

## Plain language summary

# Assisted Vaginal Birth (vacuum or forceps)

### Who is this summary for?

This summary is for pregnant women and their partners.

### What is this summary about?

The National Women and Infants Health Programme (NWIHP) recently developed the National Clinical Practice Guideline (CPG) on Assisted Vaginal Birth. This CPG is for healthcare professionals who care for women/parents in pregnancy and covers all aspects of care for women who experience an Assisted Vaginal Birth. The purpose of this plain language summary (PLS), using non-medical terminology, is to provide an overview of the national CPG.

### What is Assisted Vaginal Birth?

An assisted vaginal birth is when a doctor (obstetrician) uses specially designed instruments (vacuum cup or forceps) to help you give birth to your baby.

### When might assisted vaginal birth be needed?

There are several reasons for needing help with the birth of your baby, including:

- concerns about your baby's wellbeing during birth
- the birth is not progressing as would usually be expected
- have been advised not to push during birth

### What is a vacuum assisted birth?

A vacuum cup (ventouse) is an instrument that uses suction to apply a plastic or metal cup on to your baby's head. Your doctor will wait until you are having a contraction and then ask you to push while they pull to help you give birth. This may happen over several contractions. Sometimes the cup can detach making a 'pop' sound. If this happens the cup may need to be re-applied to your baby's head before continuing.

### What is a forceps assisted birth?

Forceps are smooth, curved metal instruments designed to fit carefully around your baby's head. Your doctor will wait until you have a contraction and then ask you to push while they pull with the forceps to help you give birth. This may happen over several contractions.

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## Is there a choice between vacuum and forceps?

Vacuum and forceps are both safe and effective. The choice of instrument depends on factors including how well your epidural is working (if you have had one), the wellbeing of your baby and the position of your baby's head. If you need an assisted vaginal birth at less than 36 weeks of pregnancy, forceps may be preferred over vacuum. This is because they involve less risk of injury to your baby's head which is softer at this stage of pregnancy. Your doctor will recommend the method most suitable for your individual situation. If you have any concerns around the use of vacuum or forceps you should discuss this with your midwife or doctor at any time during your pregnancy or labour.

## What are the alternatives to assisted vaginal birth?

Vacuum and forceps will only be recommended if they are thought to be the safest way to help you give birth. If you are in labour and choose not to have an assisted vaginal birth, the alternatives are to continue pushing, aiming for your baby to be born without assistance or to have an emergency caesarean section. Your healthcare team will discuss these options with you depending on your individual circumstances.

## What happens during a vacuum or forceps assisted birth?

With your consent, your doctor will examine your abdomen and perform a vaginal examination to confirm that an assisted vaginal birth is safe for you and your baby. You will be positioned with your legs supported and your bladder will be emptied by passing a small tube (catheter) into it. Pain relief for the birth may be either a local anaesthetic injection (to the vagina and perineum) or a regional anaesthetic injection into your back (an epidural or a spinal). You are more likely to need to have a cut (episiotomy) to enlarge your vaginal opening and allow your baby to be born. A healthcare professional who specialises in the care of newborn babies will be there for the birth in case your baby needs some extra help after birth. After your baby is born you will be given antibiotics through a drip to reduce the chance of you developing an infection.

## Where will the baby be born?

If your doctor expects your assisted vaginal birth to be straightforward, you will give birth in the same room where you have been in labour. If they think that the assisted vaginal birth may be more complicated or that there is a chance that it might not work, you will be advised to give birth in the operating theatre. This is so that you can have an immediate caesarean if necessary.

## How does assisted vaginal birth affect the mother?

It is normal to have vaginal bleeding after you have given birth. Heavier bleeding is more common immediately after an assisted vaginal birth. Birth with vacuum and with forceps does mean a higher chance of having a vaginal tear or needing to have an episiotomy. If you have either a vaginal tear or an episiotomy, this will be repaired shortly after birth with dissolvable stitches. A third- or fourth-degree tear (a tear which involves the muscle and/or the wall of the anus or rectum) affects 3 in 100 women who have a vaginal birth. It is more common after a vacuum birth, affecting up to 4 in 100 women and following a forceps birth, affecting between 8 and 12 women in every 100. You may need to stay in hospital for longer than originally expected after the birth of your baby.

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## How does assisted vaginal birth affect the baby?

Most babies born by assisted vaginal birth are well and do not have any long term problems. The suction cup used for a vacuum assisted birth often causes a mark on a baby's head. This is called a chignon (pronounced sheen-yon) and usually disappears within 24–48 hours. The suction cup may also cause a bruise on a baby's head called a cephalhaematoma. This happens in between 1 to 12 in 100 babies and disappears with time rarely causing any problems. Forceps marks on the baby's face are very common. They are usually small and disappear within 24–48 hours. Small cuts on the baby's face or scalp are also common (occurring in 1 in 10 assisted vaginal births) and heal quickly. Less common risks include jaundice (5 to 15 in 100 babies), bleeding in baby's brain (5 to 15 in 10 000 babies). Serious trauma such as fractures or damage to nerves in the baby's face are rare.

## How will care differ following assisted vaginal birth?

Most women have some discomfort or pain after they have given birth. You will be offered regular pain relief after an assisted vaginal birth.

You are more likely to have difficulty passing urine after an assisted vaginal birth. If you have had an epidural, you may not be able to feel your bladder getting full and may need a catheter to help empty your bladder for a few hours until your epidural wears off. It is important that you empty your bladder completely after birth to reduce the risk of longer term problems with passing urine. Your midwife may ask you to pass urine in a jug so they can measure the amount. If they think that you haven't been able to fully empty your bladder, they may use either an ultrasound or a catheter to check. Leaking urine is common in late pregnancy and after birth. Physiotherapy may help to treat symptoms of urinary incontinence. If you have any concerns, you should discuss these with your healthcare team who can refer you to further support.

Being pregnant increases the risk of blood clots in your legs and lungs. This risk increases after an assisted vaginal birth. You can help to reduce the chance of this happening by being as mobile as you can after your baby is born. Depending on your individual circumstances you may be offered blood thinning injections to reduce the risk of you developing clots.

Before you go home from hospital, you should be given the chance to talk about the birth of your baby with one of your healthcare team, ideally someone who was there when your baby was born. They will be able to answer any questions you may have.

Having an assisted vaginal birth does not mean you will need one in your next pregnancy. Most women (up to 9 in 10) who have an assisted vaginal birth have a vaginal birth next time round without needing assistance.

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## What to expect after leaving hospital?

Most women recover well after an assisted vaginal birth. After any birth, including an assisted vaginal birth, you may have some pain. The stitches and swelling may make it painful when you go to the toilet to pass urine or open your bowels. Regular pain relief will help. You can begin to have sex again when you feel that it's the right time for you.

The experience of birth can sometimes be distressing and for some women there is a risk of post-traumatic stress disorder (PTSD). Following an assisted vaginal birth, if you feel you are developing anxiety, have low mood or feel that you need additional support, you should talk to your healthcare professional.

## Where to go for more information?

<https://www.rcpi.ie/Faculties-Institutes/Institute-of-Obstetricians-and-Gynaecologists/National-Clinical-Guidelines-in-Obstetrics-and-Gynaecology>

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Murphy DJ, Strachan BK, Bahl R, Royal College of Obstetricians and Gynaecologists. Assisted vaginal birth: green-top guideline no. 26. BJOG. 2020;127(9):e70-112. DOI: 10.1111/1471-0528.16092

Royal College of Obstetricians and Gynaecologists. The Management of Third- and Fourth-Degree Perineal Tears. Green-top Guideline No. 29. London: RCOG; 2015. DOI: 10.1055/a-1933-2647

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