative delivery.

This document will give you information about the benefits and risks to help you to make an informed decision.

Ask your obstetrician or midwife if there is anything you do not understand.

## What does an assisted vaginal delivery involve?

- Your legs will be put in 'stirrups'.
- Your obstetrician may place a catheter (tube) in your bladder to help you to pass urine. They will give you an internal examination to check the exact position of your baby's head and if your pelvis is large enough for a vaginal delivery.
- If you are already having an epidural and there is enough time, you will be given more anaesthetic through the epidural. Otherwise your obstetrician may inject local anaesthetic into your vagina to numb it.
- If you have a forceps delivery, your obstetrician will place the forceps either side of your baby's head and will pull gently as you push with your contractions. Your obstetrician will probably perform an episiotomy (a cut on the skin between your vagina and back passage) to help reduce the risk of you tearing.
- If you have a ventouse delivery, your obstetrician will place the cup onto your baby's head. This creates a vacuum seal which allows your obstetrician to guide your baby out as you push with your contractions. You may need an episiotomy.
- Listen carefully to your obstetrician and midwife during the delivery so you know when to push and when to pant.
- Once your baby's head is delivered, the obstetrician will remove the ventouse or forceps. You should be able to hold your baby as soon as it is born.

- Your obstetrician will close an episiotomy or any tears with dissolvable stitches. You will usually be given a painkilling suppository (a soft tablet placed in your back passage).
- You may be given medication through a drip (small tube) in a vein in your arm to help your uterus (womb) to contract. This will help to reduce any bleeding.
- You will be given a dose of antibiotics through a drip, this will prevent the risk of infection.

## What complications can happen?

An assisted vaginal delivery is usually safe and your obstetrician believes it is the safest way to deliver your baby. However, complications can happen. Any numbers which relate to risk are from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

- Pain around the stitches, which usually settles quickly.
- Bleeding (risk of heavy bleeding: 1 to 4 in 10). You may need a blood transfusion.
- Tears. Minor tears are common and are easily closed with stitches. Major tears are less common and can also be repaired without causing any problems.
- Damage to your back passage caused when a major tear or episiotomy extends to the muscle around your anus or to your anus itself (risk: 1 to 4 in 100 with a ventouse, 8 to 12 in 100 with a forceps delivery).
- Healing problems. Sometimes an episiotomy or tear will open slightly but this usually does not need any treatment and still heals well.
- Difficulty passing urine. You may need a catheter for 1 to 2 days.
- Infection. This is easily treated with antibiotics.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your healthcare team know if you have any allergies or if you have reacted to any medication or tests in the past.

- Marks and bruises on your baby. A ventouse can leave a suction mark and the forceps can bruise your baby's face. These do not usually cause any problems and settle in 1 to 2 days. Sometimes a ventouse can bruise one of the bones of your baby's skull. This does not cause any problems and gets better within a few weeks. A paediatrician (doctor who specialises in babies and children) will be present at the birth if they are needed.
- Shoulder dystocia, where your baby's shoulders get stuck for a short while on the way out.
- Your baby having jaundice (the eyes and skin turning yellow) and having bloodshot eyes after birth. This does not cause any long-term problems.

An assisted vaginal delivery is usually a safe method of delivery for you and your baby.

**Keep this information document. Use it to help you if you need to talk to the healthcare team.**

**Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you.**

**This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.**

#### **Acknowledgements**

Reviewer: Andrew Woods (MBBS, MRCOG, FRANZCOG)