

Labor and Birth Procedures/Interventions/Complications

When you arrive on Labor and Delivery, these are a few things that you may encounter either as part of routine care or as an intervention if problems arise.

Vaginal or Pelvic Exam(s)

- When you arrive at the hospital, your health care provider will most likely do a vaginal exam to find the cervix and determine the progression of labor (by determining how dilated/thin/soft your cervix is). Vaginal exams may be done at various times throughout your labor. Vaginal exams can be uncomfortable, especially if you are in early labor and your cervix is hard to reach. Try to breath through these exams as much as possible.
- If you are leaking fluid, a sterile speculum may be placed in your vagina to determine if your bag of waters has broken. Most providers try to avoid doing vaginal exams with their fingers on women whose bag of waters has broken, because the more vaginal exams that are done, the greater the risk of infection to you and your baby.

IV (Intravenous Access)

- It is recommended that you have an IV placed in your arm during labor. It is useful to have an IV so that fluid or medication may be given to you while you are on L&D. IV fluids/medications may be used for induction, pain relief, dehydration, infection, or hemorrhage.
- If you don't need any fluid or medication, you can request a "saline lock" (i.e., "heparin lock"). A saline lock is a little catheter that remains in the vein but does not require IV fluid to be running. It gives you more flexibility in your arm and allows for more movement, while still keeping the vein open in case you need fluids or medication. If you have a saline lock and are not receiving IV fluids, then it is very important for you to drink throughout your labor to stay well-hydrated.
- The IV is usually left in place several hours after the birth in case an emergency arises.

Oxygen

- Sometimes extra oxygen is needed for mom or baby.
- It is administered through a mask hooked up to a tank on the wall.
- It does not help the pain or have any side effects, but it may help you relax.

Artificial Rupture of Membranes (AROM)

- Your health care provider may use a small hook, like a darning hook, to break the bag of waters.
- You and your baby do not feel pain when this happens. Usually, you feel a warm gush of liquid.
- AROM may be recommended to help with labor progress.
- AROM may not be recommended if your baby's head is too high in your pelvis, your cervix is not dilated/open enough, you have too much amniotic fluid, or your provider is concerned about the risk of infection for you and baby.
- The longer your bag of waters is broken, the greater the risk of an infection for you and/or your baby.
- Not everyone needs an AROM - many women's bag of waters break on their own. Babies can also be born in the bag of waters.

Fetal Monitoring

There are two types of fetal monitoring, external monitoring and internal monitoring.

- External monitoring is the most common form of monitoring both your baby's heartbeat and your contractions. It is an ultrasound device that is strapped to your belly during labor.
- Monitoring may be done continuously – for example if pain medication is being used, if you are having an induction, or if your provider is concerned about your baby's well being – or it may be done

intermittently. The hospital also has a portable monitoring system so that you can wear wireless monitors and walk around during labor or take a bath/shower.

- Internal monitoring is almost exclusively used in high-risk situations or when more accurate types of monitoring may prevent other unnecessary interventions. One type of internal monitoring is a fetal scalp electrode (FSE). A FSE is a small probe that is inserted into the scalp of the baby's head. Your bag of the waters needs to be broken and you must be dilated enough to use this monitor. An FSE may be used if your provider is concerned about your baby's heartbeat and/or is having trouble finding your baby's heartbeat with external monitors. Of all babies monitored with an internal fetal monitor, 4 to 5% will suffer from scalp abscesses, lacerations, hematomas and hemorrhages.
- Another type of internal monitoring is an intrauterine pressure catheter (IUPC). This device is inserted into the uterus and lies against your baby. Because external monitors do not show how strong your contractions are (only how frequent they are and how long they last), an IUPC can be used if your labor is very slow to see if the contractions are strong enough to dilate your cervix. Your bag of the waters needs to be broken and you must be dilated enough to use this monitor.

Episiotomy and Vaginal/Perineal Tears

- An episiotomy is an incision made in the perineum (the tissue between the vaginal opening and anus) during childbirth.
- Researchers say there's no need for a routine episiotomy, but the procedure is still warranted in some cases. Your health care provider may recommend an episiotomy if: extensive vaginal tearing appears likely, your baby is in an abnormal position, or your baby needs to be delivered quickly.
- If you need an episiotomy, you'll receive an injection of a local anesthetic to numb the tissue if you do not have an epidural or if your epidural is no longer numbing the area. You're not likely to feel your health care provider making the incision or repairing it after delivery.
- The providers at Women's Specialists of New Mexico have a **very low** rate of cutting an episiotomy.
- If you have an episiotomy or if you have a natural tear from the birth of the baby, you may need stitches to repair the tear. Again, you'll receive an injection of a local anesthetic to numb the tissue if you do not have an epidural or your epidural is no longer numbing the area. The stitches will dissolve on their own a few weeks after the birth.

Forceps and Vacuum Extractors

- There are two main reasons why a birth might need to be assisted by means of vacuum extraction or forceps. The first, and most urgent, of these reasons is "fetal distress." Fetal distress is when changes in the baby's heart alert the provider that the baby needs to be delivered promptly. If these heart rate changes occur and your cervix is already completely dilated and the baby's head is very low in the birth canal, your provider may recommend using forceps or a vacuum to help your baby to be born. The second reason is "maternal exhaustion." Sometimes women with a very long pushing phase of labor will become so fatigued that assistance delivering the baby may be needed.
- The vacuum extractor has a soft cup which is attached to the baby's scalp by suction. Babies born with the assistance of the vacuum extractor will usually have an area of swelling caused by trapped fluid inside the tissue of the scalp where the cup was applied. This swelling goes away quickly and is usually completely resolved within 24 hours. Occasionally there may be lacerations or abrasions of the baby's scalp because of the vacuum and friction. Other possible negative consequences of vacuum extractors are cephalohematomas (collections of blood under the scalp), and bleeding in the brain (which is very rare). If a vacuum is used in the birth process, there is a greater chance of tearing the perineal tissue of mom's body than during a vaginal birth without a vacuum.
- Forceps are steel instruments that resemble a pair of large bent spoons that lock together at the handles. Each blade (the official name for the "spoon" portion, although they are not sharp) is slid into the vagina, one at a time. These blades are positioned around the sides of the baby's head and then the handles are placed together and locked into place. With the baby's head cupped between the blades, the doctor pulls as the mother pushes. Forceps carry the risk of bruising or lacerating the baby's head or face, or more serious damage to the baby (which is very rare). Forceps may also cause lacerations or other injuries to the tissues of the mother's vagina, pelvic organs, or perineum.
- The advantages of these two procedures are the potential avoidance of a C-section. Recovery from a vacuum or forceps delivery is often quicker and less painful than recovery from a C-section operation. In certain situations, delivery of your baby can be achieved more rapidly with vacuum or forceps than with C-section, which is a benefit to both you and your baby.