



FREQUENTLY ASKED QUESTIONS

FAQ192

LABOR, DELIVERY, AND POSTPARTUM CARE

Assisted Vaginal Delivery

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What is assisted vaginal delivery?

Assisted vaginal delivery is vaginal delivery of a baby performed with the help of **forceps** or a **vacuum device**. It sometimes is called operative vaginal delivery.

How common is assisted vaginal delivery?

Today, assisted vaginal delivery is done in about 3% of vaginal deliveries in the United States.

What are the types of assisted vaginal delivery?

There are two types of assisted vaginal delivery: 1) forceps-assisted delivery and 2) vacuum-assisted delivery. The type of delivery that is done depends on many factors, including your **obstetrician's** experience and your individual situation.

How is forceps-assisted delivery performed?

Forceps look like two large spoons. They are inserted into the **vagina** and placed around the baby's head. The forceps are used to apply gentle traction to help guide the baby's head out of the birth canal while you keep pushing.

How is vacuum-assisted delivery performed?

A vacuum device is a suction cup with a handle attached. The suction cup is placed in the vagina and applied to the top of the baby's head. Gentle, well-controlled traction is used to help guide the baby out of the birth canal while you keep pushing.

Why might assisted vaginal delivery be done?

Some of the reasons why an assisted vaginal delivery may be done include the following:

- There are concerns about the baby's heart rate pattern during labor.

- You have pushed for a long time, but the baby's head has stopped moving down the birth canal.
- You are very tired from a long labor.
- A medical condition (such as heart disease) limits your ability to push safely and effectively.

What factors will be considered before choosing assisted vaginal delivery?

Before choosing this option, your obstetrician assesses a number of factors to ensure that the highest levels of safety are met. These factors include your baby's estimated weight, where your baby is in the birth canal, and whether the size of your pelvis appears adequate for a vaginal delivery. Your **cervix** should be fully dilated, and the baby's head should be engaged (this means that the baby's head has dropped down into your pelvis).

What are the benefits of assisted vaginal delivery?

One of the main advantages of assisted vaginal delivery is that it avoids a **cesarean delivery**. Cesarean delivery is major surgery and has risks, such as heavy bleeding and infection. If you are planning to have more children, avoiding a cesarean delivery may help prevent some of the possible future complications of multiple cesarean deliveries. Recovery from a vaginal delivery generally is shorter than recovery from a cesarean delivery. Often, assisted vaginal delivery can be done more quickly than a cesarean delivery.

What are the risks for me if I have assisted vaginal delivery?

Both forceps-assisted delivery and vacuum-assisted delivery are associated with a small increased risk of injury to the tissues of the vagina, **perineum**, and **anus**. A very small number of women may have urinary or fecal **incontinence** as a result of these injuries. Incontinence may go away on its own, or treatment may be needed.

What are the risks for my baby if I have assisted vaginal delivery?

Although the overall rate of injury to the baby as a result of assisted vaginal delivery is low, there still is a risk of certain complications for the baby. These include injuries to the baby's scalp, head, and eyes; bleeding inside the skull; and problems with the nerves located in the arm and face. There is no evidence that assisted vaginal delivery has any effect on a child's development.

What are the chances of having a repeat assisted vaginal delivery in a future pregnancy?

If you have had one assisted vaginal delivery, you have an increased risk of having one in a subsequent pregnancy. However, chances are good that you will have a **spontaneous vaginal delivery**. Some of the factors that increase the risk of another assisted delivery include a long (more than 3 years) interval between pregnancies or a fetus that is estimated to be larger than average.

What can I expect after having an assisted vaginal delivery?

After an assisted vaginal delivery, you may have perineal pain and bruising. It may be hard to walk or sit for a time. If you have had a **perineal tear**, it may require repair with stitches. Minor tears may heal on their own without stitches. You likely will have a few weeks of swelling and pain as the perineum heals.

What can I do to help relieve pain and swelling after an assisted vaginal delivery?

To help ease pain and swelling after delivery, try the following tips:

- Take an over-the-counter pain reliever. Ibuprofen is preferred if you are breastfeeding. Acetaminophen also is a good choice.
- Apply an ice pack, cold pack, or cold gel pads to the area.
- Sit in cool water that is just deep enough to cover your buttocks and hips (called a sitz bath).
- Try putting a witch hazel pad on a sanitary napkin. Witch hazel, which has a cooling effect, is a liquid made from certain plants that are distilled in water. It is available over the counter.
- Use a "peri-bottle" while using the bathroom and afterward. This is a squeeze bottle that sends a spray of warm water over your perineum. It can help you urinate with less pain and is a great alternative to using toilet paper for clean-up.
- Ask your obstetrician or other member of your health care team about using a numbing spray or cream to ease pain. Some of these sprays are available over the counter without a prescription.
- If sitting is uncomfortable, sit on a pillow. There also are special cushions that may be helpful.

Glossary

Anus: The opening of the digestive tract through which bowel movements leave the body.

Assisted Vaginal Delivery: Vaginal delivery of a baby performed with the help of forceps or a vacuum device.

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Cesarean Delivery: Delivery of a baby through surgical incisions made in the mother's abdomen and uterus.

Forceps: Special instruments placed around the baby's head to help guide it out of the birth canal during delivery.

Incontinence: Involuntary leakage of urine, feces, or gas.

Obstetrician: A physician who specializes in caring for women during pregnancy, labor, and the postpartum period.

Perineal Tear: A tear that occurs in the female perineum, usually as a result of childbirth. Perineal tears differ in severity.

Perineum: The area between the vagina and the anus.

Spontaneous Vaginal Delivery: A vaginal birth that occurs without assistance from forceps or a vacuum device.

Vacuum Device: A metal or plastic cup that is applied to the fetus' head with suction to assist delivery.

Vagina: A tube-like structure surrounded by muscles leading from the uterus to the outside of the body.

If you have further questions, contact your obstetrician–gynecologist.

FAQ192: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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