

# Procedures During Labor

Your health care provider may suggest certain procedures during your labor. It is important that you understand the choices you have to make. Use the chart below to help you and your partner or labor companion make a decision.

Procedure	What It Is	Why It May Help	Questions/Notes
<p><b>External electronic fetal monitoring</b></p>	<p>This device constantly monitors and records both your baby’s heart rate and your contractions. An ultrasound device records your baby’s heart rate. A pressure-sensitive device records when a contraction occurs. Both are held in place on your abdomen by a band or belt. It does not record how strong the contractions are.</p> <p>An external monitor may be used for a period of time when you are admitted to the hospital. After that, the monitoring may be constant or on-and-off during labor.</p>	<p>Your health care provider can assess your baby’s well-being by checking your baby’s heart rate.</p>	
<p><b>Internal electronic fetal monitoring</b></p>	<p>A small, coiled wire electrode is inserted through your cervix and placed on your baby’s scalp to record the heartbeat.</p> <p>A small tube may be placed inside your uterus to measure the strength of your contractions. If your bag of waters hasn’t already broken, your health care provider will make a small tear in the amniotic sac.</p>	<p>Sometimes it is necessary to use a different way to monitor your contractions and your baby’s heart rate.</p> <p>This may be done if it is difficult to pick up your baby’s heart rate or if more accurate information is needed about how your baby is reacting to contractions.</p>	
<p><b>IV (intravenous infusion of fluids or medicines)</b></p>	<p>A small tube may be placed in a vein in your arm or hand. A needle guides the placement of this tube and is then removed. When the IV is in place, you can use your arm or hand.</p>	<p>An IV is placed to give fluids, induce labor or give medicines.</p>	

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<b>Artificial rupture of the membranes</b>	The amniotic sac is broken with a plastic hook during a vaginal exam. You won't feel pain when the bag of waters is broken — just a warm gush of fluid.	Sometimes breaking the bag of waters, or amniotic sac, will begin or speed up labor.	
<b>Pitocin (oxytocin)</b>	A medicine that stimulates uterine contractions. It is given through the IV in your hand or arm.	This medicine may be given to induce labor, improve the progress or reduce bleeding after birth.	
<b>Cervical ripening</b>	Cytotec® or Cervidil® are medicines (small tablets) that are placed inside or near your cervix to help soften it. A ripening balloon is a small inflatable balloon placed just inside your cervix to help it to soften.	These medicines or devices help your cervix soften or ripen. It may shorten the time it takes to induce labor or cause labor to start on its own.	
<b>Pain medicines</b>	Talk to your health care provider about which medicines might be used during labor and birth.	Pain medicines can help you work with contractions or to rest.	
<b>Episiotomy</b>	An incision (cut) may be made to enlarge the vaginal opening. It can be made straight toward the rectum or off to one side. A local anesthetic or block is used to numb the area.	It allows more room for your baby's head and may help prevent vaginal tearing.	
<b>Vacuum Extractor</b>	A small plastic suction cup is placed on your baby's head. As you push, your baby is guided out of your vagina. Your baby's head may have some swelling or bruising where the cup was placed.	It is used if your baby needs to be born faster or if your pushing efforts need extra help. It may also be used to help move your baby through the birth canal.	
<b>Forceps</b>	Forceps look like two metal spoons. These are put on each side of your baby's head to help guide your baby out of the birth canal. There may be some bruising on your baby's face and head from the forceps.	Your health care provider may use forceps rather than a vacuum extractor to help your baby's head be born.	