

Procedure Information Sheet – Vaginal delivery

Vaginal delivery is a natural process to give birth to a baby. However, there are times when it is necessary for the woman to receive assistance to deliver the baby vaginally. There are two common procedures which may be required during the process of delivery:

1. Episiotomy
2. Instrumental Delivery

1. Episiotomy

It is a surgical procedure where a cut is made through the vagina, perineum and perineal body to enlarge the introitus (equivalent to second degree tear). We make an episiotomy only when condition requires. When we make an episiotomy, we make a mediolateral episiotomy after injection of local anaesthetics. (Local anaesthetics is sometimes not needed if you have epidural analgesia.)

1.1. Indications for episiotomy:

- 1.1.1. To speed up delivery as in case of fetal distress.
- 1.1.2. To prevent uncontrolled tear which may extend to perineal body, anal sphincter muscle and even anus and rectum.
- 1.1.3. To reduce effort in bearing down in case of maternal compromise such as hypertension or cardiac disease.
- 1.1.4. For forceps delivery or breech delivery, it is required to prevent severe trauma to perineum.
- 1.1.5. For vacuum extraction delivery, it is usually needed but can occasionally be avoided.

1.2. Benefits (see indications)

1.3. Possible complications of episiotomy (The list is not complete. Very rare complications are not included.):

- 1.3.1. Increased blood loss
- 1.3.2. Pain, may not be confined to postnatal period, and may extend to a longer period of time.
- 1.3.3. Wound problems, such as infection, oedema, haematoma and wound dehiscence
- 1.3.4. Dyspareunia (pain on intercourse)
- 1.3.5. Inability to void and defecate after delivery because of pain and oedema, but would usually resolve after a few days.
- 1.3.6. Major tears of perineum could not always be prevented by episiotomy.

2. Instrumental delivery

The doctor may use a vacuum extractor or a pair of forceps to help the baby to be born if the second stage of labour is prolonged or the fetus is showing signs of distress. If the baby cannot be delivered safely in this way, a Caesarean section will be needed.

VACUUM EXTRACTOR:

A suction cup is applied to the fetal scalp and air is sucked out using a vacuum pump. Once the cup is firmly attached, the doctor pulls on the vacuum extractor while the mother pushes during a contraction. Episiotomy may be necessary.

FORCEPS:

An episiotomy will be made. The doctor will then place the two blades of forceps on the two sides of fetal head respectively. The two blades are then locked together. During contractions, the doctor will pull while the mother will push to deliver the baby.

2.1. Possible risks of instrumental delivery to mother:

- 2.1.1. Complications of episiotomy (see above)
- 2.1.2. The instrumental delivery may fail (0.9% in forceps and 6.3% in vacuum extractor, but higher failure rate for occipital posterior position) and a Caesarean section will be necessary.
- 2.1.3. Vaginal and/or genital tract injuries (severe injury involving anal sphincter muscle or rectum in less than 5%)

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2.2. Possible risks of instrumental delivery to baby:

- 2.2.1. Swelling on scalp (vacuum extractor) & forceps marks on face (forceps) [usually self-limiting] (common)
- 2.2.2. Collar bone may break [usually recover spontaneously] (up to 2%)
- 2.2.3. Other uncommon birth traumas, e.g. intracranial bleeding (0.2%), skull fractures, facial nerve injury (0.4% in forceps and 0.05% in vacuum extractor), brachial plexus nerve injury (0.2%) etc

3. Possible complications of vaginal delivery

Most women can go through a smooth labouring process and give birth to healthy babies. However, there are some occasions (e.g. baby in distress or progress of labour too slow) when emergency operation, i.e. Caesarean Section, is required to deliver the baby.

3.1. In addition, there is a chance that complications may also occur in vaginal delivery, such as:

- 3.1.1. Weakening of the pelvic floor
- 3.1.2. Placenta failed to be delivered requiring emergency operation to remove the placenta
- 3.1.3. Heavy bleeding requiring immediate treatment and/or blood transfusion
- 3.1.4. Retained product of gestation and/or operation required

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name:

Date: _____

