



Obstetric Unit in the Hospital

The Obstetric Unit in the Hospital, also called a labour ward, delivery suite or consultant-led unit, is based inside a hospital with medical, neonatal and anaesthetic services including theatres for caesarean sections and other procedures. Midwives and doctors support you to birth in a medical environment.

Advantages of planning to have your baby in the hospital obstetric unit are:

- A wider selection of medical pain relief options available (such as epidural), without the need to transfer
- A more clinical environment which may suit your needs during labour
- Specialist medical support for you and your baby is available on the obstetric unit



What is the environment like?

All birth rooms on the hospital obstetric unit are set up with a hospital bed and chair along with facilities for additional monitoring of you and your baby, including continuous fetal heart rate monitoring if recommended.

All rooms and theatres have a neonatal resuscitation area where your baby or babies may be taken following their birth for examination or if they need some extra help to breathe.

Most rooms on the hospital obstetric unit do not have birth pools. However, there is usually a selection of birthing aids such as birth balls and birth stools, but you may need to ask for these. The lights may be adjustable in the room and window blinds can be drawn to make the environment more cosy or relaxing. Each room has a private bathroom with a toilet and shower.

Is this type of birth place suitable for you?

An obstetric unit birth may be recommended to pregnant women who need extra support because they have a health condition or problem in their current or previous pregnancy. Also, if your baby or babies are expected to need neonatal care straight after birth, for example if they are likely to be born early, then a planned hospital birth may be advised.

If you are healthy and have no complications (low risk) and plan to give birth in a hospital labour ward or delivery unit, you are more likely to have interventions (such as forceps, ventouse or caesarean section). If you are having a caesarean birth (planned or unplanned) this will happen in one of the hospital theatres within the obstetric unit.

If you want an epidural or remifentanyl this can only be done on an obstetric unit by an anaesthetist (a doctor who specialises in pain management). You can always transfer from another birth setting to the obstetric unit if you decide in labour that you would like additional pain relief such as an epidural.

If you have complications in your pregnancy or other risk factors and have been recommended to birth in hospital, but you would really like to birth in a different setting, please discuss your options with your midwife or consultant at the hospital. They will be able to talk you through your options. This might include referral to a birth options clinic.



Who looks after you?



Once you are in established labour, you will be given one-to-one care by a midwife. If you or your baby have any medical conditions or risk factors your care will also be overseen by doctors. Another midwife or maternity support worker may be present at other times or for the birth.

If your care is being overseen by doctors, you are usually seen every 4 hours by a team of health care professionals - this is called a ward round. This team will include a senior midwife, the consultant obstetrician, the anaesthetic team and other junior doctors. This team will review your care with you and ensure there is a plan in place for further care of you and your baby. You may also need to be seen more frequently than the ward round times and this is easily facilitated.

Neonatologists (doctors who specialise in the care of newborn babies) are also on hand should they be needed to look after your baby or babies. Anaesthetists (doctors who specialise in pain management) are also available should you need an epidural or remifentanyl for pain relief. An anaesthetist will always be with you if you need to go to theatre.

Who else can be with you?

It is essential to think about who you would like with you at your birth. Having the right people with you during labour can help provide the additional support to help make birth a positive experience. You can have 2 support people with you during your labour and birth.

If you are having a caesarean birth then only one support person can be with you in theatre during your surgery. Your second support person can join you once you are moved to the postnatal ward.

The different support people might be:

- Partners and Family members - You may have a preference to have immediate or extended family with you.
- Doulas - Doulas act as non clinical, practical and emotional support birthworkers, who can assist with comfort measures, support you (and your partner) during birth and ensure your wishes are being upheld.
- Religious Leaders/Practices - such as Imans, Priests, for Namkaran (naming ceremony)



What happens when it's time to give birth?

If you are having a planned caesarean section you will be invited to attend the hospital obstetric unit in preparation for your surgery on a pre-arranged date.

If you are having an induction of labour, you will be invited to the antenatal ward where you will be monitored and the induction process started. Once you are in established labour, or if the decision is made to break your waters, you will be moved to your own room on the obstetric unit.

If you plan to give birth on the obstetric unit and think you are in labour then call triage for advice about when to come into hospital. When it is time, make your way to the hospital with your bag and birth partner and head to the obstetric unit reception desk. After an initial assessment you will either be admitted to the obstetric unit or advised to go home and wait for labour to progress further.



What pain relief can you have?

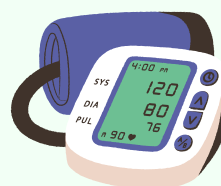
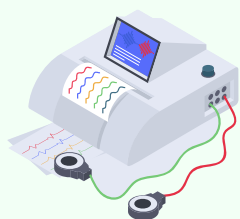
All types of pain relief offered are available on the hospital obstetric unit including gas and air, Pethidine or Diamorphine, Remifentanyl and epidural.

For more information about each of these see [pain relief in labour](#).

If you wish to use a pool for pain relief in labour then this is possible but only one room on each labour ward has a pool so if it is already in use, you may not be able to use water in labour. If this is important to you, you may wish to consider a different place of birth where a pool is more likely to be available.

How are you and your baby monitored?

When you are in established labour, the midwife will want to closely monitor the wellbeing of your baby. On the obstetric unit this will involve monitoring the baby's heart rate intermittently (usually every 15 minutes and more frequently before the birth) or, if recommended, continuously. For more information see [fetal monitoring](#). Regular maternal observations will also be taken such as blood pressure, temperature and pulse. You will be offered internal examinations to help assess how your labour is progressing.



What happens if there is a problem?

Doctors are available on the obstetric unit to help with any problems that may arise. If the decision is made to have an unplanned caesarean, you will be transferred to one of the obstetric theatres for surgery. On the obstetric unit there is also the necessary equipment to facilitate an instrument birth via forceps or ventouse should these options be appropriate. If there is a problem with your baby once born there are neonatologists on hand to help and your baby can be transferred straight to the onsite [neonatal](#) ward for care if needed.



What happens after your baby is born?

If you and your baby are both well after birth, then you should be facilitated to have immediate skin to skin contact with your baby. The midwife will check that you are well and happy with how your baby is feeding and responding to you before transferring you to the Postnatal ward.

If you give birth by caesarean section, you will remain in theatre for a short while after the birth of your baby while the incision in your tummy is stitched up. After this you will be transferred to the recovery bay and then onto the postnatal ward. If you need a general anaesthetic, we will support your birth partner to have skin to skin with your baby until you wake up. Your partner will not be able to be with you in theatre if you have a general anaesthetic.

Read more about [Postnatal Care](#) on our website or view the [Postnatal Padlet](#) for further information.



What happens to people who choose this place of birth?

The 2011 “Birth Place in England Study”, which studied more than 64,500 women with a straightforward (low risk) pregnancy, found that:

- Low-risk women planning birth in an obstetric unit were more likely to have interventions, such as ventouse or forceps birth, caesarean section and episiotomy, than women planning birth in other places.
- The chances of a baby having a serious medical problem (which are very low) are not affected by where you plan to give birth.

For more detailed information on outcomes for low risk women and babies on different planned birth settings see [Your choice where to have your first baby](#) or [Your choice where to have a subsequent baby](#).