

# Interventions and the possible cascade.

Childbirth is a natural process but not everyone can have a natural birth and may require an intervention. An 'intervention' is an action taken by your LMC or an obstetrician, that literally means that they intervene in the birthing process to assist in the delivery of your baby.

There are several ways an intervention can occur, these may include: delivery by forceps or a vacuum (ventouse) cup, an episiotomy, induced labour and a caesarean section (elective or emergency).

You should discuss all eventualities with your LMC during your pregnancy so you understand why they might be considered along with attending antenatal classes where the educator will cover these topics, giving you tools to help with the decision making. If you're healthy and your pregnancy and labour are normal, you probably won't need any intervention.

## Assisted delivery

An assisted delivery is sometimes called an 'instrumental delivery', which is when an obstetrician will help in the birthing process by using instruments such as a ventouse (vacuum extractor) or forceps to help you deliver your baby. A ventouse (vacuum cup) is attached to the baby's head by suction. A soft or hard plastic or metal cup is attached by a tube to a suction device. The cup fits firmly onto your baby's head. During a contraction and with the help of your pushing, the obstetrician gently pulls to help deliver your baby. Forceps are smooth metal instruments that look like large spoons or tongs. They're curved to fit around the baby's head. The forceps are carefully positioned around your baby's head and joined together at the handles. With a contraction and your pushing, an obstetrician gently pulls to help deliver your baby.

## Episiotomy

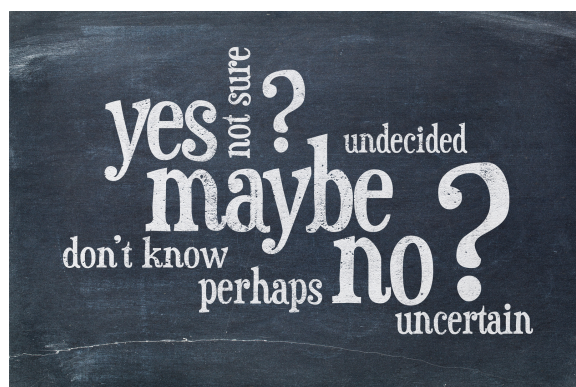
An episiotomy is a procedure performed during labour where a small cut is made to your perineum to widen your vagina to assist with the delivery of your baby. An episiotomy may be recommended if your baby develops a condition known as 'fetal distress' your baby's shoulders are stuck, your baby is larger than average or you require an instrumental delivery.

## Induced labour

Sometimes, your LMC may recommend inducing labour – bringing it on artificially instead of waiting for it to begin naturally. The reasons for inducing a baby may include a multiple birth, diabetes, medical reasons or when a pregnancy is nearing 42 weeks gestation. There are several different methods for induction, your LMC will suggest which one may suit your situation.

## Elective and Emergency C-Sections

There usually needs to be a medical reason for this delivery method - either with your and/or your Baby. A caesarean section is carried out because a vaginal birth is not possible or safe. If you know this before you go into labour it's called a planned (elective) c-section. And if you, your LMC and obstetrician decide during labour that a c-section is the safest way to deliver your baby, it is called an emergency c-section. Your health care team will tell you the reasons for recommending a caesarean, give an explanation of the operation and obtain your consent if you agree. If the caesarean section is recommended because of concern about your baby, a member of the paediatric team will be present in theatre in case your baby needs continuing specialised care in the special baby care unit after delivery.



This idea that using one intervention can lead to the need for more interventions is quite often called a "cascade of intervention."

The maternity practices that can lead to a cascade of interventions include:

- Using various medications to induce labour
- Artificially breaking the membranes surrounding the baby and releasing amniotic fluid before or during labour
- Using medicine to make labour move faster
- Giving medications for pain relief
- Labouring in bed versus being upright and moving about

In many instances, these practices may cause added problems (hence the cascade of intervention) because they disrupt the normal physiology of pregnancy, labour and birth by:

- Interfering with hormones that move labour and birth along
- Creating opportunities for infection
- Having undesirable effects on your baby
- Making it harder for you to push your baby out

When these effects happen, people may feel that their bodies have failed them, not realizing that the things that went wrong could have actually been triggered by maternity practices themselves.

## **Making decisions**

You have been making decisions all the way through your life. You gather information about the pros and the cons of each option and then make a choice. During labour, emotions can run a little higher than usual and so having a tool to support this process can be helpful. Last week, we chatted about informed consent which included a list of questions you may like to ask. This week, I'm going to tell you how to use your BRAIN!

BRAIN is a great tool. This is an acronym that stands for each element of information you might wish to include in considering your decision - at any stage during your pregnancy, labour and birth.

**B** – Benefits 'What are the benefits of this course of action for me and my baby?'

**R** – Risk 'Are there any risks or negative consequences associated with this course of action for me or my baby?'

**A** – Alternatives 'What other options are available to me?'

**I** – Intuition 'How do I feel about the recommended course of action and the alternatives?'

**N** – Nothing 'If I did nothing right now, what would be the benefits or risks of that course of action?'

You probably apply this questioning process every time you make a decision. BRAIN provides you with a structure for your questions so that you can be sure that you have covered all the relevant information required to support your decision-making process.

BRAIN allows you to slow down the course of events. Unless you are in an emergency situation, you usually have time to make decisions. BRAIN places you and your partner at the centre of the decision-making process, rather than just being accessories to it.

If you practice using BRAIN during your pregnancy, you will not only become very skilled in the process but also more comfortable in questioning your LMC or an obstetrician which does not always feel like an easy thing to do.

The fact that you've read all the way through this article is a good indicator that you are preparing and doing your homework. Keep it up, get educated, assemble a good team, and go out there and rock your birth! However your labour unfolds, you will be informed, empowered and respected for your choices. Most important, trust your intuition. Everyone, including you, should stop, think and discuss everything before any intervention is agreed upon.

