

Medical Procedures to Help Labour and Birth

There are many medical procedures to help you have a safe and healthy delivery. Your health care provider will talk with you and your support person about options that are not part of routine care.

What is induction of labour?

Starting labour by using medication, by using a catheter balloon to stretch the cervix or by purposely breaking your water. Your health care provider might suggest an induction if you're past 41 weeks or if there are concerns for the well-being of you or your baby. There are risks and benefits to planning an induction. Your health care provider will help you to decide.

What is an episiotomy?

A cut made at the opening of the vagina to get the baby out faster if, for example, their heart rate drops. An episiotomy is usually not necessary.

What are forceps?

Instruments used by an obstetrician to provide traction along with your pushing efforts to help the baby deliver, if you are having trouble pushing or if there are any concerns for your baby's well-being. Using forceps may help avoid a caesarean birth.

What is a vacuum?

A suction cup placed on your baby's scalp to help ease their head out if you're having trouble pushing or if there are concerns for their well-being.



DID YOU KNOW?

In most cases, a vaginal delivery is the safest way to give birth. Babies born vaginally have fewer breathing problems and complications, and parents have less pain and infection and recover faster.

Caesarean Birth

What is a caesarean (C-section)?

A surgery in which your baby is delivered through a cut in your belly and uterus.

A caesarean may be the safest choice for you and your baby if:

- you're pregnant with more than one baby
- your cervix isn't opening fully, even after a long labour
- your baby is very large or in a breech (bottom- or feet-first) or sideways position
- your baby isn't coping well with the contractions
- you have a serious medical condition
- you have herpes sores on your genitals
- you've had a previous caesarean with an up-and-down cut

Caesarean delivery

Most people have an epidural or spinal anaesthetic and are awake during the surgery and birth. Your partner(s) or support person can be in the operating room. You will likely be able to hold your baby skin-to-skin right after or soon after the birth. If you're too sleepy or not able, your support person can hold the baby skin-to-skin until you're ready.

If you have a general anaesthetic, you'll be asleep during the surgery and birth and your partner(s) will not be in the operating room.

Your recovery

You will have an IV in your arm until you're drinking well, and a tube into your bladder for about 12 to 24 hours or until you can get up to the bathroom.

Healing may take 6 weeks or longer. You will probably need pain medication for several days and help at home for at least a week. Don't return to your usual activities too soon or lift anything heavier than your newborn.

Experiment to find the most comfortable position for breastfeeding or chestfeeding (see [Breastfeeding or Chestfeeding Your Baby](#)).

Future births after a caesarean

Having a caesarean doesn't mean you'll need one next time you have a baby. If the cut from your caesarean was made side-to-side, not up-and-down, you can most likely give birth vaginally in the future.

What is Vaginal Birth After Caesarean (VBAC)?

Giving birth vaginally after having had a caesarean in the past.

What's safer?

Both vaginal and caesarean births are very safe for mothers or birthing parents and babies. VBAC is about as safe as a first vaginal birth. A planned repeat caesarean is about as safe as a first elective caesarean. In fact, only very rarely – 5 of every 10,000 births – do babies have life-threatening complications after a VBAC or a planned caesarean.

With a vaginal birth, there's less chance of infection and excessive bleeding, a shorter hospital stay and a faster recovery time. Giving birth vaginally can, though, cause a caesarean scar to pull and tear the uterus. But this is rare – only happening in 2 to 4 of every 1,000 births.

If you give birth vaginally, you and your baby will be monitored closely during labour so that any problems can be acted on quickly. Choosing a hospital that can do a caesarean if necessary will help you ensure a safe delivery.

Contact HealthLink BC at 8-1-1 or healthlinkbc.ca for more information and talk with your care provider to make an informed choice.



WHAT YOU CAN DO

If your partner had a general anaesthetic and is asleep, hold the baby yourself – skin-to-skin – as soon as possible after delivery.



KEY TAKEAWAY

Include your thoughts about caesareans in your birth preference guide (see [Preparing to Give Birth](#)). Make it clear if you'd like your baby to be brought to you or your partner(s) right after birth. And if you're upset after a caesarean, share your feelings with someone you trust.

Pain Relief Options

Pain relief without medication

There are a number of ways to help ease labour pain that don't involve medication. These include:

- acupuncture and acupressure
- breathing and relaxation techniques
- comfortable positions
- hypnosis
- ice packs
- massage
- practising ceremony or traditional protocols
- support from a partner(s) or doula
- walking
- warm baths or showers



Pain medication

Medication	Pros	Cons
<p>Nitrous oxide and oxygen “Laughing gas” breathed in through a mouthpiece.</p>	<ul style="list-style-type: none"> • Can be used right up until birth. • Doesn’t affect the baby. • Helps you focus on your breathing. • You breathe in only the amount you need. 	<ul style="list-style-type: none"> • Dulls the pain but doesn’t erase it. • May cause nausea, dizziness and tingling or numbness in your face and hands.
<p>Sterile water injection Sterile water injected into the lower back.</p>	<ul style="list-style-type: none"> • Releases endorphins to help relieve pain. 	<ul style="list-style-type: none"> • May sting going in.
<p>Opioids Morphine or fentanyl injected by a health care provider.</p>	<ul style="list-style-type: none"> • Relaxes you. • Morphine helps you rest during early labour. • Fentanyl helps you rest between contractions during active labour. 	<ul style="list-style-type: none"> • May make you drowsy, dizzy or nauseated. • Dulls the pain but doesn’t erase it. • Morphine given too close to the birth can slow baby’s breathing and affect baby’s ability to breastfeed or chestfeed at first. • Fentanyl requires an IV, close monitoring and frequent vital sign assessment. • A limited number of doses of fentanyl may be given.
<p>Pudendal block Local anaesthetic injected into a nerve in the vagina.</p>	<ul style="list-style-type: none"> • Blocks pain around your vagina. 	<ul style="list-style-type: none"> • Doesn’t take away the pain of contractions.
<p>Epidural/spinal Local anaesthetic injected into a space near your spinal cord.</p>	<ul style="list-style-type: none"> • Gives relief from the waist down (from chest down during a caesarean). • Can be used at any time during labour – more can be given as needed, for relief up to 24 hours. • Lets you be awake during a caesarean. • “Walking epidural” lets you move around freely. • No drowsiness. 	<ul style="list-style-type: none"> • May affect your urge or ability to push. • Increases the chance that forceps will be needed. • Affects leg control – you may not be able to get up during labour or right after delivery. • May make you shivery and itchy. • May affect blood pressure. • Requires an IV. • May require a fetal monitor and catheter (tube inserted into your bladder). • May cause headache. • May affect baby’s ability to breastfeed or chestfeed right after birth. Additional support to establish breastfeeding or chestfeeding may be needed.
<p>General anaesthetic Complete sedation used to put you fully to sleep.</p>	<ul style="list-style-type: none"> • Can be used in emergency caesarean when it’s too late or unsafe to give an epidural or spinal. 	<ul style="list-style-type: none"> • You’re asleep during the birth. • May cause dangerous reactions, such as fast-dropping blood pressure. • May affect baby’s ability to breastfeed or chestfeed right after birth. Additional support to establish breastfeeding or chestfeeding may be needed. • May cause dry, sore throat. • May cause nausea and vomiting.