Patient Information for Consent

Ospidéal Ollscoile Phort Láirge
University Hospital Waterford
Regional Cancer Centre South East

OG21 Assisted Vaginal Delivery (Antenatal Use)

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

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**
Tell us how useful you found this document at **www.patientfeedback.org**

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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.

What is an assisted vaginal delivery?

An assisted vaginal delivery involves using a ventouse (vacuum cup) or forceps (like large tongs) to guide your baby as you push with your contractions.

Your doctor may recommend that you have an assisted vaginal delivery if your baby needs to be delivered quickly.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your obstetrician or the healthcare team.

Why may I need an assisted vaginal delivery?

The following are the more common reasons why an assisted vaginal delivery may be recommended.

- You have been pushing for too long.
- You may have run out of energy to deliver your baby safely.
- Your baby's heart rate may be going above or below normal levels or they may not be getting enough oxygen.

Sometimes, if you have high blood pressure, your obstetrician may recommend an assisted vaginal delivery if the second stage of labour goes beyond a certain time and your blood pressure goes higher.

On average, 10 to 15 in 100 deliveries are assisted vaginal deliveries. You are more likely to need an assisted vaginal delivery for your first baby.

Your obstetrician will discuss with you why an assisted vaginal delivery has been recommended for you.

In your case an assisted vaginal delivery is the safest method of delivery for both you and your baby.

Are there any alternatives to an assisted vaginal delivery?

You can continue pushing and try to deliver your baby without a ventouse or forceps.

Another option is to have a caesarean section (procedure to deliver a baby by a surgical operation).

If you are worried or have any questions about why an assisted vaginal delivery has been recommended for you, you should discuss this carefully with your obstetrician.

What does an assisted vaginal delivery involve?

Before the procedure

Your obstetrician will examine your abdomen to find out how large your baby is. They will perform an internal examination to check the position of your baby and how dilated your cervix is. Your obstetrician will also want to check that your pelvis is large enough for an assisted vaginal delivery.

If you are already having an epidural and there is enough time, you will be given more anaesthetic through the epidural. Otherwise, local anaesthetic may be injected either into the skin at the opening of your vagina or through your vagina to block the pudendal nerve that supplies your lower vagina and perineum (the area between your vagina and back passage).

You may need to have a spinal, which involves injecting anaesthetic into the subarachnoid space (an area near your spinal cord).

Your legs will be put in 'stirrups' (the lithotomy position).

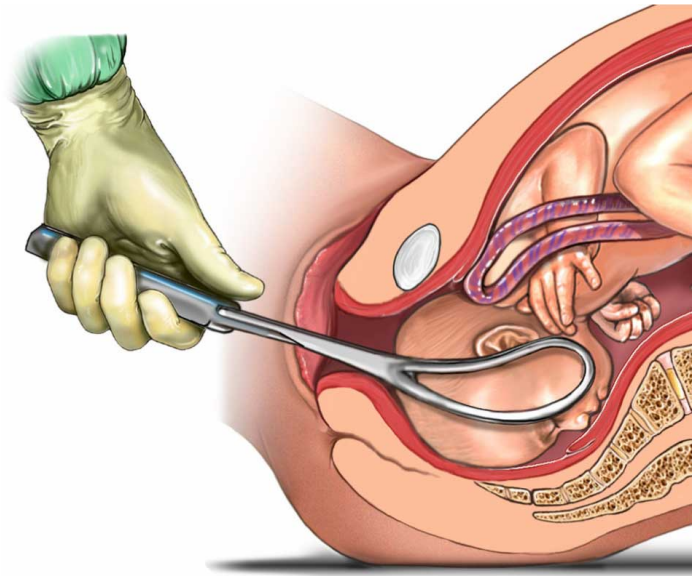
Your obstetrician may place a catheter (tube) in your bladder to help you to pass urine.

Forceps delivery

Your obstetrician will place metal forceps either side of your baby's head. When the forceps are in position, your obstetrician will hold them together.

If your baby's head is not facing towards your spine, your obstetrician will need to turn the head with their hand or using the forceps.

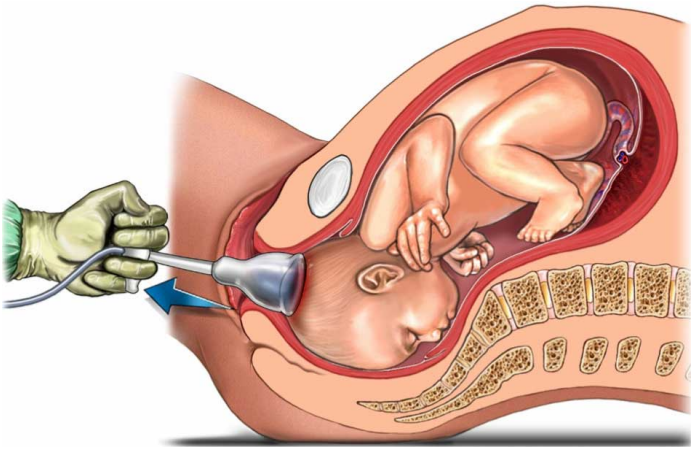
They will pull gently as you push with your contractions to guide your baby's head out. This can take several pulls and usually involves an episiotomy (a cut on the skin between your vagina and back passage) to help reduce the risk of you tearing.



A forceps delivery

Ventouse delivery

Your obstetrician will place the ventouse cup onto your baby's head. The cup may be attached to a special vacuum machine or to a hand-held suction pump that creates a vacuum seal between the cup and your baby's head.



A ventouse delivery

Your obstetrician will make sure that none of your vaginal skin is caught in the vacuum seal. Your obstetrician will guide your baby out, as you push with your contractions. This can take several pulls and 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, your obstetrician will remove the forceps or ventouse from your baby's head and your baby will be delivered onto your abdomen, 'skin to skin'. Once the cord has been cut, your baby will be covered to keep them warm.

Your obstetrician will close an episiotomy or any tears with dissolvable stitches. You will be given a dose of antibiotics through a drip, this will help reduce the risk of infection.

What complications can happen?

The healthcare team will try to make the procedure as safe as possible but complications can happen. The possible complications of an assisted vaginal delivery are listed below. 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, once the local anaesthetic or epidural wears off. You will usually be given a painkilling suppository (a soft tablet placed in your back passage) to keep you comfortable. You may get pain in your abdomen or, more usually, around the stitches. However, an episiotomy or any tears usually heal quickly and if any pain continues it can be controlled with simple painkillers such as paracetamol.
- Bleeding. On average, women lose less than half a litre of blood. You may be given medication through a drip (small tube) in a vein in your arm or by an injection to help your uterus (womb) to contract. This will help to reduce any bleeding. If you bleed heavily, you may need a blood transfusion. You may need to take iron tablets.
- Tears (risk of a major tear: 1 in 5 for forceps delivery, 1 in 10 for ventouse delivery). Minor tears are common. Tears are closed with stitches.
- 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. However, 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 (risk of serious damage: less than 2 in 1,000). 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 (risk: 1 to 2 in 100). 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 (risk: 1 in 50, compared to 1 in 100 for normal deliveries).
- Your baby having jaundice (the eyes and skin turning yellow) (risk: 5 to 15 in 100) and having bloodshot eyes (risk: 17 to 38 in 100) after birth. This is only a small increase compared to normal deliveries and does not cause any long-term problems.

You should ask your doctor if there is anything you do not understand.

How soon will I recover?

In hospital

You will stay in the delivery room for 1 to 2 hours while all the routine checks on your baby are carried out. You will then be transferred to the ward.

The midwives will give you advice about your post-natal care, including how to look after your stitches. The healthcare team will tell you about abdominal and pelvic-floor exercises to help you to recover.

You will be able to go home when you can walk around without any help and are able to care for your baby. If you go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

The healthcare team will tell you when you can return to normal activities. It is important to have plenty of help at home in the first few days so that you have time to recover and to spend with your new baby.

An episiotomy or any tears should heal quickly. If you have any concerns, ask your midwife when they visit you at home, or contact your GP.

Lifestyle changes

If you smoke, stop smoking now. Smoking once your baby is born will put your child's health at risk throughout their childhood. Stopping smoking will improve your long-term health.

Regular exercise should improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

The future

You should make a full recovery. An assisted vaginal delivery should not affect your ability to become pregnant or deliver a baby in the future.

Summary

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

However, complications can happen. You need to know about them to help you to make an informed decision about the procedure. Knowing about them will help to detect and treat any problems early.

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)
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