

Information for Patients

Choosing where to have your baby

This leaflet is designed to explain to you the options which are available at Saint Mary's Hospital regarding where you can give birth to your baby. It is important that you become involved in these decisions and know what issues you need to consider when making your choice. The leaflet will explain each of the options and the benefits and risk associated with each option. During your pregnancy you will have the opportunity to discuss this with your midwife and/or doctor.

The options available to you are:

- Home Birth.
- Midwifery Led Unit at Saint Mary's Hospital.
- Delivery Unit at Saint Mary's Hospital.

This leaflet does not include statistics specific to Saint Mary's' services as this information changes, but this information is available from your midwife or your doctor.

Home Birth

Home Birth is suitable for you if you:

- Were fit and well before you became pregnant and have no underlying health problems.
- Are having your first baby or have had a previous uncomplicated pregnancy and birth.
- Have no concerns about your expected baby's health.
- Don't want to have an epidural.
- Have not experienced any complications during your nine months of pregnancy.
- Go into labour naturally between 37 and 42 weeks of pregnancy with the baby positioned head down.

Home Birth – What are the benefits?

You will be able to stay at home for labour and birth and will be cared for by a highly skilled community based midwife. The Community Midwifery Team is available 24 hours a day. The following can be used to help you manage pain at home:

- Relaxation and breathing techniques.
- Being active and changing positions regularly.
- The use of water – a pool will need to be arranged by you (ask your midwife for more information).
- TENS – this will need to be arranged by you (ask your midwife).
- You can have Entonox (gas and air), the midwife will provide this.
- You will be in familiar surroundings and can have your partner, or other family members present.
- You have more privacy and can sleep in your own bed afterwards.
- If you are healthy and have a trouble free pregnancy the method of monitoring your baby's heart beat at home is known as intermittent auscultation using a hand held Doppler or Pinard's stethoscope.

All clinical waste will be returned to the hospital by the midwife.

Please note: Epidural, Diamorphine and Pethidine are not available at home.

Home Birth – What are the risks?

If complications develop during labour or birth you would need to be transferred to hospital (delivery unit) by emergency ambulance. Common reasons for transfer are that you need:

- An epidural.
- A drip to speed up the contractions if your labour is not progressing.
- An assisted delivery with forceps or ventouse or a Caesarean section.
- Medical care if you develop other problems during or after your labour or delivery.
- Medical care if your baby is in difficulty when born.

If you need any of the above treatments you will need to be transferred in an ambulance accompanied by a midwife to hospital. The journey time from your home to hospital will depend on where you live and the time of the day the journey takes place.

Midwifery Led Unit (Co-located MLU)

The Midwifery Led Unit is a co-located MLU which is situated on the third floor at Saint Mary's Hospital.

The Unit has eight relaxed birthing rooms including two pools. All rooms have ensuite facilities. The Midwifery Led Unit is suitable for you if you:

- Were fit and well before you became pregnant and have no underlying health problems.
- Are having your first baby, or have had a previous uncomplicated pregnancy and birth.
- Have no concerns about your expected baby's health.
- Go into labour naturally between 37 and 42 weeks of pregnancy with the baby in the head down position.
- If you have been diagnosed with Group B Strep and require antibiotics in labour.
- If you are healthy and have a trouble free pregnancy the method of monitoring your baby's heart beat on MLU is known as intermittent auscultation using a hand held Doppler or Pinard's stethoscope.

Midwifery Led Unit - What are the benefits?

The unit is led by a team of skilled midwives with the support of health care support workers providing care 24 hours a day.

The following things can be used to help manage pain:

- Relaxation and breathing techniques.
- Being active and changing positions regularly.
- Using water (there are two birthing pools available).
- TENS – this will need to be arranged by you (ask your midwife).
- Entonox (gas and air).
- Diamorphine and Pethidine – strong pain relieving medication given by injection.

We plan to transfer you home to the care of the community midwife 6-12 hours after delivery. Your chosen birth partner can stay with you during labour and birth but cannot stay over with you if you are transferred to the postnatal bay once baby is born.

Midwifery Led Unit - What are the risks?

Sometimes your labour may not progress as you had envisaged so there is a risk that you may need to be transferred to Delivery Unit for the following reasons:

- If complications develop during labour or birth you would need to be transferred to the delivery unit which is located on the second floor.

- In some emergency situations the medical team would attend you and or your baby in the Midwifery Led Unit.
- There is no epidural service here. If you request an epidural you will need to be transferred to Delivery Unit, subject to the availability of appropriate staff and rooms.

Delivery Unit

The Delivery Unit is located on second floor at Saint Mary's Hospital.

The Delivery Unit at Saint Mary's Hospital has 19 delivery rooms, all with en-suite facilities including four high dependency rooms and two dedicated obstetric theatres. There is one pool available.

Your chosen birth partner can stay with you during labour and birth but cannot stay over with you once you are transferred to the postnatal ward.

If your pregnancy needs to be induced or you have any complications in pregnancy, this is the best place for you. Please note you will not be able to choose to have your baby on Delivery Unit if you have an uncomplicated pregnancy and labour.

The following births can be carried out here:

- Vaginal births.
- Forceps deliveries.
- Ventouse deliveries.
- Caesarean sections.
- Twins/multiple births.
- Breech births.
- Preterm births.
- Birth following induction of labour.

Most women who labour on the Delivery Unit have their baby monitored with Electronic Fetal Heart Monitoring, which continuously monitors your baby using a monitor attached to your tummy.

Delivery Unit – What are the benefits?

The unit is led by a team of skilled midwives, doctors and health care support workers providing care 24 hours a day.

Midwives will carry out most of your care but they will share responsibility for your care with the medical team should any problems arise.

The following things can be used to help manage pain:

- Relaxation and breathing techniques.

- Being active and changing positions regularly.
- Using water (there is one birthing pool available).
- TENS – this will need to be arranged by you (ask your midwife).
- Diamorphine and Pethidine – strong pain relieving medication given by injection.
- Epidural.
- Remifentanil PCA.

Will I always be able to choose?

It is always your choice. In some cases, however, the doctor may recommend one option or the other, given your circumstances. The reasons for recommending an option will be explained to you.

What support will I have in making a decision?

This leaflet has been produced as a decision aid to support you in making an informed choice. Your midwife and doctor are here to support you and will be happy to discuss any questions or concerns you may have. Your options and your choice will be discussed with you at various stages in the pregnancy. Whether your baby is delivered vaginally or by caesarean section, we want your experience to be safe, rewarding and satisfying.

When do I have to make a decision?

Ideally, you need to have made a choice by 36 weeks of your pregnancy so that we have enough time to plan your option.

What happens if I go into labour before my planned caesarean section?

This question will be discussed with you early in the pregnancy and the doctor will document what has been agreed. You can, however, change your mind at any time before birth.

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare:

- 1. What are my options?**
- 2. What are the risks and benefits of each option for me?**
- 3. How do I get support to help me make a decision that is right for me?**



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If you have any questions about this leaflet, please do not hesitate to contact us.