Potential Medical Interventions During Childbirth (Page 17):

Medical Interventions that may be applied when/if necessary:

Generally, in cases where labour is difficult, the baby is having difficulty progressing through the birth canal, or the baby is experiencing distress in the birth canal, certain medical interventions are used to manage the birth. However, full cooperation between the mother and the doctor/midwife is necessary for this procedure to be performed.

Episiotomy:

To widen the birth canal and facilitate the baby's delivery, an incision called an episiotomy may be made in the perineum (the area between your vagina and anus). The need for an episiotomy will be assessed by your doctor or midwife during labour and performed if necessary.

Use of Medication to Initiate and Accelerate Labour:

Certain medications may be used to initiate or strengthen labour contractions. This is commonly known as induced labour. This is usually done if your or the baby's health is at risk, if labour has not started, if contractions are not strong enough, or if the baby's progress has stopped or slowed down. While induced labour can be beneficial, it can also have some side effects and risks. Therefore, induced labour is administered in a hospital setting at the discretion of your doctor. During the procedure, your doctor or midwife (your doctor and midwife) will continuously monitor you and the baby for potential side effects.

Assisted Delivery:

If the baby's head is not progressing or turning in the final stages of labour, if you cannot push effectively, or if pushing is dangerous due to health problems, or if the delivery needs to be accelerated, medical instruments called vacuum extractors and forceps may be needed to ensure a safe delivery. These instruments are used under the supervision of a doctor and only when necessary.

Amniotomy (Artificially ruptured membranes):

The amniotic sac is a fluid-filled sac surrounding the baby during pregnancy. As labour contractions progress, this sac usually ruptures on its own, and the fluid escapes. However, sometimes the sac may not rupture or may need to rupture prematurely. In such cases, a doctor or midwife can create a small opening in the sac using a thin plastic hook to allow your water to break.

- ❖ You will not feel any pain during the procedure.
- ❖ The procedure will not harm you or the baby.
- ❖ The procedure may have some side effects, such as umbilical cord prolapse, compression, increased risk of infection, and increased intensity of contractions.

Epidural Anaesthetic:

- ❖ Epidural anaesthetics one of the methods used to relieve labour pain and is the most effective.
- ❖ Epidural anaesthetics is performed at your request. However, whether you are suitable for this procedure and, if so, when it will be performed, will be decided by doctors (gynaecologists and anaesthesiologists).

- Epidural anaesthetics is administered by giving medication (local anaesthetic) through a thin catheter placed in the lower back, and pain relief is provided in a specific body area (within 10-15 minutes).
- While you feel contractions, the pain is significantly reduced.
- Only a very small amount of the medication enters your bloodstream. Therefore, it is quite safe for the baby.
- Epidural anaesthetics can be continued as long as labour continues.
- You can move during epidural anaesthetics.
- The greatest benefit of epidural anaesthetics is that it provides painless childbirth.
- You may experience a slight drop in blood pressure, itching, headache, and a slight fever. These side effects are not common.

Caesarean Section:

- A caesarean section is a surgical procedure to deliver a baby through an incision in your abdomen and uterus. Normal delivery is safer for most women and babies than a caesarean section. However, in some cases, a caesarean section can be lifesaving;
- If the baby is not in the correct position, if you have a multiple pregnancy, birth defects, problems with the placenta, or other health problems, a normal delivery may be risky for you, and your doctor may recommend a planned caesarean section.
- An emergency caesarean section may be performed in cases such as failure of labour, premature placental separation, umbilical cord entrapment, foetal distress, or if the baby is too large to pass through the birth canal.
- If you have previously had a uterine surgery or caesarean section, another caesarean section may be necessary, but you can also have a normal delivery if your doctor deems it appropriate.
- A caesarean section can be performed with 3 different types of anaesthesia: general anaesthesia, spinal anaesthesia, and epidural anaesthesia. A caesarean section is not a type of delivery, but a surgical procedure, and it carries some significant risks.

Some of these risks are:

For Mothers:

- There are risks such as infection, blood loss, injury to blood vessels or organs, and problems caused by anaesthesia.
- Recovery after a caesarean section is more difficult than after a vaginal delivery.
- Severe pain may be felt for a few days after a caesarean section, and some women may experience discomfort for several months.
- The risk of blood clots forming in the legs may increase after a caesarean section, and these clots can travel to the lungs and cause problems.
- A horizontal scar may remain on the abdomen after a caesarean section.

For Babies:

- Rapid breathing problems (tachypnoea) may develop within a few days after birth, and the baby may need to be treated in intensive care.
- Rarely, skin lacerations may occur in the baby.
- Because babies born by caesarean section are not exposed to the natural bacteria in the mother's vagina during birth, the beneficial bacteria called the gut microbiota do not develop sufficiently, and the diversity of these bacteria may be reduced later in life. This can affect the baby's lifelong health.

- Babies born by caesarean section have a higher risk of developing chronic childhood diseases such as obesity, asthma, and diabetes.

Regarding future pregnancies and births:

- Women who have had a caesarean section may have difficulty conceiving again.
- They have an increased risk of problems such as ectopic pregnancy, abnormal placental placement, premature birth, and uterine rupture in future pregnancies.
- Even if they want to have a vaginal birth in future pregnancies, they are more likely to have another caesarean section.
- As the number of caesarean sections increases, so do the risks and complications.