

Patient information leaflet

Maternity Services

Whiston Hospital, Warrington Road, Prescot L35 5DR
0151 430 1666

Giving birth at home or in the Midwife Led Unit or Delivery Suite What are your options?

This leaflet can be made available in alternative languages/formats on request.

如有需要，本传单可提供其他语言/版式
此單張的其他語言/格式版本可按要求提供

Na żądanie ta ulotka może zostać udostępniona w innych językach/formatach.

Under the care of Whiston Hospital's Maternity Services, you have a number of options to choose from when giving birth.

This guide is intended to help you plan where to give birth and support discussions with your midwife or obstetrician (a doctor who specialises in birth).

Choosing the place of birth

Until recently, nearly all women gave birth in hospital – in areas called Delivery Suites or Obstetric Units.

We know that this is not an ideal environment for all women, although birth in a Delivery Suite is recommended if women or their unborn babies have any known problems.

If your pregnancy is straight forward, we hope you will choose to either birth at home or in the Sapphire Suite, our Midwife Led Unit (MLU).

Home birth

Women who wish to avoid intervention, or would like to receive continuity of care with a midwife, may choose a home birth. Being at home can help you feel more in control and more able to relax. It is also known to reduce the need for pain relief.

However, with this choice you should be informed that, where there is a problem during labour, you may need to be transferred to the hospital maternity unit. How far away you live from Whiston Hospital and the time it could take to be transferred here, all need to be considered.

With a planned home birth, a midwife will provide care during labour and following birth in your own home. Midwives are trained to help you give birth at home safely, and will advise you if transferring to the hospital would be best for you and your baby.

Following the birth of your baby, the midwife will contact the Delivery Suite where a Birth Centile Chart will be generated for your baby. If we find that your baby is at or below the 2nd centile on the chart, we would advise that you be admitted to hospital with your baby in order for more observations to be carried out more closely so that we can monitor temperature, blood sugar etc.)

Transfer in labour

In some circumstances, women develop complications during their labour that require specific care and they may need to transfer from home to the hospital.

The most common reasons for transfer are where there is a delay in labour or where the condition of the baby is giving cause for concern.

Where there is any concern, the decision to transfer will usually be made in conjunction with your attending midwife who will explain her concerns to you and where it is agreed, will then make all the arrangements to transfer you to the hospital by ambulance.

For further information or support:
Community Midwifery Office
0151 430 1492

Frequently asked questions regarding home birth are included at the end of this booklet.

Giving birth at Whiston Hospital

The Sapphire Suite

You may feel that you would prefer to give birth in our Midwife Led Unit. Some women feel reassured in a hospital environment, and following the birth, arrangements can be made for you to go home the same day.

The Sapphire Suite is designed for healthy women at low risk of complications. Here, we specialise in providing care which helps women to have a birth without medical interventions.

Sapphire Suite is adjacent to the consultant led Delivery Suite. It has 3 rooms, 2 of which have birthing pools for pain relief and you can also birth in the pool too, if your labour is straight forward.

While in the pool you can also use gas and air, although if you require an injection for pain relief, this will mean you have to come out of the pool for a few hours. Birthing mats, birthing balls and birthing couches are also available.

Sapphire Suite is managed by experienced midwives. If complications occur, or you request an epidural for pain relief, you will be transferred to the nearby consultant led Delivery Suite

What does being 'at low risk of complications' mean?

Being 'at low risk of complications' means that:

- You are healthy and well, other than the common discomforts of pregnancy
- You have no medical conditions such as diabetes or high blood pressure affecting you or your baby
- If you have given birth before, that there were no complications such as caesarean birth or heavy bleeding after birth
- You are pregnant with one baby only (not twins or triplets)
- Your baby grows healthily during pregnancy
- Your baby is in a 'head down' position
- You are giving birth between 37–42 weeks (nine months), and you have not developed new problems such as bleeding, waters breaking more than 24 hours before labour begins (or infections that could be passed to your baby) just before labour begins.

Delivery Suite

Delivery Suite provides neonatal, medical, and anaesthetic care.

Care is provided by a team including obstetricians (doctors who specialise in birth) and midwives.

If you are at high risk of complications during labour and birth then you will have your baby on Delivery Suite with an obstetrician leading your care.

If your pregnancy has been straightforward but you require an epidural for pain relief, you will give birth on Delivery Suite with a midwife leading your care.

What does being 'at high risk of complications' mean?

In some circumstances you will be advised to give birth in Delivery Suite, where you have access to care by specialist midwives, doctors and the wider team.

Also, more intensive monitoring facilities are available, if you or your baby require these.

Some conditions that mean birth in Delivery Suite will be recommended for you are listed below. The list is not exhaustive, and your midwife or doctor can discuss this further with you.

When birth in Delivery Suite is recommended:

Current pregnancy -

- Twin or triplet pregnancy
- You have pregnancy related (gestational) diabetes
- Your placenta is too low-lying
- Breech pregnancy
- High blood pressure
- High BMI (35 kg/m² or more)
- Your pregnancy lasts less than 37 weeks or more than 42 weeks (including induction of labour)
- Your baby is measuring as small
- You have anaemia (low iron levels)
- You are experiencing too much or too little water (amniotic fluid) around the baby
- You have active infections, including group B streptococcus, where antibiotics in labour are recommended.

You have experienced any of the following in previous pregnancies and births -

- Caesarean
- Post-partum haemorrhage (bleeding) which required additional treatment or a blood transfusion
- Pre-eclampsia requiring pre-term birth
- Eclampsia
- Retained placenta
- Previous shoulder dystocia (when it is difficult to deliver baby's shoulders)
- Previous stillbirth.

You have any of the following long term medical conditions –

- Diabetes
- Heart disease
- Kidney disease
- History of high blood pressure or stroke
- Asthma
- Cystic fibrosis
- Sickle cell disease
- Clotting or bleeding disorders
- Hyperthyroid
- Current infections (for example HIV, hepatitis B or C, toxoplasmosis)
- Liver disease
- Epilepsy
- Mental health conditions requiring inpatient care.

When individual assessment of place of birth is recommended -

Some circumstances mean that place of birth should be considered on an individual basis. These include if you have a medical condition which is stable, previous severe tears during birth (third or fourth degree tears), being aged over 35 at booking, expecting a fifth or subsequent baby.

Source of information for this guide

This guide draws on the 'Birthplace' study, which was published in 2011. This research looked at safety of different places of birth for healthy women with straightforward pregnancies, and their babies. It was a large study, involving 64,500 women and babies, who were followed through pregnancy, labour and for a short time after the birth. The Birthplace research was the first study to show what happens to babies and women when they plan birth in one setting (such as at home or in hospital), even if plans change, and they are transferred to a different setting.

Key findings from the 'Birthplace' study

In brief, the Birthplace research found that:

- Giving birth is generally very safe for healthy women at low risk of complications, and their babies.
- For women having a first baby, planned birth in a Midwife Led Unit offers benefits for the mother and appears to be as safe for the baby as planned birth in Delivery Suite.
- For women having a first baby, a planned home birth increases the risk for the baby by a small amount, compared to giving birth in Delivery Suite.
- For women having a first baby, there is a fairly high likelihood of transferring from home (45%) or from a Midwife Led Unit (36–40%) to a Delivery Suite during labour or immediately after the birth.
- For women having a second, third or fourth baby, planned home births and planned Midwife Led Unit births offer benefits for the mother and appear to be as safe for the baby as birth Delivery Suites. The transfer rate to a Delivery Suite from home or Midwife Led Units is around 10%.

For more information about the Birthplace study, please see www.npeu.ox.ac.uk/birthplace

NICE guidelines (NICE 2014) for care of healthy women and their babies

Following the Birthplace study, new NICE guidelines give the following recommendations:

For women who are at low risk of complications, giving birth is generally very safe for both the woman and her baby. Women may choose any birth setting; home, Midwife Led Unit (Sapphire Suite), Delivery Suite, or a freestanding Midwife Led Unit (not available through Whiston Maternity Services), and you should be supported in your choice of setting wherever you choose to give birth.

Women expecting their second, third or fourth babies, who are at low-risk of complications, are advised to plan to give birth at home or in a Midwife Led Unit (MLU), freestanding or connected to a maternity unit. This is particularly suitable because the rate of interventions is lower than in a Consultant Led Delivery Suite and the outcome for the baby in an MLU is no different compared with a Delivery Suite.

Women expecting their first baby, and who are at low risk of complications, are advised to plan to give birth in a Midwife Led Unit (freestanding or connected to a maternity unit). This is particularly suitable because the rate of interventions is lower than in a Consultant Led Delivery Suite and the outcome for the baby is no different comparing an MLU with Delivery Suite. If women expecting their first baby plan birth at home, there is a small increase in the risk of a poor outcome for the baby.

What to do if you have not been given a choice of place of birth

The NICE guidance is clear. Healthy women who are at low risk of complications should have an opportunity to choose where to give birth. If you have not been offered a choice of where you give birth speak to your named midwife or obstetrician.

What to do if you are at increased risk of complications, or you need individual assessment, and have not been given a choice of place of birth

In this situation, it is really important that you are given information so that you know why birth in a consultant led Delivery Suite has been recommended. If you have been advised to give birth in Delivery Suite, but would like to consider birth at home or the Sapphire Suite, discuss this with your consultant or your midwife as early as possible.

Frequently asked questions – home birth:

Q. Do I need any special equipment?

A. Your midwife will provide everything that she needs for the birth of your baby. However, some clean towels to wrap your baby in after delivery would be appreciated.

Q. What happens if there is an emergency?

A. A midwife is trained to deal with any emergencies for the mother and baby. If the midwife has any concerns regarding your labour, she can arrange for you to be transferred into hospital by ambulance.

Q. Can I eat and drink in labour?

A. Yes if you feel like it. Light snacks are recommended as these are easier to digest, drink as much as you want, but avoid fizzy drinks.

Q. Is it messy?

A. Not normally, you can protect the area you choose to deliver in with plastic sheets, shower curtain, old sheets and towels

Q. How do I contact my midwife when labour starts?

A. During office hours:

Monday – Friday: 8.30am -4.30pm **0151 430 1492**.

Out of office hours, weekends and bank holidays phone:

0151 426 1600 (switchboard) and ask for the maternity bleep holder, who has a list of the community midwives on call.

Your midwife will go through this information with you when she drops off the homebirth equipment **3 to 4 weeks** before your due date.

References: The Birthplace in England Research Programme
www.npeu.ox.ac.uk/birthplace

National Institute for Health and Care Excellence. (2014) Intrapartum care: care of healthy women and their babies during childbirth. London: NICE.

Creation Date – June 2011

Reviewed – July 2017

Review Date – July 2020

Produced by – Department of Maternity Services