Vaginal birth

01 What is it?

A vaginal birth is the birth of your baby by the natural route. It includes labour, that is, the contractions that open the cervix, then the birth, then the delivery of the placenta, that is, the placenta coming out. In most cases, it takes place without complication.

This sheet, given to you by Dr Gatri, is intended to supplement the explanations given during your consultation. Do not hesitate to ask her if you have any questions.

02 Why this procedure?

It is the usual way of giving birth, proposed whenever nothing stands in the way. It is not an operation decided in advance: it is a natural process, supported by the maternity team.

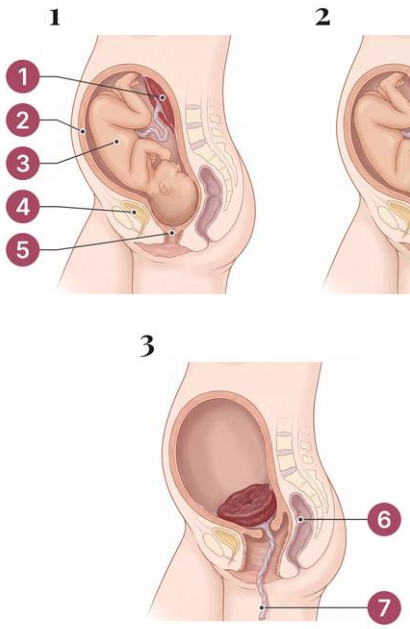

FIGURE 1 — A vaginal birth includes labour, that is, the contractions that open the cervix, then the birth, then the delivery of the placenta, that is, the placenta coming out (diagram, side view).

1 — Labour: the cervix opens

1. Placenta
2. Uterus
3. The baby
4. Bladder
5. Cervix

2 — Birth by the natural route

3 — Delivery of the placenta: the placenta comes out

6. Rectum
7. Umbilical cord

Side view (cross-section): the front of the body is on the left.

Diagram Wagram Clinic, 2026.

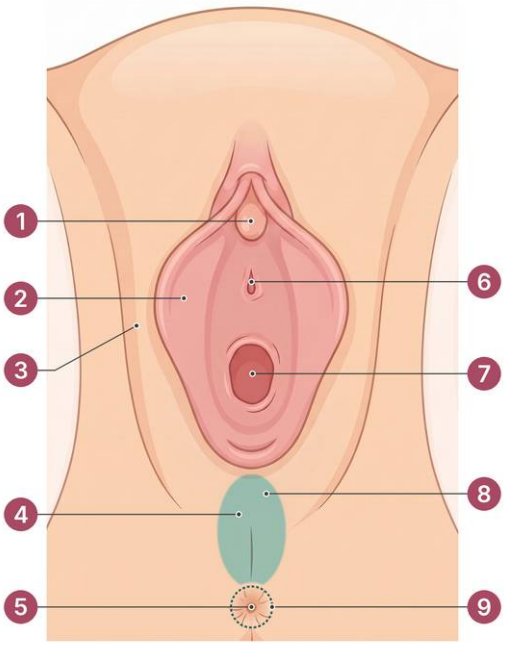

FIGURE 2 — During the birth, the perineum may tear. A deeper tear may reach the anal sphincter (diagram, front view).

1. Clitoris
2. Labia minora
3. Labia majora
4. The perineum may tear
5. Anus
6. Urethral opening
7. Vaginal opening

8 Episiotomy (incision of the perineum): not routine

9 Anal sphincter — reached in third- and fourth-degree tears

In blue-green: the perineum. Dashed: the anal sphincter, beneath the skin.

Front view: the right of the image is the patient's left side.

Diagram Wagram Clinic, 2026.

03 How does the procedure take place?

The birth takes place at the maternity unit, with which your stay is arranged.

An epidural or spinal anaesthesia is offered to all women who wish to have one. It is the safest and most effective method of pain relief, for both mother and baby. You can also give birth without regional analgesia, and this choice can be reconsidered during labour.

04 What the procedure does not guarantee

The course of a birth cannot be predicted in advance.

- An episiotomy (incision of the perineum) may be decided during the birth; it is not done routinely.
- An instrumental delivery (ventouse, forceps, spatulas) may be needed to help the birth.
- More rarely, labour may have to end with a caesarean section decided during labour.

05 Risks and complications

During the birth, the perineum may tear. A simple tear is common and is repaired with dissolvable stitches. A deeper tear may reach the anal sphincter: this is a third- or fourth-degree tear.

After the birth, heavy bleeding may occur: this is postpartum haemorrhage, which is rare. To prevent it, you will be offered an injection of oxytocin.

Pain in the perineum and afterpains follow the birth. Non-steroidal anti-inflammatory drugs taken by mouth relieve them; if you are breastfeeding, paracetamol is the first-choice painkiller.

Afterwards, the perineal scar may come apart or become infected. Local care is usually enough; an infection also requires an antibiotic by mouth, and a further operation is only considered if the scar has come apart significantly.

The risk of phlebitis or pulmonary embolism is increased after the birth; these complications remain rare.

06 Alternatives

There is no alternative to the birth itself: the baby will be born.

07 Contraindications

A vaginal birth is not chosen when conditions in the mother or the baby are not favourable for a birth by the natural route. These conditions are assessed during pregnancy and during labour. When they are not met, another way of giving birth is proposed to you and explained with its own information.

08 Before the procedure

A birth cannot be scheduled: there is no fixed time for an operation.

An induction may, however, be offered to you, or you may request one: it consists of bringing on contractions of the uterus to start labour. Without a medical reason, it currently has no proven medical benefit; it is the subject of its own information.

The pre-anaesthetic consultation, planned during pregnancy, is compulsory before any anaesthesia: this is where the epidural or spinal anaesthesia is explained to you.

09 After the procedure and your instructions

- You stay at the maternity unit for 3 days after the birth.
- Bleeding, called lochia, follows the birth and gradually decreases; the midwife checks that it remains a normal amount.
- The follow-up consultation takes place 2 to 3 weeks after the birth.
- Pelvic floor rehabilitation is not recommended if you have no symptoms at three months; it is recommended if urinary incontinence persists at three months.
- If you do not want another pregnancy soon, effective contraception should be started no later than 21 days after the birth; combined oestrogen-progestogen contraception must not be used before six weeks.
- Maternity leave takes the place of time off work.

10 When to seek medical advice without delay

Once you are back home, if heavy bleeding, fever, pain or redness in a breast, pain in a calf, breathlessness, severe headaches, problems with your vision, difficulty passing urine, pain that does not ease, sadness or anxiety that does not go away, or any other abnormality appears, it is essential to inform your doctor without delay.

11 Your questions for Dr Gatri

This information sheet probably cannot answer all your questions. In any case, do not hesitate to ask your doctor any question that comes to mind, either orally or in writing.