

# 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, vaginal gel or insert, 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.

## What is an episiotomy?

A cut made at the opening of the vagina just before the baby's head is delivered to make more space for the baby to pass through.

## What are forceps?

Instruments used to help pull the baby out if you're having trouble pushing or if there are concerns for your baby's well-being.

## What is a vacuum?

A suction cup placed on your baby's scalp to help ease his head out if you're having trouble pushing or if there are concerns for his 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 having 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 or support person can be in the operating room. You'll 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 will not be in the operating room.

## Your recovery

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

Healing may take 6 weeks or longer. You'll 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 (see [Breastfeeding 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 mother and baby. 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](http://healthlinkbc.ca) for more information, and talk with your care provider to make an informed choice.



## PARTNERS

### 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 wishes (see [Preparing to Give Birth](#)). Make it clear if you'd like your baby to be brought to you or your partner 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:

- a supportive partner
- breathing and relaxation techniques
- warm baths or showers
- comfortable positions
- ice packs
- acupuncture and acupressure
- hypnosis
- massage
- walking



## Pain medication

Medication	Pros	Cons
<p><b>Nitrous oxide and oxygen</b> “Laughing gas” breathed in through a mask.</p>	<ul style="list-style-type: none"> <li>• Can be used right up until birth.</li> <li>• Doesn’t affect the baby.</li> <li>• You breathe in only the amount you need.</li> </ul>	<ul style="list-style-type: none"> <li>• Can be used for 2 to 3 hours maximum.</li> <li>• Dulls the pain, but doesn’t erase it.</li> <li>• May cause dizziness, and tingling or numbness in your face and hands.</li> </ul>
<p><b>Sterile water injection</b> Sterile water injected into the lower back.</p>	<ul style="list-style-type: none"> <li>• Relieves back pain.</li> </ul>	<ul style="list-style-type: none"> <li>• May hurt going in.</li> </ul>
<p><b>Narcotics</b> Morphine or fentanyl injected by a health care provider.</p>	<ul style="list-style-type: none"> <li>• Relaxes you.</li> </ul>	<ul style="list-style-type: none"> <li>• May make you drowsy, dizzy or nauseated.</li> <li>• Dulls the pain, but doesn’t erase it.</li> <li>• If given too close to the birth, can slow baby’s breathing and affect baby’s ability to breastfeed at first.</li> </ul>
<p><b>Pudendal block</b> Local anaesthetic injected into a nerve in the vagina.</p>	<ul style="list-style-type: none"> <li>• Blocks pain around your vagina.</li> </ul>	<ul style="list-style-type: none"> <li>• Doesn’t take away the pain of contractions.</li> </ul>
<p><b>Epidural / spinal</b> Local anaesthetic injected into a space near your spinal cord.</p>	<ul style="list-style-type: none"> <li>• Gives relief from the waist down (from chest down during a caesarean).</li> <li>• Can be used at any time during labour; more can be given as needed, for relief up to 24 hours.</li> <li>• Lets you be awake during a caesarean.</li> <li>• “Walking epidural” lets you move around freely.</li> <li>• No drowsiness.</li> </ul>	<ul style="list-style-type: none"> <li>• May affect your urge or ability to push.</li> <li>• Increases the chance that forceps will be needed.</li> <li>• Affects leg control; you may not be able to get up during labour or right after delivery.</li> <li>• May make you shivery and itchy.</li> <li>• May affect blood pressure.</li> <li>• Requires an IV.</li> <li>• May require a fetal monitor and catheter (tube inserted into your bladder).</li> <li>• May cause headache.</li> <li>• May affect baby’s ability to breastfeed right after birth. Additional support to establish breastfeeding may be needed.</li> </ul>
<p><b>General anaesthetic</b> Complete sedation used to put you fully to sleep.</p>	<ul style="list-style-type: none"> <li>• Can be used in emergency caesarean when it’s too late or unsafe to give an epidural or spinal.</li> </ul>	<ul style="list-style-type: none"> <li>• You’re asleep during the birth.</li> <li>• May cause dangerous reactions, such as fast-dropping blood pressure.</li> <li>• May affect baby’s ability to breastfeed right after birth. Additional support to establish breastfeeding may be needed.</li> <li>• May cause dry, sore throat.</li> <li>• May cause nausea and vomiting.</li> </ul>