**What type of delivery is best?**

A vaginal delivery is the safest and most common type of childbirth. Vaginal deliveries account for about 68% of all births in the United States. Most medical organizations and[obstetricians](https://my.clevelandclinic.org/health/articles/22303-obstetrician) recommend a vaginal delivery unless there is a medical reason for a C-section.

**Vaginal delivery**

**What is a vaginal delivery?**

In a vaginal birth, your baby is born through your [vagina](https://my.clevelandclinic.org/health/body/22469-vagina) or birth canal. It’s the most preferred and most common way to deliver a baby because it carries the lowest risk (in most cases). A vaginal delivery occurs most often between weeks 37 and 42 of [pregnancy](https://my.clevelandclinic.org/health/articles/9709-pregnancy-am-i-pregnant). A vaginal delivery has [three stages](https://my.clevelandclinic.org/health/symptoms/22640-stages-of-labor): labor, birth and delivering the [placenta](https://my.clevelandclinic.org/health/body/22337-placenta).

Some benefits of a vaginal delivery include:

* Faster recovery.
* Safest for you and your baby.
* Lower rates of infection.
* Babies are at lower risk for respiratory problems and have a stronger immune system.
* [Lactation](https://my.clevelandclinic.org/health/body/22201-lactation) and breastfeeding are usually easier.

A vaginal delivery can be spontaneous or induced:

* **Spontaneous vaginal delivery:** A vaginal delivery that happens on its own and without labor-inducing drugs. Going into labor naturally at 40 weeks of pregnancy is ideal.
* **Induced vaginal delivery**: Drugs or other techniques start labor and soften or open your cervix for delivery. Your pregnancy care provider may recommend [inducing labor](https://my.clevelandclinic.org/health/treatments/17698-labor-induction) if you have a medical condition or are past due. Labor is usually induced with Pitocin®, a synthetic form of the drug oxytocin.

**What happens if you don’t push during a vaginal delivery?**

In most cases, once your [cervix](https://my.clevelandclinic.org/health/body/23279-cervix) is fully dilated and your healthcare team is in place, your provider will ask you to push during a contraction. Pregnancy care providers have differing opinions on when to push, how long to push, delayed pushing or waiting until you feel the urge to push.

It’s hard to say what will happen if you don’t or can’t push during a vaginal delivery, because your birthing experience is so unique. However, studies show that resisting the urge to push or delaying pushing ([laboring down](https://my.clevelandclinic.org/health/articles/22959-laboring-down)) can cause complications like infection, bleeding or damage to your pelvis.

It’s best to discuss pushing with your pregnancy care provider ahead of time so you know what to expect during labor.

**Assisted vaginal delivery**

**What is an assisted vaginal delivery?**

An assisted vaginal delivery is when your obstetrician uses forceps or a vacuum device to get your baby out of your vagina. Assisted deliveries often happen when:

* You’ve been in labor a long time.
* Your labor isn’t progressing.
* You become too fatigued to continue pushing.
* You or your baby are showing signs of distress.

Assisted deliveries only occur when certain conditions are met.

**What are examples of assisted deliveries?**

The procedure your obstetrician recommends will depend on the conditions that arise while you’re in labor. Assisted delivery procedures can include the following:

* [Forceps delivery](https://my.clevelandclinic.org/health/treatments/23260-forceps-delivery): Forceps are a tong-like surgical tool obstetricians use to grasp your baby’s head in order to guide them out of the birth canal.
* [Vacuum extraction delivery](https://my.clevelandclinic.org/health/treatments/22305-vacuum-extraction-delivery): In a vacuum extraction, your obstetrician places a small suction cup on your baby’s head. The cup is attached to a pump that pulls on your baby while you push.

Vacuum extraction and forceps delivery are similar in their advantages and disadvantages, and often the choice between them comes down to the experience of your obstetrician.

**C-section**

**What is a C-section?**

During a C-section birth, your obstetrician delivers your baby through surgical incisions made in your abdomen and uterus. A C-section delivery might be planned in advance if a medical reason calls for it, or it might be unplanned and take place during your labor if certain problems arise. There are about 1.2 million C-section deliveries in the United States each year.

Your provider may recommend a planned cesarean delivery if you:

* Had a previous C-section delivery.
* Are expecting [multiples](https://my.clevelandclinic.org/health/articles/9710-expecting-twins-or-triplets).
* Have [placenta previa](https://my.clevelandclinic.org/health/diseases/24211-placenta-previa).
* Have a [breech](https://my.clevelandclinic.org/health/diseases/21848-breech-baby) baby.
* Have a baby with [fetal macrosomia](https://my.clevelandclinic.org/health/diseases/17795-fetal-macrosomia) or a large baby.
* Have a uterine fibroid or other obstruction.

Sometimes, your labor and delivery changes, and a cesarean birth becomes necessary for the health and safety of you or your baby. An unplanned C-section might be needed if any of the following conditions arise during your labor:

* [Fetal distress](https://my.clevelandclinic.org/health/diseases/23971-fetal-distress) (your baby isn’t tolerating labor).
* Labor isn’t progressing.
* [Umbilical cord prolapse](https://my.clevelandclinic.org/health/diseases/12345-umbilical-cord-prolapse).
* [Placental abruption](https://my.clevelandclinic.org/health/diseases/9435-placental-abruption).
* [Hemorrhage](https://my.clevelandclinic.org/health/symptoms/21654-hemorrhage) or excessive bleeding.

**Risks of C-section deliveries**

Like any surgery, a cesarean birth involves some risks. In general, there is more risk associated with a C-section than with a vaginal delivery.

These might include:

* Infection.
* Loss of blood or need for a [blood transfusion](https://my.clevelandclinic.org/health/treatments/14755-blood-transfusion).
* A [blood clot](https://my.clevelandclinic.org/health/diseases/17675-blood-clots) that may break off and enter the bloodstream (embolism).
* Injury to the bowel or bladder.
* Longer recovery and longer hospital stay.
* Abdominal adhesions.

**Benefits of C-section deliveries**

Some people prefer a C-section birth because it gives them more control on choosing a due date. This is called an elective C-section. Some providers may allow elective C-sections for nonmedical reasons, however, this is usually discouraged. In most cases, a C-section birth occurs because it’s medically necessary. The American Congress of Obstetrics and Gynecologists (ACOG) recommends that scheduled cesareans not be performed before 39 weeks gestation, unless medically indicated.

Some benefits of a C-section as compared to a vaginal delivery are:

* Lower risk of your baby having trauma from passing through your vagina.
* Less risk of your baby being oxygen-deprived during delivery.
* Possible lower risk of incontinence or sexual dysfunction.

**VBAC (vaginal birth after cesarean)**

**What is a VBAC?**

If you’ve already had a cesarean birth, you may be able to have your next baby vaginally. This is a VBAC, or vaginal birth after cesarean. Because a surgical cut results in a scar on your uterus, the concern is that the pressure of labor in a vaginal delivery could cause your uterus to open (rupture) along the previous C-section scar. For this reason, certain criteria must be met in order for your obstetrician to attempt a vaginal birth after C-section.

**Can I have a baby vaginally after a C-section?**

People who have had a cesarean delivery might be able to deliver vaginally in a future pregnancy. If you meet the following criteria, your chances of a successful vaginal birth after cesarean (VBAC) are high:

* Your obstetrician made a low transverse incision during your cesarean. This is the typical way to perform a C-section, unless they need to deliver your baby in a hurry.
* You don’t have other uterine scars or abnormalities.
* You had a prior vaginal delivery.
* You haven’t had a previous uterine rupture.

**What else should I know about delivery?**

There are several other terms you should be familiar with in case your pregnancy care provider discusses them during labor and delivery.

**Episiotomy**

An episiotomy is a surgical incision that widens the opening of your vagina. This allows your baby’s head to pass through more easily. Most people will not need an episiotomy.

There are two types of episiotomy incisions: the midline, made directly back toward your anus, and the mediolateral, which slants away from your anus.

**Amniotomy (breaking your bag of waters)**

An amniotomy is the artificial rupture of the amniotic membranes, or sac, which contains the [fluid surrounding your baby](https://my.clevelandclinic.org/health/body/23310-amniotic-fluid). Your pregnancy care provider may artificially rupture your membranes (AROM) to:

* Induce or progress labor.
* Place an internal monitor to assess your contractions.
* Place an internal monitor on your baby’s scalp to assess their well-being.
* Check for meconium (a greenish-brown substance, which is your baby’s first poop).

Your provider will use an amniohook, which looks like a crochet hook, to rupture the sac. Once the procedure is complete, delivery should take place within 24 hours to prevent infection.

**Fetal monitoring**

Fetal monitoring is the process of watching your baby’s heart rate during labor. This can be external or internal. Knowing how your baby is handling labor helps your pregnancy care provider decide if labor can continue or if delivery is necessary.

* In external fetal monitoring, an [ultrasound](https://my.clevelandclinic.org/health/articles/your-ultrasound-test) device is placed on your abdomen to record information about your baby’s heart rate, and the frequency and duration of your contractions.
* Internal monitoring involves the use of a small electrode to record your baby’s heart rate. Your membranes must be ruptured before the electrodes can be attached to your baby’s scalp. A pressure sensor can also be placed near your baby to measure the strength of contractions.

**Additional Common Questions**

**Which type of delivery is most painful?**

This may come down to personal opinion. There are many factors involved — for example, using pain medication, the type of pain medication or your pain tolerance. You should discuss pain relief with your pregnancy care provider before labor so you know the risks and benefits of each type.

There are two general options: no medication (drug-free or natural delivery) or using pain medications.

A drug-free delivery means you intend to give birth vaginally without any pain medication. You can’t have a C-section without medication.

Your options for pain relief during childbirth could consist of:

* **Analgesics**: Analgesics relieve pain without causing complete loss of feeling or muscle movement. The most common example of an analgesic used during childbirth is an [epidural](https://my.clevelandclinic.org/health/articles/4450-labor-pain-relief). You can receive an epidural for a vaginal or a cesarean delivery.
* **Anesthetics**: Anesthetics (or anesthesia) keep you from feeling pain by blocking signals from your brain. These drugs are given as a shot or through an intravenous (IV) line. During a C-section, you may receive general anesthesia, which puts you to sleep. Another option during childbirth could be local anesthesia, which involves a shot of medication in a specific area of your body, like the nerves in your vagina and vulva.

Another factor in deciding what type of delivery is most painful is the recovery. Generally, a vaginal delivery is easier to recover from than a C-section delivery.

**A note from Cleveland Clinic**

Your labor and delivery experience will be unique to you. During pregnancy, it’s a good idea to familiarize yourself with the different types of delivery and other terms associated with childbirth. Your pregnancy care provider will recommend the safest delivery method based on your medical history and pregnancy.