



## Vaginal Delivery

**Vaginal delivery is a normal process and is the way the human body was designed to deliver babies. Women have been delivering babies largely unsupervised for over a million years. As a result, mortality (death) was high for both mother and baby as nature can sometimes get it wrong. Even in the early days of civilization there have been documented cases of the presence of birthing attendants. In the last 200 years, science has sought to explain the process of childbirth, and as a result the midwife and obstetrician were born. Modern day normal vaginal deliveries are extremely safe.**

These days, the midwife and obstetrician work as a team to manage the labour and delivery. For the most part, this process is normal and physiological and the outcome is good, but as stated before, nature sometimes gets it wrong, and that is when I come in. My view is that the process of labour and delivery is a natural one and should be allowed to progress on its own.



With the help of a team of midwives the labour is monitored and intervention is only needed when necessary. One great fallacy is that whenever a doctor gets involved with a delivery it always ends in a Caesarean section. Most of the treatments doctors provide during the labour process are designed to achieve a normal vaginal delivery. A woman who has an abnormal labour pattern may need certain procedures done to normalise the pattern of her labour, such as, rupturing the waters, stretching the cervix, use of fetal monitoring and use of epidural anaesthesia. Another view that I hold firm is that anyone can do a normal vaginal delivery, and there is no reason why your baby cannot be delivered by a trained midwife. Midwives are trained to pick up abnormalities and then refer the case to the obstetrician for delivery.

There have been many devices invented over the years to help women achieve a vaginal delivery including forceps and vacuums. If these fail to achieve a vaginal delivery, then a Caesarean section will be needed. In a low risk group of women in Australia, approximately 90% will achieve a vaginal delivery. The other 10% will require a Caesarean section. In other developed countries where access to an operating theatre is limited, the Caesarean section rates may be as low as 4%.

This is not necessarily a good thing for the welfare of the baby or the mother, as the babies have a higher rate of brain injury, including cerebral palsy, and the mothers have a greater risk of massive bleeding and greater trauma to the birth canal.

The aim of a vaginal delivery in Australia is to make the birth process as safe as possible for both mother and child. Women are free to write a birth plan which outlines their wishes for the labour and delivery. Birth plans are usually discussed at the 36 week visit. Be mindful that birth plans downloaded from the internet may not suit everyone, and some are just downright dangerous. So please have an open mind to avoid disappointment. Not all labours and deliveries go to plan!

There has been a recent trend by women to employ a "Doula" so as to achieve a vaginal delivery. The "Doula" is there to ensure the mother's wishes are met. My experience is that the focus of the "Doula" is to promote an ideal birthing experience for the mother with sometimes little regard for the safety of the baby. I can assure you that my interests lie very much with the mother **AND** the baby to achieve a safe delivery. My usual approach is that if there is any intervention needed this is fully discussed with the mother and her partner prior to it being implemented. No treatment is implemented unless it is first approved by the parents-to-be.

If you have any further queries, please do not hesitate to contact us at [info@ghealth.com.au](mailto:info@ghealth.com.au)