

Having a baby in the 21st century a rewarding birth experience

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Outline

Birth Culture

Emergency operative delivery

Planning delivery



Birth culture

Balancing safety and satisfaction

Birth

What do women in labour want?

What can we offer women in labour?

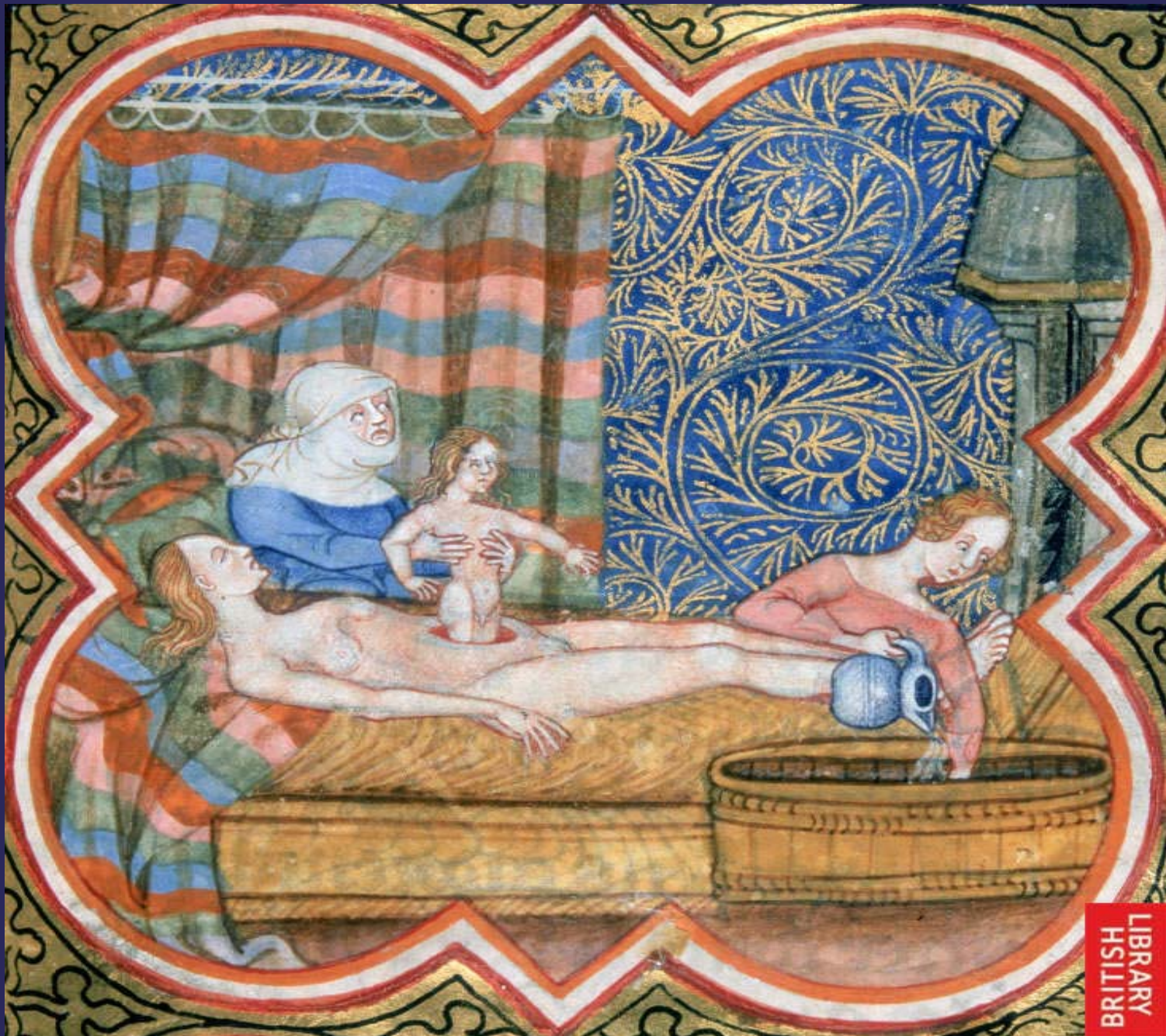
What do women want?

A healthy baby

An uncomplicated “normal” birth

A rewarding birth experience





What do women get?

A healthy baby (mostly)

First time mother in labour

30% CS 30% OVD 40% SVD

A very mixed birth experience

What do we offer women?

Induction of labour

Oxytocin augmentation

Epidural analgesia

Electronic fetal monitoring

Fetal blood sampling

Episiotomy

Operative vaginal delivery

Caesarean section

What can we offer women?

The role of operative delivery in modern obstetrics

Support through the first birth

A more rewarding experience through subsequent births



Case study

First birth

Healthy 26 year old

Spont labour 15 hr 1st stage

Entonox analgesia

Oxytocin in second stage

1 hr 30 min pushing

Deep transverse arrest

Kielland forceps del in theatre / spinal

Healthy baby / Healthy mum / BF

Subsequent births

16 months later

SVD 6 hr labour / small tear

Healthy happy mum / healthy baby

34 months later

SVD 4 hr labour / intact perineum

Healthy v happy mum / healthy baby





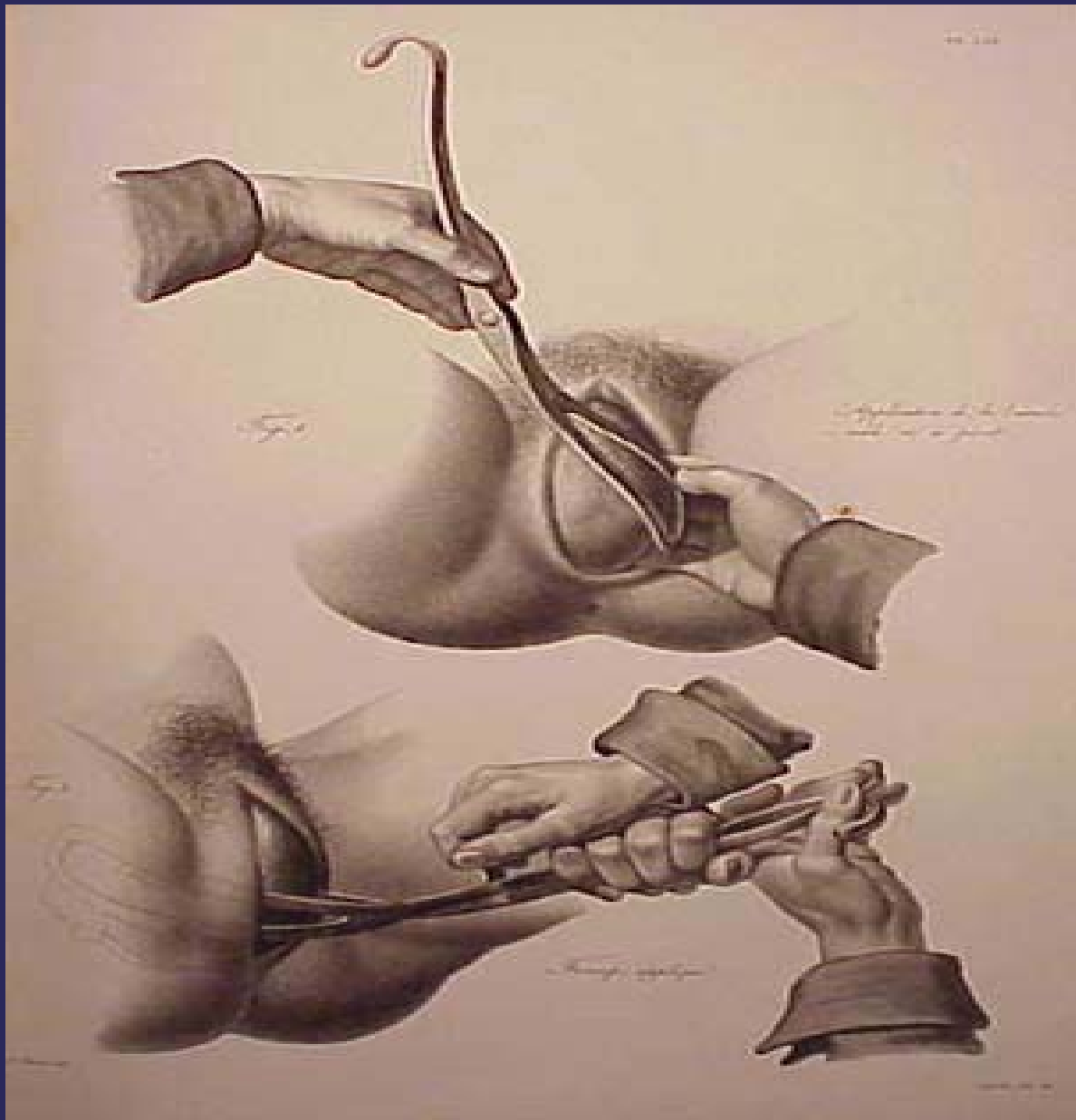
Emergency operative delivery

Clinical Dilemma

Operative vaginal delivery
versus

Caesarean section at full dilatation

**NB: Women aiming for vaginal
delivery**









Comparing morbidities

Forceps/Vacuum versus Caesarean

Bristol cohort study

Term singleton cephalic pregnancies

Feb 1999-Feb 2000

Cohort 10,106

Theatre @ full dilatation 393 (4%)

Follow-up from delivery to discharge

Postal questionnaires 6wks 1/3/5 yrs

Murphy et al Lancet 2001

Risk factors for CS

Maternal BMI >30	OR 2.4 (1.2,4.9)
Birth weight >4.0kg	OR 2.3 (1.3,3.8)
OP position	OR 2.5 (1.6,3.9)
Station at spines	OR 1.9 (1.3,2.9)
Senior trainees	OR 0.6 (0.4,1.0)



Maternal morbidity

Early morbidity

More major haemorrhage with CS
OR 2.8 (1.1, 7.6)

Longer hospital stay with CS
OR 3.5 (1.6, 7.6)

3rd Tear (8%)

Uterine tear (24%)

Murphy et al Lancet 2001

Sexual Morbidity

Dyspareunia -more with OVD

OR 3.4 (1.4, 8.3) 6 weeks

OR 1.4 (0.6, 2.6) 1 year

Later Maternal Morbidity

Urinary incontinence –more with OVD

OR 7.8 (2.6, 23.6) 6 weeks

OR 3.1 (1.3, 7.6) 1 year

No difference in bowel symps

No difference in breast feeding



Neonatal / Childhood morbidity

Early Neonatal morbidity

More SCBU admissions after CS
OR 2.6 (1.2, 6.0)

Less trauma following CS
OR 0.4 (0.2, 0.7)

Murphy et al Lancet 2001

Childhood morbidity

Developmental outcomes 5 years
67% follow-up / all high risk cases

Low rates of morbidity

No health differences

No motor / sensory differences

2 cases CP



Mothers' views

Maternal views - Future pregnancy

Yes 50-55%

Uncertain 20-25%

Not influenced by mode of delivery

Not influenced by interval from delivery

Maternal views - Future delivery

	OVD (n=184)	CS (n=102)
Aim		
Vaginal	79%	39%
Achieve		
Vaginal	78%	31%

Summary

Balance different types of morbidities

Obstetricians who prefer caesarean may not be considering all morbidity outcomes

Future delivery



Safe Practice

UK Survey of Obstetricians (2006)

Mid-cavity Rotation	Vacuum	Forceps	CS
Cons	60%	40%	13%
SpR 4-5	79%	30%	14%
SpR 1-3	80%	20%	35%

Reasons for decline

Litigation

Training

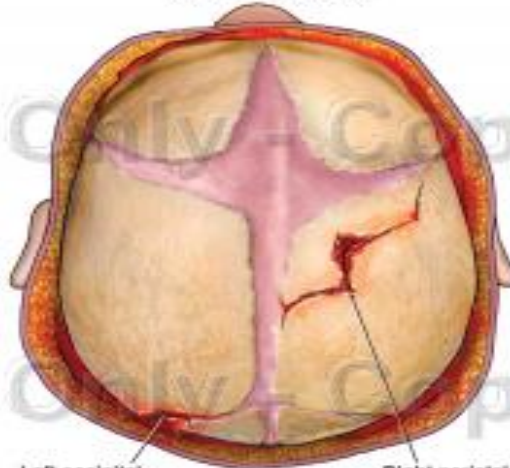
Birth Injury - Head Trauma Due to Vacuum Extraction Delivery

Subgaleal Hemorrhage



Sagittal view

Skull Fractures

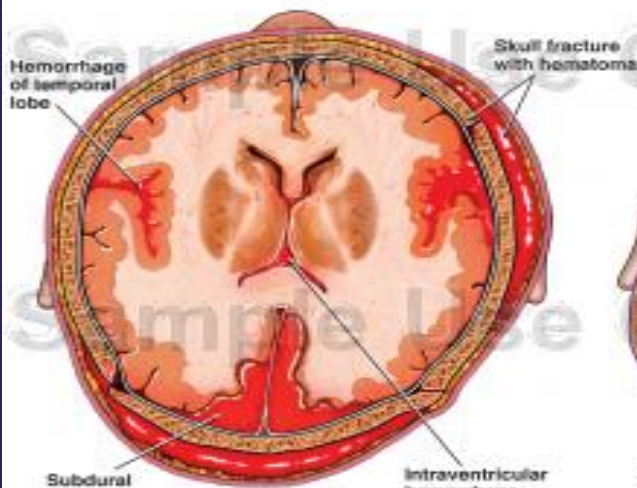


Left occipital fracture

Right parietal fracture

Superior out-away view of infant's skull

Initial Condition



Hemorrhage of temporal lobe

Skull fracture with hematoma

Subdural Hematoma

Intraventricular hemorrhage

Axial cut-away view of infant's skull and brain

Eventual Condition



Subarachnoid hemorrhage

Intraventricular hemorrhage

Axial cut-away view of infant's skull and brain

Training / Supervision

Neonatal trauma associated with
Failed attempt after multiple pulls
Sequential use of instruments

More than half - Initial attempt by
inexperienced operator

Murphy et al BJOG 2003

Training and Litigation

Guidelines RCOG

Competency-based Assessment

Labour ward consultant

Simulation/ Fire drills

Minimise morbidity

Minimise litigation

Summary

Balance morbidities of operative vaginal delivery and caesarean

Completed OVD improves chance of future SVD

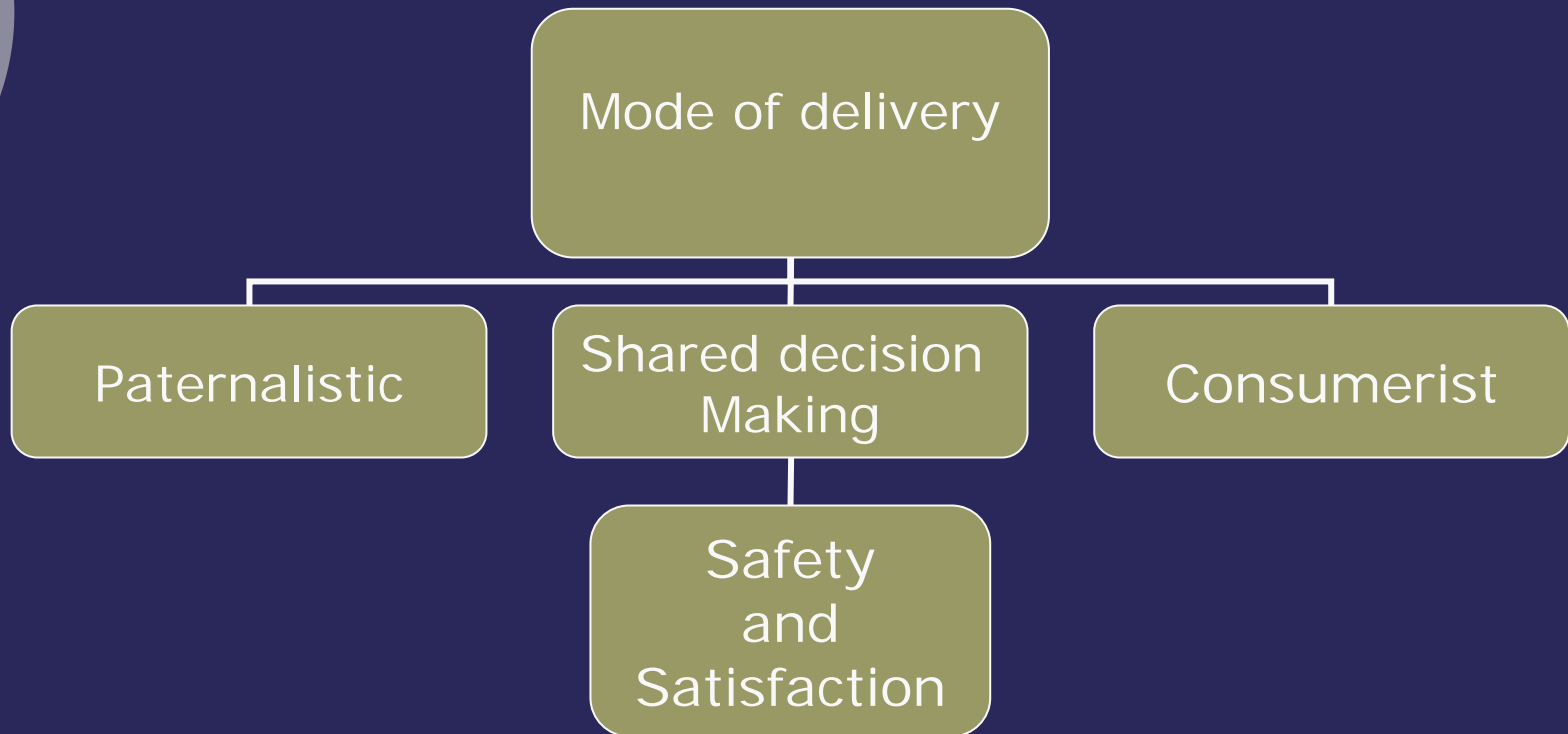
Guidelines support safe practice

We should offer all women safe and skilful obstetric care



Planning delivery

Deciding on mode of delivery



Consumerist

“I just really wanted a date so I can have my parents over”

“For several weeks I was 100% sure about a natural birth and other times 100% sure about a caesarean”

“I was surprised that nobody challenged me about the decision (CS) and felt a bit deflated”

Risk of Incontinence



Vaginal Birth

 = Women having incontinence following vaginal birth

 = Women having NO incontinence following vaginal birth



Elective Caesarean Section

 = Women having incontinence following elective caesarean section

 = Women having NO incontinence following elective caesarean section



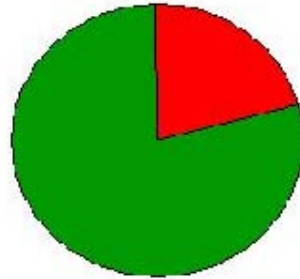
Emergency Caesarean Section

 = Women having incontinence following emergency caesarean section

 = Women having NO incontinence following emergency caesarean section

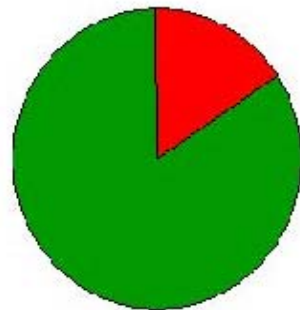
Ok

Risk of Incontinence



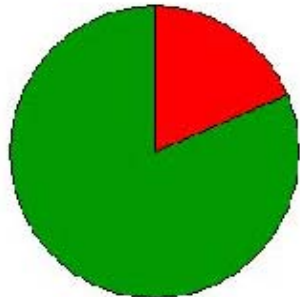
Vaginal Birth

- Women having incontinence during vaginal birth
- Women NOT having incontinence during vaginal birth



Elective Caesarean Section

- Women having incontinence during elective caesarean section
- Women NOT having incontinence during elective caesarean section



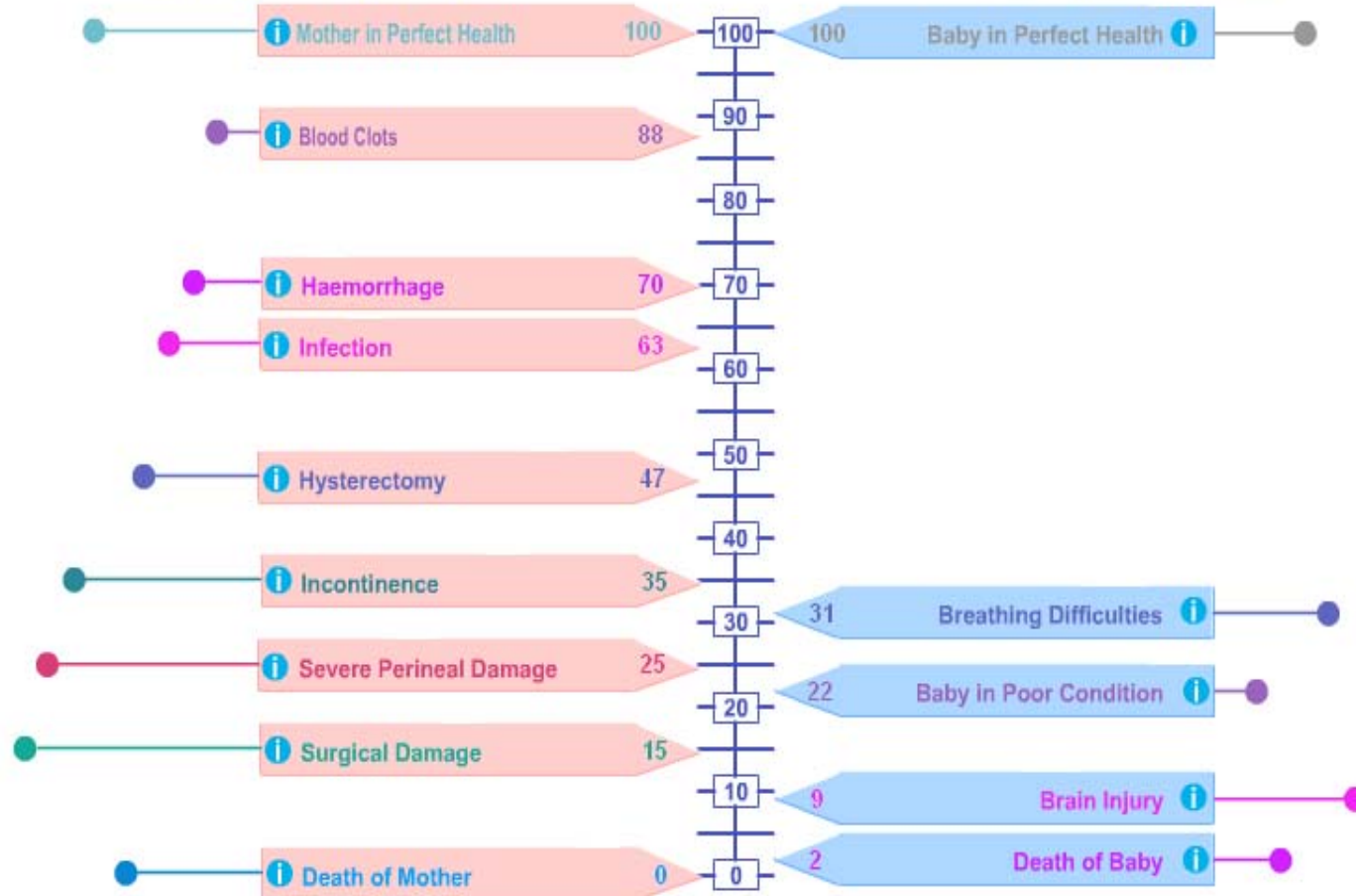
Emergency Caesarean Section

- Women having incontinence during emergency caesarean section
- Women NOT having incontinence during emergency caesarean section

Possible Health Complications

Complications For Mother

Complications For Baby



Section 1

When you are finished click 'Delivery Method' to rate your preferences about different types of delivery.

Delivery Method

Explanation Screen



BMJ

DECISION PATHWAYS FOR CAESAREAN SECTION

PLUS (Statistics and studies)
on minimally-invasive surgery

Selecting specialist trainees
- what can they tell us from
other countries?

Should doctors go to
patients' homes?

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Decision aids

Increase knowledge

Reduce decisional conflict

Reduce anxiety

May influence decision making

Women centred care

“Known for his power over patients winning their complete confidence at first glance”