



Procedure Information Sheet

Introduction

Vaginal birth is a natural process, apart from vaginal examination, artificial rupture of membranes, and using oxytocin infusion to speed up the labour process. Doctors or midwives will also apply episiotomy and /or instrumental delivery which aims at achieving a smooth and safe vaginal delivery.

Episiotomy: An episiotomy is a surgical cut at the perineum (between vagina and anus) under local anesthesia and aims to enlarge the birth opening. It will be repaired after baby and placenta are delivered.

Vacuum Extraction: A metal or plastic cup(vacuum extraction cup) connected with a vacuum pump is placed on the baby's head through maternal birth canal. A negative pressure is created and traction is applied together with maternal pushing to assist the delivery.

Forceps Delivery: Two metal blades with a lock at the handle are applied to both sides of the baby's head. Traction is made together with maternal pushing to assist in delivery.

Indication

Episiotomy:

- Perineal tissue causing resistance
- Fetal distress

Vacuum Extraction / Forceps Delivery:

- Prolonged second stage
- Poor maternal effort
- Maternal complications: e.g. hypertension or heart disease
- Occipitoposterior position (malposition)
- Fetal distress or non-reassurance fetal heart tracing

Others: _____

The procedure

1. Second stage commences (i.e. cervix is fully dilated) .
2. Mother pushes out the baby under professional supervision.
3. If necessary, episiotomy is performed after local anesthetic injection.
4. A surgical cut is made at the perineum to enlarge the birth opening, in order to reduce vaginal and perineal tear or severe trauma.
5. If instrumental delivery is required :
 - 5.1 Catheterization of bladder if necessary ;
 - 5.2 Either the vacuum extraction cup is applied to the baby's head and build up a negative pressure, or the forceps blades are applied to both sides of the baby's head.
6. Gentle traction is applied, in conjunction with uterine contraction and the mother's expulsive effort to assist the baby's delivery.
7. Repair the episiotomy or tear after the delivery if necessary.

Before the Operation / Procedure

1. A written consent is signed.
2. Perineal hair shaving may be required.
3. Fleet enema (exclude those pregnant women who have diarrhea, precipitate labour or antepartum hemorrhage) .
4. Don't eat too much, some mothers may be required to have nothing by mouth.

Patient's Label

Patient Name: _____
Hospital No: _____
Episode No: _____



After the Operation / Procedure

1. Advise to keep fast for 2 hours after delivery.
2. Advise to have bed rest for 8 hours after delivery (Advise to have bed rest for 24 hours after delivery if using epidural analgesia) .
3. Maintain perineal wound hygiene.
4. Take note of the uterine contraction and the amount of lochia.
5. Take analgesic as prescribed if feel uterine contraction pain or perineal wound pain.
6. Inform health care providers immediately if there is increasing perineal pain, perineal hematoma or excessive vaginal bleeding.

Risks and complications

1. For Mother
 - 1.1. Perineal tear.
 - 1.2. Perineal wound pain / bleeding / hematoma.
 - 1.3. Wound complications may include: infection, healing problem and non-absorption of suture material.
 - 1.4. Birth canal injury.
 - 1.5. Perineal tear with extension to the anus, recto-vaginal fistula.
 - 1.6. Adverse effects of local anesthesia.
 - 1.7. If failed vacuum extraction or forceps delivery may need caesarean delivery.
2. For Baby
 - 2.1. Birth trauma: brachial plexus injury / fracture clavicle / other fracture / scalp skin abrasion / laceration / caput / cephalohaematoma / subgaleal haematoma / skull fracture / subarachnoid haemorrhage / intracranial haemorrhage / forceps mark or abrasions over face / facial nerve injury.
 - 2.2. Perinatal asphyxia.
 - 2.3. Neonatal sepsis.
 - 2.4. Neonatal jaundice.

Alternative Treatment / Investigation

Caesarean delivery.

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

Department of Obstetrics & Gynaecology, United Christian Hospital, Pre-operative Information Sheet: Vaginal Delivery (2022)

Patient's Label

Patient Name: _____

Hospital No: _____

Episode No: _____

Patient's Signature: _____ Date: _____