Maternity Unit
Patient Information

Maternity care – your choices

During your pregnancy it is recommended that you have check-ups at regular intervals to monitor your health and that of the baby.

One or more of the following professionals will provide your antenatal care:

- A small team of midwives
- A hospital consultant obstetrician and their team

Your first ‘booking’ appointment

The first appointment you will have with a midwife from your team is called a ‘booking appointment’ and is usually arranged at a mutually convenient time at your home. The midwives employed by Dorset County Hospital NHS Foundation Trust are organised into four large geographically based teams. Each of these teams is further divided into ‘mini-teams’ of 3 or 4 midwives. These mini-teams are linked to GP surgeries. The midwives also work in the maternity unit at Dorset County Hospital and are available for homebirths. Together you will discuss fully the type of maternity care most appropriate to your wishes and needs.

Types of care

Midwife-led care

If your general health is good and your pregnancy is uncomplicated, you will be cared for during your pregnancy by your team of midwives.

Team care

If at any point during your pregnancy you need to see an obstetrician (a doctor who is an expert in pregnancy complications) your midwife will arrange an appointment to see them. Your midwives will provide most of your care with occasional visits to the hospital clinic to see the obstetrician.
Consultant-led care

This specialist care is usually reserved for pregnant women with particular medical conditions or pregnancy complications. Most of your care will be planned and provided at hospital clinics. The consultant obstetrician works in a team with other obstetricians. If you are sent an appointment for a consultant clinic you should see the consultant for your first appointment, but may see one of their team for any follow-up appointments.

Whichever professional you choose to lead your care, you can still seek advice from any of the others at any time.

Place of birth – hospital or home?

You and your partner can make the decision about where you will give birth to your baby. There are advantages and disadvantages to both hospital and home births that will vary for each individual. You have the choice of giving birth in the Maternity Unit or giving birth at home.

It is good to be as relaxed as possible when you are in labour. If anything is making you anxious or upset you may become tense and you may feel more pain, which in turn may hamper the progress of your labour. If you choose to have your baby in the familiar surroundings of your home you can wander around freely and may feel more in control. A homebirth might be right for you if:-

- You are healthy and your pregnancy is uncomplicated
- You do not like hospital
- You wish to avoid things like a drip into a blood vessel in your arm and monitors
- You do not want an epidural
- You want to be with your partner after the birth (partners are not able to stay in hospital overnight)

Only you know where you will feel most relaxed and comfortable. You may feel more secure in hospital and that if you are unable to cope with the pain of labour you can have an epidural if you want one.

Certain conditions, which you already have or develop during your pregnancy, may mean that you are advised to give birth in hospital.

We encourage you to come and see the Maternity unit. Regular tours are available via your antenatal classes or by telephoning the unit and booking a place on the weekend tours.
Home births

In 2011 the findings from the Birthplace Cohort Study were published, this study compared the safety of births planned in different settings.

The key findings of the study were:

- Giving birth is generally very safe for both you and your baby if you are healthy and your pregnancy is uncomplicated.
- For women who had already had a vaginal birth there was no significant differences in adverse baby outcomes (stillbirth in labour, early neonatal death and birth related injuries to the baby) between planned home births or hospital births.
- For women having their first baby, the risk of a poor outcome was approximately 1% for babies born at home compared to approximately 0.5% for babies born in hospital.
- 45% of women having their first baby at home were transferred into a maternity unit due to complications occurring during the labour or immediately after delivery compared to a transfer rate of 10% for women having second or subsequent births.

Entonox (‘gas and air’) can be used in your home for pain relief however we are unable to give Pethidine or any other opiate for pain relief in the home birth setting.

A second midwife is called to attend the birth to give extra support.

Midwives carry resuscitation equipment in their cars. They undertake regular training in adult and newborn baby resuscitation.

Your midwife will make the arrangements for your baby to have a detailed ‘baby check’ either by a trained midwife at home or by a doctor or children’s nurse in the Maternity Unit before your baby is 72 hours old.

If you need to be transferred to hospital, an ambulance with full paramedic support is provided. Your midwife will travel in the ambulance with you and continue to care for you once you arrive at the hospital. Your partner will not be able to go in the ambulance with you and will have to arrange transport home.

Hospital birth

When you come into hospital in labour you will be cared for by a midwife working a hospital shift at that time, with the back-up of the obstetric team. As far as practical a midwife from your mini-team or the larger geographical team will provide that care. Midwives do change over as shifts start and finish.
The whole range of pain relief is possible in hospital including the birthing pool if it is not being used. Epidurals are available although there may sometimes be up to an hour wait if the anaesthetist is already dealing with someone else or an emergency situation.

Caesarean section

The National Institute of Clinical Excellence (NICE) has advised us to give evidence based information during your pregnancy because approximately one in four women will give birth by caesarean section. The most common indications for a caesarean section are:-

- Failure to progress in labour (the neck of the womb does not open enough to allow your baby to be born)
- Concern about your baby’s well being in labour
- Breech presentation (your baby's bottom is down in your pelvis instead of the head)
- The placenta is near or covering the neck of your womb.
- Some twin and all triplet pregnancies
- Certain maternal infections

If a caesarean section is planned for you during your pregnancy you will be counselled and given written information about what the procedure involves.

NICE recommend that information on the following risks and benefits are provided to you, however the evidence base is of low quality.

Planned vaginal birth may increase the risk of:

- Perineal and abdominal pain during birth
- Injury to the vagina (a tear or cut that requires stitches)
- Early postpartum haemorrhage (bleeding heavily after the birth of your baby)
- Obstetric shock (low blood pressure, pale, cold and clammy, visual problems, feeling unwell, poor urine output)

Planned caesarean section may increase the risk of:

- Special Care Baby Unit (SCBU) admission for your baby
- Longer hospital stay
- Hysterectomy due to postpartum haemorrhage (bleeding heavily)
- Cardiac arrest – blood is not transported around your body due to the heart not working properly
- Placental problems with multiple caesarean sections (your placenta may grow into an area of your womb such as a previous caesarean section scar line where it is difficult to remove. In extreme cases this can lead to a hysterectomy and future pregnancy complications.)
After the birth – length of hospital stay

The length of time you stay is hospital after the birth is flexible according to your wishes and needs. You may wish to go home after just 6 hours or once your baby is feeding well. You may prefer to stay a night or two.

After an elective (planned) caesarean section we recommend a two-night stay (e.g. if the operation is on Monday, you could plan to go home on Wednesday).

Following an emergency caesarean section we recommend a minimum two-night stay but you can negotiate the length of stay according to how you and your baby are progressing. All babies should have a specialist examination “baby check” within the first 72 hours after birth. This will normally be performed on the day after birth if your baby is born in hospital (usually between 11am and 3pm). Certain specialist treatments such as B.C.G. vaccinations are only available in the hospital.

If your baby is one of the 10% of babies that requires admission to the Special Care Baby Unit (SCBU) because of problems such as prematurity, jaundice, infection, you can negotiate to ‘lodge’ in the Maternity Unit for a limited period of time. This will be discussed in detail with you if the need arises.

After the birth – midwife visits

Whether your baby is born at home or in hospital your midwife team will visit you for up to 28 days after the birth. The majority of well mothers and babies are discharged on day 10 to the care of their health visitor. The frequency of visits will be negotiated with you – an individual visit plan will be put together and you may choose to be visited at home or to meet your midwives at a children’s centre or GP clinic.
Further information

If you need any further information please contact the Maternity Unit on 01305 254267.

If you need this information in large print, easy read, on audiotape or in another language please call 0800 7838058 or e-mail pals@dchft.nhs.uk

If you wish to obtain a list of the sources used to develop this information leaflet please call 0800 7838058 or e-mail patient.info@dchft.nhs.uk

Useful websites

www.homebirth.org.uk
www.midwivesonline.com
www.birthchoiceuk.com
www.nct.org.uk
www.nice.org.uk
www.rcmnormalbirth.org.uk

www.rcm.org.uk or www.jakescharity.org.uk to read “There Are No Guarantees” by The Royal College of Midwives & National Maternity Support Foundation

Dorset Home Birth Group: http://dorsethomebirthgroup.googlepages.com

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