

## Information for women

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### How will I have my baby?

At East Sussex Healthcare NHS Trust the doctors and midwives want to make the birth of your baby a safe and satisfying experience. Birth is normal and natural process. This leaflet will discuss the different types of birth, the reasons for them, and the advantages and disadvantages of each type of birth.

You will need to think about:

- Where you would like to have your baby.
- Who to have with you to support you during labour.
- How you would like your baby to be monitored.
- What sort of pain relief you might like.

There are other leaflets available to help you make these decisions.

In order for you to be able to make an informed decision about how to have your baby we have written about all of the risks and benefits that can occur however rare. Some women may find this difficult to read and think through. However we feel that having all the information helps you to make the right decision and an informed choice for yourself and your family.

It is difficult to predict what kind of experience of birth you will have and how you will feel about that experience. However, the more informed you can be the more prepared you can be for your experience.

Your baby can be born either:

- Vaginally (where you push your baby out through your birth canal).
- By forceps or ventouse (where a doctor provides assistance by using instruments to cradle your baby's head and pulling while you push your baby through the birth canal).
- By Caesarean section (where a doctor makes a cut in your womb to deliver your baby, as part of an operation).

In East Sussex Healthcare in 2010 Most babies are born vaginally, but some (20.32%) are born by Caesarean section, and (11.6%) are born with the help of forceps or suction (ventouse).

Some women also choose to have their babies in water (5.58%) Currently there is no research to suggest that there are any increased risks to health of the baby associated with this.

### What is a normal birth?

A normal birth is where at the end of labour you are able to push your baby out through your vagina. Women's experiences of normal birth are different. Some women have long labours, some women have short labours, some women choose to have pain relief, and some don't, some women may require stitches to their vagina or perineum and some women may not.

### What are the advantages of a normal birth?

- It is safer for you, with less chance of complications such as blood clots which can develop in your legs.
- Gives a feeling of achievement for you and your partner.
- Recovery is much quicker.
- Breast feeding is easier and more likely to be successful.

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- You can leave hospital sooner, which is important if you have other children at home.
- You can get back to driving quickly.

Overall a vaginal birth is safer for mother and baby than a caesarean section or a forceps or ventouse birth.

For some women, the following problems are more likely after vaginal birth:

- Pain in the area between the vagina and anus (the perineum).
- Bladder incontinence up to three months after birth.
- Sagging of the womb (prolapse) through the vaginal wall.

### What is a forceps or ventouse birth?

Sometimes difficulties occur at the very end of labour at the stage when the neck of the womb (cervix) is fully open and the woman is starting to push the baby out.

The most common problems at this time are either:

- That the woman is unable to push the baby out without assistance.

Or

- That the baby gets tired or distressed and needs to be born quickly.

Often at this stage in the labour it is possible for the doctor to help the woman to deliver her baby by using forceps or a suction cap (ventouse). By doing this a caesarean can be avoided. The doctor would only perform a forceps or ventouse delivery if it was absolutely necessary.

### What are the advantages of a forceps or ventouse birth?

The advantage of a forceps or ventouse birth is that the baby is born more quickly than it would naturally and at times this is important.

### What are the disadvantages of a forceps or ventouse birth?

The disadvantages are that:

- The woman is more likely to need stitches for a vaginal tear or an episiotomy (cut in the vaginal wall).
- There is an increased risk of damage to the muscle surrounding the anus (back passage).
- There is often some bruising to the baby's face or scalp sometimes caused by the ventouse cup or the Forceps. This will be observed by the Midwives and is not harmful to your baby (these marks will resolve spontaneously).

### Which is better - forceps or ventouse birth?

This depends on the individual situation and is left to the judgement of the doctor at the time. If after examining you the doctor anticipates that the birth is likely to be straightforward it is likely that the ventouse would be chosen as this causes less injury to the walls of the vagina.

Sometimes however the doctor may feel that the ventouse would not deliver the baby and in these situations would use forceps.

If there is concern that the delivery is likely to be difficult, and that a caesarean may be necessary, then we may suggest moving you into the operating theatre before trying. This

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ensures that there is no delay in carrying out the delivery of your baby by Caesarean if necessary.

### What is a Caesarean section?

A Caesarean section is an operation to allow the baby to be born through the abdominal wall rather than the birth canal. The operation is usually done under a spinal or epidural anaesthetic which means that you are awake during the operation unable to feel pain and you will be able to greet your baby when he/she is born. Occasionally a general anaesthetic is used so that you are asleep.

There are two kinds of caesarean section, elective and emergency.

- An elective Caesarean is one that is planned by the woman and her Obstetrician (Maternity doctor) before labour begins.
- An emergency Caesarean is one where a decision is made (usually when you are already in labour) because an unexpected problem has arisen and the baby needs to be born quickly.

### When is a caesarean section necessary?

An **elective** caesarean can be necessary when:

- The baby is lying sideways (transverse) or in some cases bottom first (breech) in your uterus (womb).
- The afterbirth (placenta) covers the entrance to the birth canal (cervix).
- Medical conditions of the mother or baby that make vaginal birth unsafe.
- Unsuccessful Induction

An **emergency** caesarean can be necessary when:

- The baby is becoming distressed during labour.
- When the labour is extremely slow.
- The cervix does not open up.

There are some situations where a Caesarean may be appropriate for some women and not others. You and your doctor will need to discuss the advantages and disadvantages to you as an individual.

You will need to take into account what has happened in this pregnancy, in previous pregnancies (if you've had them), and your own feelings about how you want to have your baby.

A Caesarean may be relevant for you if you have:

- Twins or triplets.
- A baby in the breech position (if Breech discuss plan for delivery with your Consultant Obstetrician).
- Your placenta is lying low in the womb.
- A very large baby.
- Certain viral infections.
- Had a previous caesarean (Vaginal Birth is an option for you, so discuss plan of care with your Consultant obstetrician).
- Asked to have a Caesarean. (Reasons why would need to be fully discussed with the consultant and possibly a Senior Midwife to decide if this is best for you and your baby.

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- If your baby's growth has slowed and he/she needs to be born earlier than your expected due date.
- If you have severely high blood pressure in your pregnancy and again your baby needs to be born earlier than your expected due date.

### What are the advantages of a caesarean?

Sometimes a caesarean is unavoidable or your doctor will recommend it because it appears that the benefits of a caesarean outweigh the risks. Feel free to ask questions so that you understand why your doctor is suggesting this.

Sometimes women feel that they want to have a caesarean because they:

- Have had a previous difficult labour.
- Want to plan the birth and feel in control.
- Are worried that a vaginal birth may cause problems with their bowel or bladder control
- Are worried that labour may be long and painful.
- Are worried about losing their dignity in labour.
- Are worried about damage to the vagina during the birth.

If you are worried about any of the above then you should discuss it with your doctor or midwife.

### What are the potential risks and side effects of caesarean?

A caesarean birth involves major abdominal surgery, so the benefits need to be weighed against the risks for each woman.

A vaginal birth is overall four times safer for a woman than having a caesarean (although a planned caesarean is thought to be slightly safer than an emergency one)

	How many women does this affect, out of every 10,000 women?	
	Caesarean Birth	Vaginal Birth
<b>More likely after a caesarean section</b>		
Pain in the abdomen (tummy)	900	500
Bladder injury	10	0.3
Injury to the tube that connects the kidney and bladder	3	0.1
Needing further surgery	50	3
Hysterectomy (removal of the womb)	Up to 80	1 or 2
Admission to intensive care unit	90	10
Longer hospital stay	3 – 4 days	1 – 2 days
Returning to hospital afterwards	530	220
Death of the mother	0.82	0.17
Having no more children	4200	2900
In a future pregnancy, the placenta covers the entrance to the womb (placenta praevia)	40-70	20-50
Tearing of the womb in a future pregnancy	40	1
In a future pregnancy, death of the baby in the 40-20 womb before labour starts	40	20

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Table Continued..	Caesarean Birth	Vaginal Birth
Pain in the area between the vagina and anus (the perineum)	200	500
Bladder incontinence 3 months after the birth	450	730
Developing a blood clot	<b>Between 4 – 16 overall</b>	
Sagging of the womb (prolapse) through the vaginal wall	<b>500 overall</b>	

Although we try to prevent these problems they do sometimes occur and can be serious or even life threatening for mother and/or baby.

Women vary in their ability to recover from a caesarean. A caesarean will usually:

- Require a short hospital stay.
- Make getting out of bed, standing and walking around difficult and painful to begin with.
- Make it difficult to use stairs and to carry anything, including the baby for the first few days.
- Make it difficult to do activities which require bending down, lifting or stretching for several weeks.
- Some women experience a sense of loss or failure as a result of having a caesarean. They take time to recover emotionally as well as physically, and may need extra support.

### For the baby:

- The major risk for the baby is breathing difficulties, which are four times more likely in a baby born by caesarean (the severity of the breathing difficulties can be reduced by waiting until you are 39 weeks pregnant to have a caesarean).
- Some babies may require support in the Special Care Baby Unit as a result of the Breathing difficulties.
- Approximately 2% of babies are accidentally cut as the womb is opened during the surgery.

**Having a baby by caesarean does not mean that you have to have a caesarean next time.**

### Reducing the likelihood of a caesarean

Sometimes a caesarean operation will be unavoidable, but a recent National Institute for Clinical Excellence (NICE) guideline suggests ways which may help to reduce the likelihood of a caesarean:

- Having a supportive person with you continuously, during labour.
- Having the baby monitored intermittently rather than continuously (if you are healthy and have an uncomplicated pregnancy).
- Planning to have your baby at home (if you are healthy and have an uncomplicated pregnancy).
- If your baby is breech, having the baby turned by external cephalic version (ECV) after 37 weeks.
- Having your labour induced if you go beyond 41 weeks.

Other interventions have been shown to have **no** influence on the likelihood of caesarean section (although they may affect other factors such as the amount of pain you feel):

- Walking in labour.
- An upright position during the second stage of labour.
- Immersion in water during the second stage of labour.

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- Epidural pain relief during labour.
- The use of raspberry leaves.

### Requesting a caesarean

There is a difference of opinion amongst Obstetricians as to whether a woman should be able to have a caesarean on request in the absence of any medical problem.

- Some believe that unnecessary operations should be avoided because of the risks associated with them, when compared with vaginal birth.
- Others believe that a planned caesarean is safe and should be available as a choice for women who are fully informed of the risks.

Any women requesting a caesarean for whatever reason should ensure she is fully informed of all the facts. If you request a caesarean section your doctor will explore and discuss your reasons with you and make a note of this; they will not automatically agree to arrange for a caesarean if you ask for one. They will discuss the overall benefits and risks of caesarean compared to a vaginal birth.

If you ask for a caesarean section because you have fears about giving birth you will have the opportunity to discuss this with a Senior Midwife.

Everyone is an individual. While most women have normal births, sometimes delivery by caesarean, forceps or ventouse is more appropriate. For some women their experience of birth sometimes leaves them with negative feelings, even when all has gone well. Where this is the case there are ways we can help you. However your baby is born, we will do our best to make it a safe and satisfying experience for you.

### Sources of information

- NHS DIRECT at [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk) or 0845 4647.
- National Institute for Clinical Excellence at [www.nice.org.uk](http://www.nice.org.uk).
- The Active Birth Centre [www.activebirthcentre.com](http://www.activebirthcentre.com).
- The National Childbirth Trust [www.nctpregnancyandbabycare.com](http://www.nctpregnancyandbabycare.com).

**This patient information leaflet was written by the Guidelines group and the Women's Focus group and was developed with reference to National Institute for Clinical Excellence (NICE) – Caesarean section (2004).**

### Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

### Your comments

We are always interested to hear your views about our leaflets. If you have any comments please contact our Patient Advice and Liaison Service (PALS) – details below.

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### Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

### Other formats

This information is available in alternative formats such as large print or electronically on request. Interpreters can also be booked. Please contact the Patient Advice and Liaison Service (PALS) offices, found in the main reception areas:

#### **Conquest Hospital**

Email: [palsh@esht.nhs.uk](mailto:palsh@esht.nhs.uk) - Telephone: **01424 758090**

#### **Eastbourne District General Hospital**

Email: [palse@esht.nhs.uk](mailto:palse@esht.nhs.uk) - Telephone: **01323 435886**

After reading this information are there any questions you would like to ask? Please list below and either ask your midwife or doctor.

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### Reference

The following clinicians have been consulted and agreed this patient information:  
Gayle Clarke, Specialist Midwife Practice Development; Mr Dexter Pascall, Consultant Obstetrician

The directorate group that have agreed this patient information leaflet:  
Obstetrics and Gynaecology

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