

Vaginal Birth Information Sheet

Welcome to Huntington Hospital. Our Labor and Delivery unit is designed to provide a safe environment for you to deliver your child. The labor experience varies from person to person. Ideally your labor will progress without need for medications or procedures. However, sometimes your obstetrician may recommend treatments designed to improve the chance of a successful vaginal birth. This information sheet explains some of the treatments and interventions which may be used during your labor, starting with those that are more common.

- **Pitocin** is an intravenous medication containing the drug oxytocin, which is the natural hormone that stimulates contractions. We use this if your contractions are not strong enough or frequent enough to lead to birth. Your obstetrician might use this to induce or start labor, or to improve your contractions if they are too weak or too far apart.
- **Artificial rupture of membranes** is a quick and safe procedure performed by your obstetrician to break the “bag of water” in the womb. This may help the labor to progress faster.
- A **labor epidural** is used to relieve the pain of labor and is administered by an anesthesiologist. Sometimes the relaxation provided by the epidural can help labor progress or allow more effective pushing. Your anesthesiologist will explain the details of this procedure to you.
- An **episiotomy** is an incision made at the lower vaginal opening. For many women the vaginal opening is not large enough to allow birth, even with use of mineral oil and perineal massage. A natural tear may occur during birth requiring stitches, or the obstetrician may recommend an episiotomy which will also require stitches.
- **Misoprostol** and **Cervidil** are intravaginal medications that help soften the cervix in preparation for labor. They are used if your obstetrician recommends to induce labor but your cervix is not ready (we say “not ripe”) for labor.
- The **vacuum** is a hand-held device that is applied to the baby’s scalp which allows your obstetrician to assist and help your baby deliver vaginally. It might be used if you are unable to push the baby out yourself after several hours of pushing. It may also be used to deliver the baby faster if the baby is not tolerating the last stages of labor. There are some risks with using this device. The most common risk is a temporary bruised swelling on the baby’s scalp. Sometimes even with the vacuum, the baby will not deliver vaginally. In those cases, a Cesarean birth might be necessary. Your obstetrician will discuss this with you if a vacuum is being considered.
- **Forceps** are shaped like a pair of long spoons, and like the vacuum can be applied to the baby’s head to help direct the baby outwards. Forceps can leave marks on the baby’s face or head, although these are usually temporary. Like the vacuum, forceps do not always result in a vaginal delivery and thus a Cesarean birth may be done instead. Your obstetrician will discuss this further with you if a forceps procedure is being considered.

All vaginal births involve some degree of pain and bleeding. Sometimes labor does not result in a vaginal birth, and a Cesarean birth might be necessary. Rarely more serious complications can occur, such as excessive bleeding, intrauterine infection, tears affecting the cervix, uterus, bladder or rectum, or shoulder dystocia where the baby gets wedged in the birth canal, after the head is out. Your obstetrician and nurses are trained to manage these complications. Our goal is the safe delivery of your baby, while maximizing your safety as well. If you have further questions regarding the information above, please discuss them with your obstetrician.

Acknowledgement - Huntington Hospital Vaginal Birth Information Sheet

I certify and acknowledge that I have read, or have had read to me, the Vaginal Birth Information Sheet, received a copy thereof, and understand it.

Patient's Name (print): _____ Date _____

Patient's Signature: _____ Date _____

Language Line Operator # (if used): _____

Interpreter Name (print): _____

Witness Name (print): _____

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