

## INFORMATION SHEET FOR VAGINAL DELIVERY

### **Introduction**

Vaginal delivery is a natural way of giving birth. However, some mothers may need assistance. Commonly used procedures include (1) artificial rupture of membranes; (2) augmentation of labour; (3) pain relief; (4) episiotomy, and (5) instrumental delivery.

#### **1. Artificial Rupture of Membranes**

Your obstetrician or midwife will rupture the membranes through the vaginal route. This procedure can stimulate and improve the contraction of the uterus and hence shorten the labour. Meanwhile, your obstetrician and attending midwife can observe the liquor status for any abnormality such as blood stain or meconium stain and offer timely and appropriate intervention.

#### **2. Augmentation of Labour**

If there is slow progress of labour with ineffective uterine contractions, obstetrician will assess maternal and fetal conditions and give intravenous infusion of oxytocin to accelerate the labour. Maternal and fetal well-beings will be closely monitored.

#### **3. Commonly Used Pain Relief Methods**

Pain relief can be divided into pharmacological and non-pharmacological. Below we will introduce you to a variety of comforting measures.

##### **I. Non-pharmacological pain relief methods**

Non-pharmacological pain relief include breathing exercise, warm pad, music therapy, birth ball, childbirth massage, transcutaneous electrical nerve stimulation, shower, and hydrotherapy in a birth pool.

##### **II. Pharmacological pain relief methods**

##### **Entonox (laughing gas)**

It is fast acting but short lasting for pain-relief. The mothers should breathe in and out the gas via a mask. It takes several times to breathe in the gas for pain relief. Therefore, mothers are advised to breathe in the gas as soon as or even before the contraction starts and continue until the contraction is almost gone. The effect of pain relief is modest. On the other hand, it rarely causes any harm to the baby.

##### **Pethidine Injection**

It is also known as pethidine hydrochloride injection. Pethidine is a more effective pain-relief method through intramuscular injection every 4 to 6 hours. It is indicated for the treatment of moderate pain. Side-effects include dizziness, nausea, and vomiting, etc. After birth, the baby may be sleepy and affect breast feeding. It is not recommended to administer the drug two hours before birth as it may increase the baby's risk in respiratory depression.

##### **Epidural Anaesthesia (also known as painless labour)**

It can block the sensory pathway of the uterus and is regarded as an effective and long-lasting pain relief method. The procedure is performed by an anaesthetist.

#### **4. Episiotomy**

Mothers may need this surgical procedure under certain conditions. An incision is made at the perineum. Before the incision, local analgesia will be applied (except with epidural analgesia).

##### **I. Application of Episiotomy**

- i. Expediate the delivery when there is fetal distress.
- ii. Prophylactic measure to avoid perineal tear extending to anal sphincter.
- iii. Expediate the delivery in maternal complication such as with hypertension and cardiac disease.
- iv. Commonly performed in instrumental delivery, namely, forceps delivery and vacuum extraction and assisted delivery like breech delivery.

##### **II. Complications of Episiotomy**

- i. Increase in bleeding.
- ii. Wound pain may extend beyond the postnatal period.
- iii. Wound associated problems such as infection, oedema, and haematoma.
- iv. Pain during sexual intercourse.
- v. Wound pain and oedema may cause difficulty in urination and defecation. These conditions will usually resolve within few days.

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### 5. Instrumental Delivery

When there is prolonged second stage of labour, maternal exhaustion or fetal distress, obstetrician will use vacuum or forceps to help deliver the baby.

**Vacuum extraction:** Obstetrician will place a cup on fetus's head. When the cup is well applied with negative pressure, the obstetrician will pull the vacuum cup gently coordinating with your push during uterine contraction to help deliver the baby. Episiotomy may be needed.

**Forceps delivery:** Obstetrician will apply a forceps blade on each side of baby's head. When the forceps are locked, an episiotomy is made. Obstetrician will pull the forceps gently coordinating with your pushing during uterine contraction to help deliver the baby.

#### I. Complications of Instrumental Delivery to Mother

- i. Complications of episiotomy (Please refer to the above related contents).
- ii. Emergency Caesarean section if instrumental delivery fails.
- iii. Vaginal and / or bladder injury.

#### II. Complications of Instrumental Delivery to Baby

- i. Vacuum extraction with invariably result in a chignon which is a temporary swelling of the scalp due to the suction cap.
- ii. Vacuum extraction may result in bleeding at the scalp (subaponeurotic haematoma, skull bone (cephalohaematoma) and beneath the skull bone (intracranial bleeding). Subaponeurotic can be more serious than cephalohaematoma because the former can result in large amount of bleeding if it is gone unnoticed. Intracranial bleeding is rare.
- iii. Forceps delivery may leave forceps marks on baby's face; it is usually mild and transient and resolves spontaneously).
- iv. Fracture clavicle (This can also happen in normal vaginal delivery and can be managed expectantly).
- v. Other rare injuries include, skull fracture, facial nerve injury and brachial plexus injury.

### Complications of Vaginal Delivery

Most women can have smooth vaginal delivery of a healthy baby. However, some may require an emergency caesarean section because of fetal distress (abnormal fetal heart rate pattern and suspected hypoxia) or slow progress of labour. Moreover, there could be some other complications associated with vaginal delivery such as:

1. Obstetric anal sphincter injuries (OASIS).
2. Occult damage to the pelvic floor muscles.
3. Retained placenta requiring an emergency surgery for its removal.

### Remarks

This is general information only and the list of risks/complications as above is not exhaustive as other unforeseeable complications may occasionally occur. The actual risks may be different for different patients. For further enquiries, please consult the attending doctor.

I confirm that the above information concerning the operation/procedure/treatment has been explained to and discussed with me by the Doctor/medical staff and I have been provided with the information sheet and related information, and that I have reviewed the same, and that I fully understand the contents.

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Pregnant Woman's Signature

\_\_\_\_\_  
Parent / Guardian's Signature

\_\_\_\_\_  
Date (dd-mm-yyyy)

\_\_\_\_\_  
Parent / Guardian's Name

\_\_\_\_\_  
Parent / Guardian's ID No.

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Relationship

