

TYPES OF DELIVERY

YOUR BABY IS ALMOST HERE!

Planning the delivery of your baby is an important element of your birth experience. Have continuous discussions with your provider about your preferences and priorities.

Depending on your current and past pregnancies and your medical history, your provider will determine the safest way to deliver your baby.

Ask your provider questions about the **recovery process**, interventions that may impact future pregnancies, and benefits and alternatives to help you make informed decisions.

VAGINAL BIRTH

Vaginal birth is the most common delivery method. For **uncomplicated pregnancies** and labor, vaginal birth offers the **lowest risk** for you and your baby.

If your labor is induced, you can still give birth vaginally. Labor induction means that medications or other methods are used to jumpstart the laboring process.

When you give birth vaginally, your cervix goes through a process called **dilation (opening)** and **effacement (thins out)**. This process will help you push your baby through your vagina.

After delivering your baby, you will also deliver the placenta.

Vaginal delivery has many benefits for both mother and baby. Some benefits include:

- Faster recovery
- Lower infection rate
- Easier lactation and breastfeeding experience
- Babies born vaginally have a lower risk of needing respiratory support and have stronger immune systems



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ASSISTED DELIVERY

Assisted vaginal delivery is when you give birth to your baby through your vagina, but your doctor uses **special tools such as forceps or a vacuum** to help your baby out of your vagina.

In a forceps delivery, your doctor will use a tong-like medical instrument. Your doctor will reach into your vagina with the forceps to grasp your baby's head and help guide your baby out of your vagina while you are pushing.

In a vacuum assisted delivery, your doctor will use a suction cup device. Your doctor will reach into your vagina with the cup and attach it to the baby's head. You will keep pushing while your provider pulls your baby out of your vagina.

You may need assisted delivery if:

- You have been pushing for a long time
- You or your baby are in distress or need medical attention
- You become too tired to continue pushing with your full strength
- Labor is not progressing very well

Your provider will determine if an assisted delivery is medically necessary

CESEAREAN SECTION (C-SECTION)

When you have a C-section, your doctor will make an **incision in your belly and uterus**. Depending on the type of anesthesia used, you may or may not be awake during the birth of your baby.

After delivery, your doctor uses stitches, thread, staples, surgical glue, or a combination of those to close your uterus and belly. **In some pregnancies, C-sections are the planned delivery method** due to known medical conditions.

A planned C-section may be recommended when:

- You have had a previous C-section, especially within the last 2 years
- You are pregnant with multiple babies
- You have a placenta condition called placenta previa. This is when your placenta covers your cervix
- Your baby is in a breech position, which means your baby's bottom or feet are facing the vaginal canal, instead of your baby's head

C-sections are only recommended when medically necessary. Your provider will determine this based on your medical situation.

UNPLANNED & EMERGENCY C-SECTION

An unplanned C-section is usually due to an unexpected medical emergency.

Emergency C-sections are performed to keep you and your baby safe. For example, unmanaged pre-eclampsia may result in an emergency C-section,

Situations where you may need an emergency Cesarean delivery include:

- You are experiencing a life-threatening condition
- You are hemorrhaging or losing too much blood
- Complications with the way your placenta is attached to your uterus

VAGINAL BIRTH AFTER CESAREAN (VBAC)

If you had a previous cesarean delivery, there may be a chance that you are able to give birth to your next baby vaginally. This is called VBAC. During your prenatal visits, talk with your doctor about the risks and benefits of VBAC. Your provider will determine the best delivery method based on your medical situation.

You may be able to have VBAC if:

- You have had a previous vaginal birth
- Your past C-section is a side-to-side cut and low on your uterus
- 18 months have passed between the date of your previous C-section and the start of pregnancy
- You are not experiencing pregnancy complications

A NOTE ON C-SECTIONS

C-sections can save lives. C-sections, however, have **more risks than vaginal births** and are major surgical procedures. Some of these risks, such as hemorrhage are **leading causes of maternal mortality**.

RISKS OF CESAREAN DELIVERIES INCLUDE:

- Infection
- Significant loss of blood (hemorrhage) and need for blood transfusion
- Longer recovery period and hospital stay

USE YOUR VOICE BEFORE & DURING LABOR:

Ask your provider to help you come up with a birth plan that is right for your health and reflects your priorities.

Ask these questions:

- How can you support me to avoid medically unnecessary interventions?
- Is VBAC an option based on my medical situation?
- How will this intervention impact my health and future pregnancies?
- What are some situations that may result in you recommending a C-section or assisted delivery?

SOURCES:

- Pregnancy: Types of Delivery: bit.ly/3AC7CB2
- What is a cesarean section? OB/GYN answers 13 common questions about c-sections | Stanford bit.ly/3GDWqHH
- ACOG FAQ Cesarean Birth bit.ly/3Ovw78H