

INFORMATION ABOUT ASSISTED VAGINAL DELIVERY (Forceps or Vacuum)

Your physician, Dr. _____ may recommend delivering your baby with the assistance of forceps or vacuum extractor. These instruments are commonly and safely used for a number of reasons, including the following:

- Suspicion of immediate or potential harm to the fetus (for example, nonreassuring fetal heart rate patterns)
- Prolonged second (pushing) stage of labor
- Maternal exhaustion or medical conditions requiring shortened second (pushing) stage

In most situations, the alternative to a vaginal delivery using forceps or vacuum is cesarean section. This form, together with a discussion with your caregivers, will give you objective information about the potential benefits and risks decision about accepting or refusing the procedure. The choice of instrument to use for assisted vaginal delivery (either vacuum or forceps) usually rests with the clinical judgment and experience of your doctor.

In a vacuum-assisted delivery, a suction cup is placed on the baby's head. While you push, suction is applied and the doctor pulls.

In a forceps delivery, forceps are applied around the baby's head and rest over his or her cheeks. While you push, the doctor pulls.

Delivery may require several contractions. During a natural birth, the baby's scalp can become swollen and the scalp bones can be pressed together. The vacuum or forceps can make the swelling or molding of the scalp bones more visible. However, as with routine vaginal birth, the baby's head will usually return to a normal shape within 1 or 2 days.

Potential benefits of assisted vaginal delivery

In recommending a forceps-assisted delivery, your physician has made certain that specific criteria have been met and that there is a reasonable chance of success. The benefits to a successful forceps or vacuum delivery include, but are not limited to:

- Safe and rapid delivery of the baby
- Prevention of the need for a cesarean section
- Improved recovery compared to a cesarean delivery (less blood loss, shorter recovery and hospital stay, more time and energy for mother-baby bonding and for caring for any older children)
- Lower risk of surgical complications or problems in future pregnancies (for example, abnormal placental location or more difficult cesarean deliveries)
- Allowing the mother to remain an active participant in the delivery

Potential risks of assisted vaginal delivery

Your physician is trained in the safe use of forceps and vacuum, and has been granted privileges by the hospital to use them when appropriate. Despite this, complications can and do occur. In recommending the use of forceps or vacuum, your physician believes the risks listed below are unlikely to occur, and are outweighed by the benefits of an expedited delivery. Overall, when comparing assisted vaginal delivery to the alternative, namely cesarean section after labor, the risks to the baby are very similar. The risks include, but are not limited to:

- Trauma to the mother's birth canal and/or rectum, which may require suturing, but which usually heals completely. Such injuries may cause future problems with bowel or bladder function.
- Failure to deliver vaginally (need for cesarean, after all)
- Difficulty delivering the fetal shoulders (shoulder dystocia), an uncommon event that may result in damage to the nerves of the baby's arms or in a broken arm or collarbone.
- Trauma to the baby's head, such as bruising on the scalp or small skin lacerations. Such trauma is usually minor and resolves within a few days. Rarely, there could be more serious injury to the baby, including temporary or permanent damage to the nerves of the face or bleeding into the brain.