

Assisted vaginal delivery, e.g. using ventouse cups or obstetric forceps

This leaflet is for pregnant women who have an assisted vaginal delivery. If you have any questions or concerns, please speak to your midwife or doctor.

About one in seven women⁽¹⁾ need help to give birth vaginally. Assistance is given by an obstetrician (doctor specialising in pregnancy and birth) using instruments such as ventouse (suction) cups or obstetric forceps to help complete a safe vaginal birth.

Many articles written for pregnant women suggest that these two types of instrument are interchangeable with each other; this is not the case.

The most frequent reasons for a woman needing help to give birth to her baby are that the baby had become distressed (may not be getting enough oxygen) or that the baby has not been born after an hour of pushing (although pushing can take as long as 2-3 hours without there being any cause for concern, depending on whether a woman has had a baby before).

Deciding on methods of assistance

If you need assistance to give birth, your obstetrician will assess the situation and decide which instrument is the best one to use. In some cases, a Caesarean section will be advised. The Royal College of Obstetricians and Gynaecologists explain in more detail about this decision making process in their guidelines, issued in October 2000⁽²⁾. For example, if the cervix (neck of the womb) is not fully dilated a Caesarean section is needed. If the baby's head (which is oval) is not lined up directly with the route out (also an oval) then it will need a little turn before being eased out, and not all types of instrument are suitable for this delicate manoeuvre. The obstetrician may recommend to you that forceps or ventouse deliveries are done in theatre, especially those which are more complex, in case a Caesarean section becomes necessary.

In some cases, delivery may be made using a ventouse cup (a suction cup attached to a machine which helps to assist the baby down the birth canal). These are 'outlet' or 'low' assisted vaginal deliveries⁽²⁾.

Over 96% of babies⁽¹⁾ for whom assisted birth is recommended will be delivered vaginally with the aid of an instrument. For their own wellbeing a few babies will still need to be born by Caesarean. Overall, this will happen in 1 in 20 births where the ventouse is used, and about 1 in 40 where forceps are used.

What are the risks and side effects of these assistance methods

The ventouse, being a suction cup device, will always leave some bruising on the baby's head. Forceps may slightly bruise the cheeks. These bruises fade within a couple of days and lasting damage is extremely rare.

Mothers who are delivered with assistance are three times more likely⁽¹⁾ to have stitches than those who deliver spontaneously. This is because the tissues at the lower end of the vagina are stretched more quickly during an assisted delivery - in a minute or two, rather than ten or more minutes with the natural birth.

Studies have compared a Caesarean to an assisted vaginal birth. In general, the recovery period for the mother is very much shorter if she gives birth vaginally with assistance, and there is usually no benefit to the baby in one mode of birth over the other.

After the birth

After any birth, including an assisted vaginal birth, you may feel a little bruised and sore. The stitches and swelling may make it painful when you go to the toilet. Any stitches will heal within a few weeks. Pain relief will help. You can begin to have sex again when you and your partner both feel that it's the right time for you.

Some women may wish to talk about the emotional impact of their experience of birth after they have gone home. If you would like to talk to someone, your midwife, health visitor or GP will be able to help you arrange this.

Next birth

Having an assisted vaginal birth does not mean you will necessarily have one in your next pregnancy. Most women who have an assisted vaginal birth deliver spontaneously next time round. Even if your assisted vaginal birth was performed in theatre, you have an 80 out of 100 (80%) chance of having a spontaneous birth next time

References

1. Royal Berkshire Hospital Maternity Unit annual reports for all figures describing incidence of assisted vaginal deliveries, numbers converted to LSCS. Available at www.rbhmaternity.co.uk
2. RCOG Green Top Guideline number 26, revised January 2011 which can be viewed by following this link: <http://www.rcog.org.uk/files/rcog-corp/GTG26.pdf>

This document can be made available in other languages and formats upon request.

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