


Types of birth



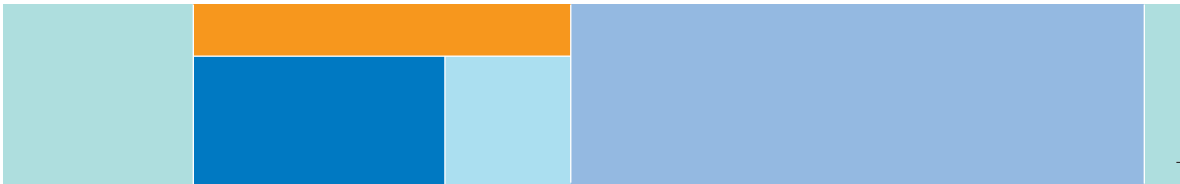
www.nuh.nhs.uk



There are a number of ways to give birth; some women need more help than others, and this leaflet is intended to explain the different types of birth available. It also answers some of your questions.

Normal birth

Normal birth is a vaginal birth that takes place naturally, without help from the doctors. The midwife looks after you and helps you to achieve a normal birth. You can have a normal birth at home or in hospital, whether you have a long or short labour, and when you have had a previous birth which was not normal. A normal birth can be achieved using the pool, and a separate leaflet is available on this. After your baby is born the midwife will help you with the delivery of the afterbirth (placenta). This is usually straightforward and takes just a few minutes, and there are two options for the delivery of the placenta. Many women choose to have an injection to help the placenta separate; this is known as 'active management'. The other option is known as 'physiological management', where you do not have an injection, and the placenta is delivered naturally. This usually takes longer, and your midwife will advise you on how this is done.





What sort of pain relief can I have for normal birth?

You can have whatever choice of pain relief you would like. There is a separate leaflet called 'Positive ways to manage pain in labour' which is useful, and your midwife will help you to choose.


Will I need to have stitches?

Midwives help women to give birth in very natural ways. Sometimes a tear occurs at the point of birth, which will need stitches to help it to heal. These will be put in by your midwife shortly after your baby's birth. Quite often there is no tear at all, or a small tear occurs which does not need any stitches. Your midwife will advise you. It is very rare with a normal birth for an episiotomy to be performed (see questions after forceps birth).

Benefits of normal birth

- It is very likely that you can go home quickly following a normal birth
- Normal birth is often achieved with less intervention (such as a drip or an Epidural), meaning you generally recover more quickly
- There is less chance of needing stitches

For some women, a normal birth will not be possible; this is something which you, your partner and your midwife can discuss together.





Vacuum extraction (Ventouse/suction or Kiwi delivery)

Vacuum extraction may be performed when there is very little progress despite you pushing well during the delivery stage of labour. Sometimes this type of birth is recommended to you when you or your baby seem very tired at this stage; the reasons will always be explained to you. The Ventouse extractor consists of a rubber or metal cap that a doctor attaches to your baby's head using suction provided by a small machine. The baby is then gently guided through the birth canal whilst you push during contractions. Once your baby's head is born, the cup is removed and your baby's body is born naturally. The Kiwi cup also uses suction, but there is no need for a machine.



Forceps delivery

A forceps delivery may be performed for similar reasons to the vacuum extraction – that you are pushing well during the birthing stage of labour but the baby is making slow progress. Again, there may be a concern about how your baby is doing, and it could be advisable to have your baby born more quickly. Sometimes the baby's head is in a position which slows down his progress, and forceps can be used to correct this. Forceps are metal instruments like large spoons. A doctor places the forceps around the baby's head to cradle it. Your baby is then guided through the birth canal as you push with your contractions. Once your baby's head is born, the forceps are removed, and your baby's body is born naturally. There are three types of forceps used (named after the people who invented them), and the reasons they are used are shown below:

- Wrigley's (low forceps) – these are simple forceps used when your baby's head is facing the right direction, and he is low down in the birth canal
- Neville Barnes (straight forceps) – these are used if your baby is not as far down in the birth canal
- Kielland's (rotational forceps) – these are used if your baby's head needs help to turn slightly before he is guided down the birth canal

Forceps deliveries are always performed by a doctor.



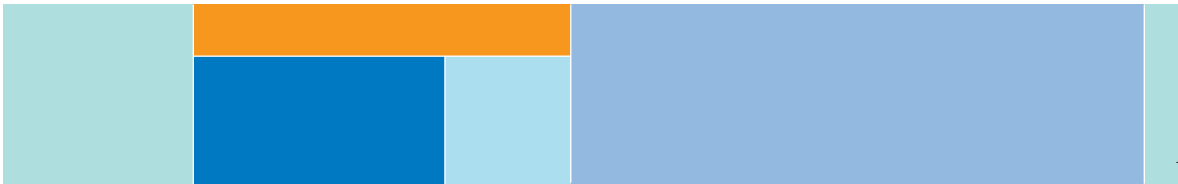


What sort of pain relief can I have for a vacuum or a forceps?

If you have already got an Epidural for pain relief, this can easily be 'topped up' for either a vacuum or a forceps birth. If you have used other types of pain relief or ways of coping with contractions, the doctor is likely to use what is known as a 'Pudendal block'. This is a local anaesthetic (pain relief) in the form of an injection, which blocks the pain around your vagina. Sometimes it is recommended that you have a Spinal anaesthetic for a forceps, but your midwife, doctor or anaesthetist will advise you about this. A Spinal anaesthetic is similar to an Epidural, but has a very quick action. There is a leaflet called 'Positive ways to manage pain in labour' which you may find helpful.

Will I need to have an episiotomy?

An episiotomy is a cut made into the tissues at the back of the vagina. It is rarely used in cases of normal birth, but is sometimes used for a vacuum or forceps birth. It is not always possible to tell whether it is necessary until the time of birth, but the doctor and midwife will speak to you about it. If it is necessary, the doctor will make sure that you are numb at the area before the episiotomy is carried out, and that the stitches are put in straight away.






Will I need stitches?

Sometimes a vacuum birth can be carried out without the need for stitches afterwards, but sometimes a tear occurs which may need stitches. It is more likely that you will need stitches following a forceps birth. However, the doctor will put the stitches in very quickly after your baby is born, and he and the midwife will make sure that you have some pain relief. Your midwife at home or on the ward afterwards will advise you on caring for your stitches, and keeping comfortable.

Benefits of Ventouse/Kiwi/Forceps birth

- The birth will be aided when there is a need
- Your baby will be born more quickly if there is a concern for either you or him, or if you are very tired

Risks or disadvantages

- Some women feel a lot of discomfort following this type of birth; your midwife will advise you on managing this
 - Some women feel disappointed that they have not achieved a 'normal' birth: your midwife will provide support for you
 - Sometimes the Ventouse cap or the Forceps will leave a mark on your baby's head – this mark will fade over 48 hours
- 

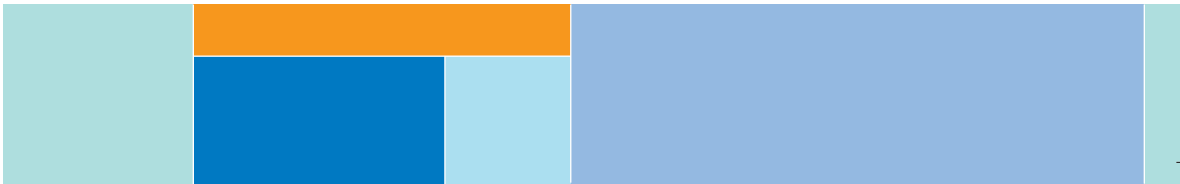


Caesarean Section

There is a separate leaflet on this type of birth, 'Caesarean Section', which we give to women who are expecting to have a Section. It describes this in detail, together with the benefits and drawbacks. Here is a short outline.

There are many reasons why Caesarean Section is performed, but mainly it is recommended when there is a medical indication that a vaginal birth may not be safe either for you or your baby. It is a surgical operation where your baby is born through a cut in the abdominal wall. The cut is usually along the top of the pubic hairline, so the scar can be well hidden when healed. It is always performed in an operating theatre, and a midwife will be with you at all times.

Caesarean Section is sometimes performed as an emergency operation when you are in labour. When this happens, many things will be going on at the same time, but your midwife will always be with you. The doctors and midwife will ensure that you understand the reasons for the surgery, and it is important that you sign a consent form. If you have already had an Epidural for pain relief, it is very likely that this will be topped up for your operation. Otherwise the anaesthetist will put in a Spinal (which is very similar to an Epidural, but works very quickly). Very rarely, a woman may need to have a general anaesthetic and be asleep for her operation. When

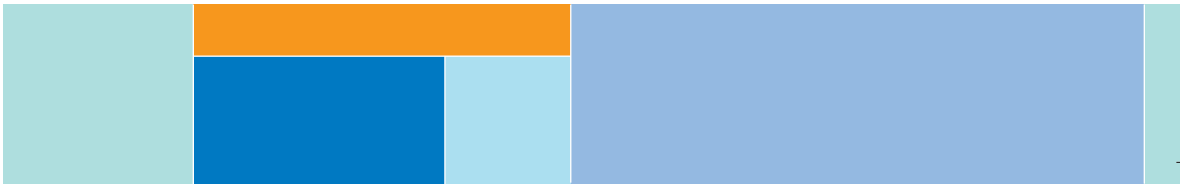


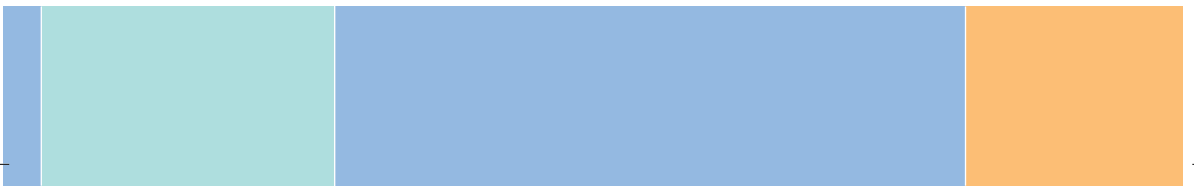
you go into the theatre for your operation, there will be many different noises, people who you have not yet met, and the lights are very bright. However you will always have your midwife with you, your birth partner can come with you, and all the members of staff in the theatre are there to help you have your baby safely. Once your baby is born you can usually see him and hold him almost straight away.





For all types of birth:

- You will always have a midwife with you
 - You will always have discussions with your midwife and doctor, so you understand what is happening
 - You will be able to see and hold your baby straight away, unless there is a concern for either you or your baby
 - You will be able to have 'skin to skin' contact with your baby immediately, or as soon as possible
 - You will be able to breastfeed your baby as soon as you like
- 



Further Information

The information in this leaflet is gained from guidelines which midwives and doctors use all the time. They are from local and national guidelines, and are produced from research. Your midwife or doctor can give you more information should you require it.

<http://nuh.nhs.uk>

<http://nice.org.uk>

Positive ways to manage pain in labour (NUH leaflet)

Caesarean Section (NUH leaflet)

Vaginal Birth after Caesarean (NUH leaflet)

The Birthing Pool (NUH leaflet)

Queen's Medical Centre Campus labour suite: 875 4672

City Hospital Campus labour suite: 962 7710

Contact us

City Hospital campus

Hucknall Road
Nottingham
NG5 1PB

0115 969 1169

www.nuh.nhs.uk

Queen's Medical Centre campus

Derby Road
Nottingham
NG7 2UH

0115 924 9924