



## Procedure Information – Vaginal Delivery

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Name: Sex/Age:  
Doc. No.: Adm. Date:  
Attn. Dr.:  
Patient No.: PN

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affix patient's label*

### Introduction

Vaginal delivery is a natural process to give birth to a baby. However, there are times when it is necessary for mothers to receive assistance. Episiotomy and instrumental delivery are two common procedures in the process of vaginal delivery.

### The Procedure

#### 1. Vaginal delivery

- 1st stage of labour
  - Usually takes around 8 to 12 hours for a primipara mother; 6 to 8 hours for a multipara mother
  - Uterine contractions increase in frequency, duration and strength with the progress of time
  - Fetal head flexes and descends into pelvis as the cervix dilates gradually
- 2nd stage of labour
  - Cervix fully dilates
  - Episiotomy may be performed
  - Mother starts pushing under the guidance of our staff

#### 2. Episiotomy

- Introduction
  - A mediolateral surgical cut made through the vagina, perineum and perineal body to enlarge birth canal
  - Prior to episiotomy, local anaesthetics will be given
  - If there is epidural analgesia in place, local anaesthetics may not be needed
- Indications
  - Reduce perineal tears (uncontrolled tear may extend to perineal body, anal sphincter muscle, and even anus and rectum)
  - Fetal distress, speed up the delivery process
  - Instrumental delivery
  - Breech delivery
  - Maternal compromise, such as hypertension and cardiac disease

#### 3. Instrumental delivery

- Introduction
  - Use of vacuum extraction or forceps to assist delivery
  - Prior to instrumental delivery, an episiotomy will be performed

<b>Vacuum Extraction</b>	<b>Forceps</b>
A vacuum suction cup is applied to the fetal scalp. Once the suction cup placement is confirmed, the doctor pulls on the suction cup handle during a contraction while the mother pushes	A pair of forceps is applied to the two sides of the fetal head. Once the forceps placement is confirmed, the doctor pulls on the forceps handle during a contraction while the mother pushes



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- Indications
  - Prolonged 2nd stage of labour
  - Poor maternal effort
  - Fetal distress or suboptimal fetal heart tracing
  - Fetal position is occiput posterior
  - Maternal compromise, such as hypertension and cardiac disease

### **Risk and Complication**

There are always certain side effects and risks of complications of the procedure. Medical staff will take every preventive measure to reduce their likelihood.

### **Possible risks and complications (not all possible complications are listed)**

#### 1. Vaginal delivery

- Most mothers could go through a smooth labour process and give birth. However, there are times when an emergency Caesarean Section is necessary, such as fetal distress and slow labour progress
- For mother
  - Perineal tear
  - Weakening of pelvic floor
  - Excessive bleeding, may require blood transfusion or immediate treatment
  - Amniotic fluid embolism
  - Retained placenta or product of gestation, may require operation to remove
  - Wound infection
  - Postpartum sepsis
- For baby
  - Perinatal hypoxia
  - Birth injury, such as brachial plexus injury, fracture of clavicles and other fractures
  - Neonatal jaundice
  - Neonatal infection or sepsis

#### 2. Episiotomy

- Increased bleeding
- Wound pain, not confined to postnatal period, may extend to a longer period of time
- Wound complications, such as infection, prolonged suture absorption, impaired healing, oedema, haematoma and wound dehiscence
- Difficulty in passing urine and defecating due to wound pain and oedema, usually resolves spontaneously in a few days
- Major perineal tears could not always be prevented by an episiotomy
- Sphincter muscle tear may lead to formation of recto-vaginal fistula



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### 3. Instrumental delivery

- For mother
  - Complications of episiotomy
  - Genital tract injuries (severe injury involving anal sphincter or rectum, less than 5%)
  - Failure in instrumental delivery, may require emergency Caesarean Section
- For baby
  - Perinatal hypoxia
  - Neonatal infection or sepsis
  - Fracture of clavicles (2%, usually recovers spontaneously)
  - Intracranial bleeding (0.2%)
  - Brachial plexus nerve injury (0.2%)

Vacuum Extraction	Forceps
<ul style="list-style-type: none"> <li>- Scalp swelling (common, usually subsides spontaneously) or abrasions, even cephalohaematoma</li> <li>- Skull fracture (0.05%)</li> <li>- Facial nerve injury (0.05%)</li> <li>- Neonatal jaundice</li> </ul>	<ul style="list-style-type: none"> <li>- Forceps marks on face (common, usually subsides spontaneously) or abrasions</li> <li>- Skull fracture (0.4%)</li> <li>- Facial nerve injury (0.4%)</li> </ul>

### Prenatal information

1. Attend prenatal visits according to schedule
2. Spouse may participate in the delivery process
3. Discuss delivery arrangements with your doctor
  - Ways to contact the doctor after office hours
  - Mode of delivery
  - How to relieve labour pain
4. Look out for signs of labour
  - Regular uterine contractions (labour pain)
  - Water leaks (rupture of membranes)
  - Bloody show
5. Your doctor will explain the reason, procedure and possible complications
6. You will need to sign a consent form before operation
7. Fleet enema may be given prior to delivery if admitted in early labour

### Postnatal information

1. General aspect
  - Personal hygiene: may shower after delivery if physical condition permits
  - Diet: avoid consuming alcoholic beverage or Chinese herbs
  - Postnatal exercise: may resume on the 1st day after delivery to facilitate recovery
  - Postnatal follow-up: usually follow-up in 1 to 2 weeks after delivery, then postnatal check-up in 6 to 8 weeks



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### 2. Physiological aspect

- Breast engorgement: usually occurs in 3 days after delivery. May experience mild fever, swelling and pain. Take analgesics as prescribed by your doctor to alleviate the symptoms. Breastfeeding mothers are advised to let their baby suck frequently; non-breastfeeding mothers are advised to avoid their baby sucking or stimulating too much
- Lochia: normal vaginal discharge from the uterus, normally lasts 2 to 6 weeks. Colour of lochia will turn from bright red to pink, then to a whitish discharge and gradually subside
- Menstruation: usually returns in 4 to 6 weeks after delivery; may delay in breastfeeding mothers
- Uterine contractions: normal recovery process, usually lasts 6 to 8 weeks. May experience intermittent pain. Take analgesics as prescribed by your doctor to alleviate the symptoms
- Perineal wound: usually repaired with absorbable sutures and does not require stitches removal. Keep the wound clean and dry. Rinse your perineum from front to back after every visit to the toilet. Contact your doctor or attend a hospital if you experience severe wound pain, gapping, redness, oedema, purulent discharge, fever (body temperature above 38°C or 100°F), or other unusual symptoms

### 3. Psychological aspect

- Due to hormonal changes after delivery, mothers may experience mood disturbance, such as feeling tearful or agitated, even insomnia
- Look out for symptoms of postpartum depression
- Consult your doctor or seek professional help if mood disturbance persists

### Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.

### Reference

Department of Obstetrics & Gynaecology - The University of Hong Kong

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. \_\_\_\_\_. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

\_\_\_\_\_  
Patient / Relative Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship (if any)

\_\_\_\_\_  
Date