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# Methods of Assisting Birth in the Maternity Unit (Instrumental and Caesarean Operation)

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## Further Information

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## FURTHER INFORMATION

Additional advice is available from:

[www.doh.gov.uk/pregnancybook/](http://www.doh.gov.uk/pregnancybook/)

[www.rcog.org.uk](http://www.rcog.org.uk)

## Methods of Assisting Birth

### THE BIRTH OF YOUR BABY

Your body is uniquely designed to introduce your baby into the world. Because your body is unique, your birth may be different from those of your mum, sister, or friends; no-one knows what is right for you apart from yourself.

The World Health Organisation (WHO) suggests that a 'normal birth' is best for mother and baby but recognise that 15-20% of labours should need the attendance of a doctor. The most common reason that a midwife would request the attendance of a doctor during labour is because the mother or the baby was becoming unwell.

The assistance from the obstetric doctor depends on

- The well being of the mother
- The well being of the baby
- The way labour has gone so far

Sometimes it may be appropriate to perform other tests, or to 'wait and see' for a while longer – the obstetric doctor will advise you. When the time comes that the baby must definitely be born, the obstetric doctor will suggest one of these methods;

- Ventouse cup or vacuum assisted birth (8.6% of births<sup>1</sup>)
- Forceps assisted birth (3.8% of births)
- Caesarean Section Operation (10.9% of all labours)

<sup>1</sup> From births data for 2007 at Ashford and St. Peter's NHS Trust

As part of gaining your consent, the obstetric doctor will discuss the benefits and risks of each type of birth, and how these apply to you. Your partner will usually stay with you throughout the birth.

## **VENTOUSE CUP OR VACUUM ASSISTED BIRTH**

### **Ventouse - What is this method of birth?**

A soft plastic or firm metal 'cup' which looks like a small shallow bowl. A tube connects the cup to a machine that makes a vacuum.

### **Ventouse - When can this method of birth be beneficial?**

- When you are pushing and the baby is close to being born, but the baby is becoming unwell and it is unwise to wait and see
- When you are pushing for some time and the baby is not progressing through the birth canal

### **Ventouse - How will the baby actually be born?**

The obstetric doctor assesses how strong the contractions are and may prescribe a drug to strengthen these

- 1) The doctor performs an internal examination to work out which way the baby is lying, and if the ventouse is the best way to birth the baby
- 2) The midwife will help you put your legs into stirrups
- 3) You will be offered a local anaesthetic
- 4) Your bladder may need to be emptied using a thin tube

- You may bleed heavily during or after the operation  
Afterwards you may develop blood clots in your legs because you can less easily move around
- Infection is more likely than following a vaginal birth, but is rarely serious
- You may find that it is harder to become pregnant next time
- Your baby may be irritable during the first few days

### **Extra support at birth**

All assisted births encourage the baby out of the body more quickly than the baby may have liked. Some babies, especially those who were already getting tired, may be a little slow to start breathing after they are born. A paediatrician is in attendance at all assisted births.

### **Caesarean - How will the baby actually be born?**

- 1) The obstetric doctor will assess how soon the operation needs to be carried out. This will help decide the kind of anaesthetic that can be used
- 2) Usually a spinal or epidural anaesthetic is used and the mother stays awake
- 3) Your bladder will be emptied using a catheter (thin tube) and this will stay in for 24 hours
- 4) The doctor will make a cut through the skin, usually in the 'bikini line' area, and then into the wall of the womb
- 5) The baby is born through the opening
- 6) A head-down baby is born head first  
A bottom-down baby is born bottom first
- 7) The placenta is born through the same opening
- 8) The womb and abdominal muscles are stitched up with stitches which dissolve over three to four weeks
- 9) The skin is closed up with stitches or special metal clips which are removed in the first week after your operation

### **Caesarean - What are the risks of this method of birth?**

Like all surgery, this operation involves certain risks which are:-

- You may need to have a general anaesthetic (be asleep) and your partner may be asked to leave the operating theatre; spinal anaesthetic (being awake) is preferred as you and the baby will recover more quickly, and your partner can stay with you

- 5) The cup is placed on the baby's head and the vacuum is turned on
- 6) When you get a contraction, the doctor will encourage you to push. The doctor will apply a gentle pulling action which encourages the baby down the birth canal
- 7) It may take a couple of contractions for the baby to reach the outside skin of the vagina
  - If mother and baby are well, the doctor may wait and encourage the baby to be born slowly over the perineum
  - If baby or mother are unwell, then an episiotomy (cut) is made
- 8) The cup is removed as soon as the baby's head is born
- 9) The baby is usually born with the next contraction
- 10) The after birth (placenta) is born
- 11) The skin around the vagina is stitched if torn or cut.

### **Ventouse - What are the risks of this method of birth?**

- The baby will have some swelling on it's head. This takes from two hours to (less commonly) two weeks to disappear. This bruising may make the baby jaundiced
- You may experience some difficulty in passing urine in the first few hours following birth; this is due to the bruising to the bladder as the baby comes past it
- You may have a tear which involves the anal sphincter and rectum ('back passage'). This happens very rarely (1 in every 1000)
- You are more likely to bleed heavily after the birth and a drug containing oxytocin is advised to limit this
- Your baby may be irritable during the first few days

## **FORCEPS ASSISTED BIRTH**

### **Forceps - What is this method of birth?**

Forceps are slightly curved flat metal 'spoons' which have a cut out area like an egg-shaped window. The 'spoons' fit around the baby's head, cradling it.

### **Forceps- When can this method of birth be beneficial?**

- When you are pushing and the baby is tired and close to being born but it is unwise to 'wait and see'
- When you are pushing for some time and the baby is not moving through the birth canal

### **Forceps - How will the baby actually be born?**

The obstetric doctor assesses the situation in the same way as for a Ventouse birth (1-5 on page 3) and makes a decision that forceps are the right thing for the birth.

Subsequently:-

- 6) The spoons are put around the baby's head
- 7) When you get a contraction the doctor will encourage you to push. The doctor will apply a gentle pulling action so that the baby is encouraged down the birth canal
- 8) It may be a couple of contractions until the baby reaches the outside skin of the vagina
- 9) An episiotomy is usually performed so that the spoons and the baby's head can be born over the perineum
- 10) The forceps are removed from the baby's head
- 11) The baby is usually born with the next contraction
- 12) The placenta is born
- 13) The skin around the vagina is stitched

### **Forceps - What are the risks of this method of birth?**

- You may experience some difficulty in passing urine in the first few hours following birth; this is due to bruising of the bladder as the baby comes past it
- You may have a tear which involves the anal sphincter and rectum ('back passage'). This happens to less than 1 in 100 women who have a forceps birth
- You are more likely to bleed heavily after the birth and a drug containing oxytocin is advised to limit this
- The baby may have bruising on the face from the positioning of the forceps. This usually fades within 48 hours
- Your baby may be irritable during the first few days

## **CAESAREAN SECTION OPERATION**

### **Caesarean - When can this method of birth be beneficial?**

- If you or the baby are unwell and it is impossible to perform other tests, or unwise to wait and see
- If you are pushing and the baby is not moving down the birth canal, but it is unwise to try a ventouse or forceps assisted birth
- If labour stops and cannot be restarted

### **Caesarean – What is this method of birth?**

The baby is born through an opening made in the abdomen (belly). This is performed in an operating theatre on the labour ward