

At Prentice Women's Hospital, our priority is to protect the health of both you and your baby. Although some women progress through labor and delivery naturally by themselves, other women may need extra help from their healthcare team.

This brochure will help you understand some of the methods of delivering your baby. If you have any questions, please talk with your clinician during your pregnancy.



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Methods of Delivering Your Baby



Types of delivery methods

Spontaneous vaginal delivery

The most common way to give birth is by spontaneous vaginal delivery. This is when you push the baby yourself through your vagina (birth canal). For first-time mothers, the pushing stage often lasts 2 to 3 hours. It may be shorter or longer for some women.

With any type of vaginal delivery, after your baby is born, your placenta will separate from your uterus and be delivered.

Most first-time mothers will have a tear in the opening of their vagina or perineum. Your clinician will carefully repair any tears with stitches, if needed. These tears are usually in the vaginal tissue and underlying muscle. An episiotomy is a cut made at the opening of the vagina or perineum to help delivery and prevent tearing. An episiotomy is performed only if needed.

Operative (assisted) vaginal delivery

You may be unable to push your baby out on your own, or the delivery may need to progress more quickly for a safe outcome. If this happens, your clinician may recommend helping you by using forceps or a vacuum device. This is called an operative, or assisted, vaginal delivery. This is sometimes an option instead of a Cesarean section (C-section) delivery.

There are 2 types of assisted vaginal deliveries.

- **Forceps-assisted vaginal delivery:** The forceps device is a curved, metal tool that looks like long spoons (Figure 1). It is placed in your vagina, on the baby's head, alongside the baby's cheeks. While you push, your obstetrician guides your baby's head out of the birth canal by pulling on the forceps. Most operative vaginal deliveries at Prentice Women's Hospital are done with forceps.



Figure 1. Forceps device

- **Vacuum-assisted vaginal delivery:** During a vacuum-assisted vaginal delivery, a suction cup device (Figure 2) is placed at the top of your baby's head. While you push, your obstetrician guides your baby's head out of the birth canal by pulling on the vacuum. It is less common that a vacuum device is used to help with a vaginal delivery.



Figure 2. Suction cup device

Forceps or vacuum-assisted vaginal deliveries are only options for certain patients. It depends on your baby's position in your pelvis. Your obstetrician will talk with you about the safest delivery choice for you and your baby.

Use of these tools does come with some risks.

While serious injuries to your baby from a forceps or vacuum delivery are very rare, some of the risks may include:

- Bruising
- Scrapes or cuts on your baby's head or face
- Pinching of the nerve that travels along your baby's cheeks
- Damage to your baby's bones or blood vessels of the scalp

Injuries to you from a forceps delivery include a deeper cut of your pelvic floor, tears in the muscle around your anus or rectum, or damage to your pelvic floor muscles. As a result, you may have:

- Long-term problems with controlling urine, gas or stool
- Sexual dysfunction
- Pelvic organ prolapse

C-section delivery

Situations may come up during labor that may cause your clinician to recommend a C-section. A C-section delivery is a type of surgery through your abdomen and uterus to deliver your baby. If there is concern for your health and/or your baby's health, or if vaginal delivery is not possible, your obstetrician may recommend a C-section delivery.

Your baby's risks from a C-section delivery may include:

- Breathing problems in the first few hours of life
- Injuries from delivery, such as skin cuts or bruising

Your risks from a C-section delivery may include:

- Infection in your skin or uterus
- More bleeding than would usually occur with a vaginal delivery
- Damage to the organs near your uterus, including the bladder, bowel and ureters
- Complications in future pregnancies, including scarring in your uterus or placenta problems

Remember...

Most first-time mothers will have a spontaneous vaginal delivery. Also, most women who have an assisted vaginal delivery or a C-section delivery will heal well and without problems.

During the course of your labor and delivery, your clinician will help you make decisions for your delivery based on what is right for you and your baby. Our goal is a healthy delivery for you and your baby. Ask questions and talk with your clinician **before** your labor, so you can make informed, shared decisions about your delivery goals.



Resources

These websites offer more information and answers to frequently asked questions. Enter "assisted vaginal delivery" or "C-section" into the search bar.

- American College of Obstetricians and Gynecologists - [acog.org/womens-health](https://www.acog.org/womens-health)
- Krames health encyclopedia - [encyclopedia.nm.org](https://www.encyclopedia.nm.org)