

Assisted (Instrumental) Vaginal Birth Infographic

An assisted birth is when special tools are used to help deliver your baby. These tools can be forceps or a ventouse suction cap.

Your doctor or midwife should talk with you about why you might need an assisted birth, which tools they might use, and any possible risks.

Other options, like waiting a bit longer or having a Caesarean Section, will also be talked about with you. You will need to give your consent before the procedure can be done.



Around 1 in 10 (10%) births at Tunbridge Wells Hospital are an assisted vaginal delivery.

Common reasons for an assisted vaginal birth are:



There are concerns about your baby's heart rate or that they may be in distress



Your baby needs help to turn into a good position for birth



You are finding it difficult to push



You have a health condition that may get worse if you push

What to expect:

Your doctor will examine your tummy and perform an internal examination to check the position of your baby

Your bladder may be emptied with a small tube

You will be offered a local anaesthetic, unless you have an epidural

You might need a small cut called an episiotomy to make the opening of the vagina bigger

Your legs might need to be put in special supports called stirrups. This is called the lithotomy position

You will usually still need to push when you have a contraction

What are the potential risks?

Using forceps or a ventouse is safe, but there are some risks:

- Bleeding from the birth canal, which might need extra medicine to stop
- Tearing of the vagina or an episiotomy (a cut) that will be fixed with stitches that dissolve by themselves
- A 3rd or 4th degree tear, which means a tear that goes into the muscle or the wall around the anus or rectum. This can happen more with a forceps or ventouse birth:



1 in every 25 women having a ventouse birth might experience a 3rd or 4th degree tear



2 in every 25 women having a forceps birth might experience a 3rd or 4th degree tear

- After having a baby, some people might find it hard to control when they pass urine or poo; especially if they had a big tear or needed help during the birth. You will be shown how to do pelvic floor exercises to help
- There is a higher risk of blood clots, so you might need to wear special stockings or get medicine to help prevent them for a few weeks after the birth

What are the risks to my baby?

Most babies born with help during birth are healthy and do not have long-term problems.

- The suction cup (ventouse) might leave a mark on your baby's head called a chignon (sheen-yon), which usually fades in 1 to 2 days
- Sometimes, the suction cup can cause a bruise called a cephalohaematoma. This happens in 1 to 12 out of 100 babies and goes away on its own. It rarely causes problems
- Marks from forceps on your baby's face are common. They are usually small and disappear in 1 to 2 days
- Small cuts on your baby's face or head happen to about 1 in 10 babies born with help and heal quickly

Less common risks include:

- Jaundice: 5 to 15 out of 100 babies might get this
- Bleeding in the baby's brain: 5 to 15 out of 10,000 babies might have this
- Serious injuries like broken bones (fractures) or nerve damage in your baby's face are very rare (RCOG April 2020)



What else do I need to know?

- You will sometimes need a small tube (catheter) to drain your bladder for up to 24 hours after birth



of women who have an assisted birth will not need another one if they have another baby in the future.



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RCOG Assisted vaginal birth (ventouse or forceps). April 2020

