Understanding Medical Procedures 16

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Method | How It’s Done | Why It’s Done/  Benefits | Risks To Mom | Risks To Baby |
|  |  |  |  |  |
| **Pitocin** | Medicine added to an IV | Too far past due date  Water breaks without contractions  Pregnancy has put you or baby at risk | Increased chance of cesarean birth  Increased labour discomfort | Fetal Distress |
| **Amniotomy** | Bag of waters is broken with an amni-hook during a vaginal exam | For a labour that has slowed down  Need for stronger, more frequent contractions | Doesn’t always shorten labour  Infection  Pitocin often needed | Fetal Distress  Infection |
| **IV Fluids** | Catheter inserted in a vein in the wrist or hand to administer fluid or medicine | If the laboring woman has become dehydrated  If medicine needs to be administered | Over hydration  Difficult to get into comfortable positions for labouring | Over hydration |
| **Vaginal Exam** | Care Provider uses hand inserted into the vagina to examine the cervix | To obtain information about the cervix. Specifically, the dilation, effacement and pelvic station | Infection  Disappointment that you are not as dilated as you think you are | No significant risks to baby if waters are intact.  If water has broken there is a risk of infection |
| **External Fetal**  **Monitoring** | Sensors are placed at the top of the abdomen and lower abdomen. Held in placed by stretchy bands | To obtain information about the contractions and fetal heart rate | Continuous monitoring tethers laboring woman to a machine.  Limits position changes for comfort | No significant risks to baby are known |
| **Internal Fetal**  **Monitoring** | Sensor is placed on the top of the abdomen to measure contractions. A scalp clip is placed on baby’s head to measure baby’s heart rate | To obtain an accurate and isolated view of baby’s heart rate | Must stay in bed which can limit position changes and comfort measures  Infection | Infection  “nick” on baby’s head |

Understanding Medical Procedures 17

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Method | How It’s Done | Why It’s Done/  Benefits | Risks To Mom | Risks To Baby |
|  |  |  |  |  |
| **Episiotomy** | Surgical incision in the perineum between the vaginal opening and the rectum | To widen the vaginal opening to make more space for baby or if an instrumental delivery is necessary | Infection  Possible longer recovery | No significant risks to the baby are known |
| **Vacuum**  **Extraction** | A suction cup and pump that helps the delivery of the baby | If the laboring women is too tired to push  If baby needs to be born quickly | Episiotomy may be needed | Bruising and swelling on baby’s head  Admission to the Neonatal unit |
| **Forceps** | An instrument shaped like tongs to help guide baby out | If laboring women is too tired to push  If baby needs to be born quickly | Episiotomy may be needed  Possible damage to the vaginal canal | Temporary marks/bruising on baby’s face or head  Admission to the Neonatal Unit |
| Adapted from Injoy Video | Understanding Birth 2nd Edition |  |  |  |