

Interventions during labour and birth

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Remember, the information on this fact sheet should not be used or relied on as an alternative to professional care. If you have a particular problem, see your health care professional.

Doctors and midwives will use a variety of technology during your labour to monitor your progress and check that your baby is OK. During antenatal classes, the midwife will discuss the different types of technology hospital staff use during labour and delivery.

It may be necessary to induce your labour and sometimes interventions are needed to help your baby to be delivered safely.

Induction of labour

Mostly labour will begin by itself, but if there is a risk to the baby or the mother, then labour may be induced.

- An induction of labour is when labour is 'brought on' (started earlier than would otherwise happen).
- Before beginning an induction, your doctor or midwife will explain the reasons why they think you need to have it and what it involves.

There are different methods used by a doctor or midwife for inducing labour. These include:

- inserting prostaglandin gel into your vagina
- breaking your waters (artificial rupture of membranes)
- using a hormone in a drip (Syntocinon).

Your labour will not be induced without your consent and your doctor or

midwife will fully discuss the process of induction with you before any intervention.

Monitoring mother and baby

- During labour, your blood pressure, heart rate and temperature are regularly checked.
- The strength of your contractions, how often they happen, and how long they last are recorded.

Fetal heart monitoring

- Your baby's heart rate will be regularly checked during labour using a hand held 'Doppler' monitor.
- A fetal heart monitor (CTG) is used if a continuous recording of your baby's heart rate is required. It also records uterine contractions and your baby's movements simultaneously with the baby's heart rate. The monitor produces a tracing of baby's heart rate and an indicator lights up with each heartbeat.
- Occasionally an internal monitor (attached to the baby's scalp through the vagina) might be needed.
- In early labour it may be possible, in some hospitals, to walk around and have the baby's heart rate monitored by a small radio transmitter that sends the baby's heart rate to a monitor without a connecting wire.

- All CTG tracings remain part of your case notes.

Intravenous drip

- If you have an intravenous drip to induce labour, an automatic 'counter' or pump may be used to control the rate of flow of the hormone into your arm.

Episiotomy

The perineum is the area of skin and muscle between your vagina and your anus.

- The perineum stretches and thins out over your baby's head as he or she is born.
- If your perineum can't stretch enough to allow your baby's head to come out it will either tear or require cutting (this is called an episiotomy).
- Tears may involve just the skin of the perineum or the area around the outer part of the vagina (the labia).
- Sometimes the vagina will tear as will some of the muscle layers of the perineum. Rarely tears extend into the anus.

An episiotomy is a cut made by the midwife or doctor in the perineal area through the skin and muscle layers to enlarge the opening of the vagina.

- Some studies show that episiotomy increases the risk of tears into the anus.



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1800 882 436



- It is recommended that episiotomies are only cut if your baby's heartbeat is low, if you need forceps to help your baby to be born or there are other reasons why your baby needs to be born more quickly.
- Some studies have found that episiotomy does not prevent incontinence (leaking of urine or faeces), reduce severe tearing or improve healing. There is no difference in the rates of incontinence between normal birth and caesarean birth.

The cut is quickly repaired after the birth with stitches that will dissolve in 1-2 weeks.

Forceps and ventouse deliveries

Obstetric forceps are sometimes needed to help deliver the baby.

- Forceps are specially designed to fit safely around the baby's head and guide it through the birth canal.
- Sometimes the forceps may leave small marks on the baby's cheeks that will disappear in a few days.

Ventouse is a suction cup that fits on the baby's head and is sometimes used instead of obstetric forceps.

- It is used in a similar way to forceps, to guide the baby through the birth canal.
- When ventouse is used, the baby may have a soft tissue swelling for a few days where the cup was.

If your baby requires either forceps or ventouse to help them be born, your doctor will discuss this with you at the time.

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