

Maternity Service

Information Guide



BIRMINGHAM WOMEN'S
Caring for Life

Information for you

INTRODUCTION

Welcome to Birmingham Women's Hospital (BWH) and thank you for choosing our unit and team of dedicated staff to care for you. Each year over 7,000 women give birth to their babies at BWH and we take pride in our high standards of care and friendly atmosphere. BWH specialises in uncomplicated pregnancy care as well as being a high-risk referral unit for the West Midlands. Many women from around the region are referred to us for specialist care.

This booklet has been designed with you in mind and will take you through what to expect from us on your journey through childbirth, including some useful tips and information. We want you to be well informed so that you are able to make choices about your care.

Further information on childbirth and women's health issues are available free of charge from our on site health information centre, located in the reception area. The staff will always be pleased to discuss any points with you in more detail. We look forward to meeting you and your family.

PHILOSOPHY OF OUR SERVICES

The experience of childbirth has a profound effect on women and their families. It is a journey that can never be repeated in quite the same way again. A woman's ability to give birth with confidence is dependent on many factors, most importantly that she feels a sense of control. Birth in most cases, is a natural, healthy and normal event, and can be achieved with very little intervention or instruction. Of course, sometimes things do not go as planned and occasionally intervention might be advised. At BWH we aim to:

- Promote the childbearing experience as a normal, healthy and natural process;
- Provide the highest quality care so that your physical, emotional, psychological, social and educational needs can be both recognised and met;

- Provide individualised, holistic care that is equitable, accessible, non-judgemental and unconditional;
- Assist you and your family to discover parenting skills;
- Create a safe, friendly and supportive environment;
- Have respect and sensitivity for the needs of individual rights, beliefs, culture and values;
- Provide privacy and dignity at all times;
- (If intervention is necessary), provide you with information so that you choose your preferred care;
- Promote good health and healthy living;
- Enable all women and their partners to access quality parent education services;
- Make efficient use of resources in the most cost-effective manner;
- Ensure evidence based practice underpins all aspects of clinical care and decision making; and
- Keep good communication at the heart of our service.

YOUR CARE – THE TEAM AT THE HOSPITAL

You will meet many different members of staff at BWH. Each person has a vital role to play in ensuring the highest possible standards of care for you.

All staff wear a name badge and carry photo identification.

The Midwife

Midwives are highly trained professionals and are the experts in normal pregnancy, birth and the postnatal care, working both in hospital and in the community. Around 65 - 70% of all births at BWH are conducted solely by midwives. Midwives also have an active role in all other births, working closely with doctors to plan your care if complications arise.

We have a Director of Nursing & Midwifery, a Head of Midwifery, consultant midwife, team managers, student

midwives and midwifery assistants. Midwifery lecturers from the University of Central England visit our trust on a regular basis.

Supervisor of Midwives

We have a number of Supervisors of Midwives who are responsible for ensuring midwives fulfil their professional role and that women's wishes and needs during their childbirth experience are safely met.

The supervisor can help you with any difficulties you are having in achieving the type of delivery or care that you would like. A supervisor can be contacted via the hospital switchboard.

The Consultant Obstetrician and the team

We have fifteen consultant obstetricians at BWH with specialist interests. All junior doctors work under the direction of a consultant who include specialist registrars and senior house officers. BWH work closely with other medical consultants who they can refer to regarding your care if necessary.

The Anaesthetist

The anaesthetist is a doctor you will meet if you require certain forms of pain relief, such as an epidural or anaesthetic. The anaesthetic department provides a 24-hour on call service.

The Paediatrician

We have five consultant paediatricians who work with a team of junior paediatricians. They are qualified doctors who have chosen to specialise in the care of babies and children. They will examine your baby as a matter of routine within 24 hours of delivery. You may also see a paediatrician if there are any concerns about your baby or if he or she is admitted to the Neonatal Unit.

Other Staff

We have many other staff who you might meet who include; sonographers (who carry out the ultrasound scans of your baby), breast feeding team, domestic staff, ward clerks,

porters, physiotherapists, dietitians, the parent education team, ethnic link workers and social workers.

We also have a team providing a 'new born' hearing screening programme who will test your baby before you go home or, alternatively, will provide you with a leaflet and an out patients' appointment to return to the baby clinic.

Students

BWH is a teaching hospital where student midwives and doctors are trained. You will be asked if they may participate in your care throughout your pregnancy, labour and delivery and in the postnatal period. Our women play a vital role in student learning and we hope that you will allow our future staff to gain insight and experience in the field of midwifery and obstetrics. Students are always supervised appropriately for their level of experience. If you have any worries or concerns about this, please discuss them with your midwife.

YOUR GUIDE TO DEPARTMENTS WITHIN THE HOSPITAL

Early Pregnancy Assessment Unit (EPAU)

The EPAU specialises in care you may have during early pregnancy up until 17 weeks of pregnancy. You may be referred to the EPAU if, for example, you experience abdominal pain, bleeding or infections. They do not operate a drop-in service, but your midwife or GP will refer you for assessment, if necessary.

Day Assessment Unit (DAU)

The DAU specialises in caring for women who need to be monitored more closely than usual from 17 weeks of pregnancy onwards. For example, if you have high blood pressure, or if you are concerned about your baby's movements, your midwife or GP may refer you. Using this service may help you avoid being admitted to hospital, although admission does sometimes become necessary.

Midwife-Led Birth Centre

We are proud to offer a purpose-built Birth Centre which provides midwifery care in a home-like environment for women who have had normal pregnancies and are expected to have a normal/natural birth. If problems arise, or if you choose, you will be offered care by midwives and doctors on our main suite where your baby would be born.

The Birth Centre has:

- 5 bedrooms with beds, hammocks/slings
- Sitting room
- Retreat
- Breastfeeding room
- Birthing pool
- Bathroom for early labour
- Birthing balls & mats

Delivery Suite

Delivery suite is where you will give birth to your baby if you have any issues that may require assessment and/or admission to hospital.

Our facilities include:

- 3 assessment/triage rooms
- 14 delivery rooms including 1 suite for women with disabilities
- Water birth room
- 2 theatres
- 3 high dependency beds
- 4 bedded postoperative recovery bays
- Bereavement suite for women who experience pregnancy loss (The Abby Suite)
- Garden/patio area with seating

The Triage area of the Delivery Suite has been established to review all women who telephone for advice or need a review of their pregnancy. You will be seen by an experienced midwife who will discuss a plan of care with you. Women who have the most pressing needs will be attended to first.

Other facilities include:

- Visitors toilet
- Hot drinks machine for visitors
- Portable telephones
- Bean bags, mats and birthing balls
- Electronic beds and height adjustable examination couches
- Height adjustable cots

Your partner will be encouraged to be with you during labour. If you are admitted to delivery suite for observations or if you need to stay on longer than usual due to complications following birth, it may be possible for your partner to also stay. You will need to discuss this with your midwife.

Phoning for advice – You may phone the delivery suite at any time to speak to a midwife or doctor for advice. Depending on your situation, you may be advised to see your own GP or community midwife, be given advice over the phone to stay at home, or to come to the hospital to be checked over. **The phones are manned 24 hours a day. Direct line for Triage is 0121 472 3032 or 0121 472 1377 ext 4089. Main Delivery Suite is 0121 627 2665.**

Physiotherapy Department

Our specialist physiotherapists at BWH provide help for all antenatal and postnatal women while in hospital.

As an outpatient this care is delivered locally and organised by your GP or community midwife.

Neonatal unit (NNU)

At BWH we are fortunate to have the services of a 32-bedded specialist neonatal unit. Babies may be transferred to the neonatal unit if they are born early (before 34 weeks), if they have any problems at birth that require close observation or treatment. Some babies will stay for a number of hours, and others may stay for a number of weeks.

Should your baby be admitted to the neonatal unit, the staff on

the NNU will explain everything to you fully and will encourage you to participate in his or her care wherever possible. The NNU is equipped with a lot of high-tech equipment that can be very frightening if you are not expecting it. Your baby will have a named midwife or nurse, who will explain what the equipment is for and why it is necessary.

Parents may visit the NNU by arrangement if a problem becomes apparent during pregnancy that means admission to the NNU following birth may be necessary.

Transitional care ward (Ward 2)

The transitional care ward cares for mothers and babies who need extra help. For example, if your baby is born early, (between 34–37 weeks). Babies born early need extra care with feeding. Also, if your baby has been on the NNU they are often transferred to ward 2. The ward has 11 individual rooms with toilet/bathroom facilities. Visiting times are the same as for the other ward areas.

Ward areas

There are three twenty five bedded wards. Ward 3 and 4 is for postnatal women. Ward 1 provides care for antenatal women.

Fetal Medicine

The fetal medicine department specialises in the care of women whose pregnancies are complicated by abnormalities with the baby or complications in the mother. For example, if you attend for routine antenatal ultrasound scan and a problem is found with your baby you will probably be referred for a detailed scan which will be performed by a doctor who specialises in fetal medicine.

Following the scan the doctor will discuss any issues with you and options available to you.

The department offers various diagnostic tests and fetal therapies depending upon the problem, and also specialised information on antenatal screening and diagnostic tests are available.

Opening hours:

Monday – Friday: 9.00am – 5.00pm

Telephone: 0121 627 2683

CVS Service Telephone: 0121 623 6959

SECURITY

Our security standards are high and we rely on you and your visitors to help us maintain a safe and secure environment for everyone. We have a strict security policy in place and our facilities include:

- An electronic baby tagging system
- Strict security procedures in place to protect babies during their stay
- Security cameras around the unit and car parks
- Limited access into and out of the hospital during the day and at visiting times
- Only one access and exit point at night which is continually manned
- Security staff on site 24 hours a day

We ask that you observe the following guidelines to help us maintain our high standards:

- Never leave your baby unattended
- Never allow anyone to examine you or your baby unless they are wearing a hospital ID photo badge. All hospital staff carry ID. If it is not visible ask to see it. If in doubt, confirm their identity with another member of staff
- Never allow anyone you do not recognise as a member of staff to remove your baby from your bedside
- Check that your baby's security tag is securely in place at each nappy change
- Never hold doors to restricted areas, such as the wards or delivery suite, open for anyone you do not recognise as a

patient or member of staff (also advise your relatives of this point).

- Please ask your visitors to respect the hospital visiting hours or, where necessary, arrange alternative times with the ward staff prior to visiting

These guidelines are not designed to alarm you, but it is important to remain vigilant at all times. In the unlikely event that you are concerned about security at any time during your stay, please alert a member of staff.

MATERNITY CARE-MIDWIFERY OR CONSULTANT LED CARE

What happens after my pregnancy is confirmed?

Once your pregnancy has been confirmed, your GP will refer you to us or the hospital of your choice. A midwife from your GP's team will contact you to arrange a booking visit. This midwife will be your 'named midwife', and she will be responsible for planning your care with you, supported by the other midwives in her team.

The booking visit

Your named midwife will ask questions relating to your health and give information about your health and lifestyle. You may find it useful to write down any questions you want to ask. Usually your booking visit is arranged within a couple of weeks of seeing your GP and done at your home or at clinic.

At this appointment your midwife will give you a leaflet about the parent education classes. This is especially relevant if it is your first baby, although refresher classes are also held. This form should be filled in and handed in at the Antenatal Clinic or posted to the Antenatal Clinic, Birmingham Women's NHS Foundation Trust, Edgbaston, Birmingham B15 2TG.

Midwifery led care (via the Birth Centre)

Midwifery led care is an option available for women who are healthy and well. In most cases, you can book your care directly with a midwife without the need to see your GP or the consultant obstetrician. This means that your named midwife, supported by a community team, will provide your care. The majority of your care will take place near to your home, such as your local health centre or community clinic. Your birth will usually be attended by one of our hospital midwives.

Consultant led care

If you have any specific medical conditions, such as diabetes or epilepsy, or have had problems with previous pregnancies such as pre eclampsia or a caesarean section, you may be advised to book under the care of a consultant obstetrician. This means that you may have to make more frequent visits to the hospital for your antenatal care. Your birth will be attended by one of our hospital midwives, with senior doctors on hand if necessary.

Home Birth

If you are booked under the care of midwives, having your baby at home is an option available to you. A homebirth is a safe and rewarding option for women who have an uncomplicated pregnancy. Research suggests that a homebirth can reduce the likelihood of a caesarean section. Some women feel that they will cope better in familiar surroundings with their family and friends around them. A midwife from your community team will be present for the birth.

If you are considering this option, discuss it with your midwife who will give you all of the information you need. Should you experience any difficulties with arranging a homebirth, contact a supervisor of midwives via our hospital switchboard on 0121 472 1377.

Request for female carers

Some women request care from a female practitioner only.

Where possible, requests will be accommodated. However, this is not a guarantee. Declining a male practitioner when a female is unavailable might compromise the care you receive.

Hand held pregnancy records

All of the information gathered from your booking history and throughout your pregnancy is recorded in your hand held notes. **It is important that you keep them with you at all times in a safe place, and present them at every antenatal appointment, GP visit or when visiting hospital.**

You will be seen by various health professionals throughout your pregnancy, for example, midwives, your GP, ultrasonographers and the purpose of these notes is to ensure that each member of staff has up to date and accurate information about you, so that you receive the best care. They also provide us with a clear picture of how well your pregnancy is progressing and any problems, treatments or investigations that have been carried out.

Confidentiality

You can be sure that all details regarding your care will only be shared with those health professionals who are directly involved. If there is any information that you do not want to be recorded please tell your midwife because we can arrange to record it in your hospital notes instead.

Access to your records

Once your baby has been born, your hand held notes will automatically be retained by the hospital and kept for 25 years. You may wish to photocopy these towards the end of your pregnancy for your information.

ANTENATAL CARE

Antenatal care is designed to ensure that you and your baby remain healthy during pregnancy and receive the necessary information. We advise you to attend all planned antenatal

visits. For further information, refer to the booklet 'Antenatal Care - Routine Care for the Healthy Pregnant Woman' published by NICE (National Institute for Clinical Excellence) in October 2003 and is accessible via www.nice.org.uk

Antenatal appointments

Whether you attend the community or hospital clinic for your antenatal care, you should not have to wait longer than about 30 minutes to be seen. If you have to wait for more than 45 minutes, please tell a member of staff. Occasionally, your midwife may be delayed if she has to deal with a complication, but we aim to see you as promptly as possible.

We offer a range of Special Clinics, for example diabetics, endocrinology, cardiology and multiple pregnancies.

How often are the appointments?

Appointments are planned to suit you individually. If this is your first baby, your needs may differ from a mother who is expecting her second or third baby. Therefore there is no fixed pattern. You will be offered a number of visits throughout your pregnancy, and your named midwife will discuss these with you.

As a general guide most women are seen as follows:

- Every 4–8 weeks until 30 weeks of pregnancy
- Every 2–4 weeks until 36 weeks of pregnancy
- Every 1–2 weeks until 41 weeks of pregnancy

If at any time there are concerns about you or your baby, you will be offered more frequent appointments.

If your blood group is rhesus negative, you will be offered an anti-D injection at 28 weeks to avoid problems occurring in this and any subsequent pregnancy. For additional information see Booklet 'Tests for you and your baby during pregnancy'.

What happens at antenatal check-ups?

At each visit, you will be seen and examined by a midwife and/or doctor to assess the well being and growth of your baby.

At each visit your carer will want to:

- Check that you are feeling well and discuss any concerns or worries you may have
- Test your urine (**please bring a sample with you on each visit – it is very important for monitoring your well being.**)
- Take your blood pressure
- Examine your abdomen to check baby is growing well
- Listen to your baby's heartbeat (after 16 weeks)
- Ask you about your baby's movements (after 21 weeks)

It is important to tell us if you have changed your name and/or address during pregnancy.

Who can come with me?

You are welcome to bring along your partner, friend or relative with you at each visit. If you have small children and no one to leave them with, you can bring them too. Some clinics will have toys and books but children must be supervised at all times. **Please do not bring anybody with you to clinic that is known to have an infectious illness such as rubella, chickenpox or the flu.**

Informed consent

You are entitled to have any treatment, tests or examinations explained to you, as well as any risks or benefits. All explanations will be given in clear language that you understand and you will be given time to think about your options before making a decision. You have the right to refuse.

It may be helpful to ask the following questions:

- Why do you think the procedure is necessary?
- What are the advantages/disadvantages to my baby or me?
- Are there any other options open to me?
- What if I choose not to have it done?

Urine tests

Your urine will be tested at each visit to look for:

- **Protein.** If protein is present it may indicate that you have an infection that can be easily treated or it can be a sign that you are at risk of developing pre-eclampsia.
- **Glucose.** If you have glucose (sugar) in your urine on more than one occasion you may be at risk of developing diabetes, and a further blood test may be advised.

Blood pressure

Your blood pressure will be taken at each visit so that we can detect any changes that may cause you or your baby problems. Raised blood pressure during pregnancy can also indicate that you are at increased risk of developing a serious condition called pre-eclampsia.

How would I know if I may be suffering from it?

Look out for:

- Bad headaches that don't go away
- Blurred vision, flashing lights or spots in front of your eyes
- Bad pain just below your ribs, especially on the right side

Listening to baby's heartbeat (Fetal monitoring)

Your midwife will want to listen to your baby's heartbeat. Usually we use a sonic aid (a hand held instrument which you can also hear).

Occasionally you may be advised to have further monitoring using a machine called a CTG (cardio-tocographic trace) that gives a print out of the pattern of baby's heartbeat. This test usually takes around 20 minutes or so and would be explained to you.

Using your own blood pressure or fetal heart rate monitor

It is not advisable to use your own machines and their use is not supported by the Trust. This is because professional advice

is required to interpret the findings.

If you require close monitoring this will be arranged for you and provided by a community midwife.

COMMON MINOR PROBLEMS OF PREGNANCY

Many of the common problems experienced during pregnancy are due to the effects of hormonal changes and other changes that are taking place in your body. Usually these problems are harmless, but can be uncomfortable and worrying. Some problems of course will require prompt medical attention. If you are concerned or uncertain about anything contact your midwife or GP. You can refer to www.nice.org.uk for additional information.

Morning sickness

Many women suffer some degree of morning sickness during the first few months of pregnancy. Although it is known as 'morning sickness' it can occur at any time of the day or night. It can be distressing, but it is usually associated with a good outcome of pregnancy.

To ease the symptoms you could try:

- Eating little and often
- Eating dry crackers, biscuits or toast before you get up
- Drinking plenty, but avoiding drinks that upset your stomach
- Avoiding spicy, greasy, fatty and strong smelling foods
- Sticking to cold meals if the smell of hot food makes you feel sick
- Adding ginger to your diet e.g. ginger biscuits, ginger tea
- Acupressure (or travel sickness) bracelets available from the chemist
- Sleeping on a few extra pillows and getting out of bed slowly

Do not take anti-sickness medications unless prescribed and

if you are finding that you can't keep anything down and are vomiting persistently, contact your GP at once.

Breast changes

Your breasts may be quite tender and tingle during early pregnancy. You may notice that they become larger and that the nipples and the area around the nipples (areola) become darker. It is a good idea to have your breasts properly measured and fitted for a good support bra during pregnancy. Nursing bras can be fitted from 37 weeks.

Teeth and gums

Dental health problems are more likely to occur during pregnancy due to hormonal effects, and the extra demands that your growing baby is making on your calcium and vitamin D supplies. Try to see your dentist early on in your pregnancy and remember to tell him/her that you are pregnant. You are entitled to free dental care during pregnancy and for one year afterwards.

Fainting

This is a common experience in early pregnancy because there is often a slight drop in blood pressure. Sometimes due to the extra demands for energy, there can be a slight drop in blood sugar levels too. If you are finding this a problem, try:

- Eating regularly, every few hours
- Avoiding sugary foods and sweets which can make the problem worse
- Getting up or changing your position slowly
- Sitting and resting by an open window or in the fresh air
- Sitting with your head between your knees to increase the blood flow to your brain
- Eating a nourishing snack as soon as you start to feel faint

Indigestion or heartburn

This is a common complaint during pregnancy, particularly at

the end. The valve at the top of your stomach relaxes, allowing acid to travel up into your throat. This will go once the baby is born. To ease the symptoms try:

- Eating small, regular meals
- Avoiding food and drinks before you go to bed
- Avoiding spicy and fatty foods
- Avoiding any energetic activity for a few hours following your meal
- Sleeping propped up on pillows

Always consult your GP, Midwife or Pharmacist before taking any medication for heartburn – some remedies contain substances that may be harmful to your baby.

Constipation

This is a common complaint. Eat high fibre foods like fruit and cereals and increasing the amount of water you drink (ideally 2 litres per day) usually helps.

Urinary tract problems

You may have to pass urine more often during early pregnancy as your baby puts extra pressure on your bladder. Sometimes passing urine more often can be a sign of a urine infection. If you notice stinging or burning when passing urine, or if you find that you cannot get to the toilet quickly enough to prevent leaking, tell your midwife or GP. Drinking plenty of fluids and cranberry juice in particular, can help to keep your bladder free from infection.

Aches and pains

As your pregnancy advances you may notice aches and pains all over your body, particularly around the sides of your abdomen, your groin and pelvic areas. Your body is designed to relax your joints and ligaments to allow your baby to grow and to prepare your body for labour and delivery. You may experience sharp, stabbing pains that run from your abdomen to your groin area, or cramps in your side and/or legs. Mostly this pain is harmless,

changing positions or a warm bath or massage will help. **If at any time the pain is persistent or severe, consult your GP or telephone delivery suite immediately.**

Headaches

You may find that you experience headaches. This can be due to extra demands on your body, stress and tiredness. Usually Paracetamol and rest will relieve your symptoms.

Consult your GP or midwife at once if you have a severe and persistent headache or if it is accompanied by vomiting or visual disturbances. This can indicate that you have high blood pressure and are more at risk of developing pre-eclampsia.

Itching

Many women complain of feeling itchy during the middle months of pregnancy, particularly across their abdomen. This occurs as the skin stretches to make way for your growing baby. Try calamine lotion or a good moisturiser. **If you experience severe and persistent itching, including your limbs, hands and feet consult your GP or midwife at once.** This may be a sign that you are at risk of developing a condition called cholestasis that can be harmful to your baby.

Varicose veins (swollen veins)

Varicose veins in the legs (and occasionally in the vaginal area) are common towards the end of pregnancy due to increased pressure in your veins, which relax the walls of blood vessels and the extra weight of your baby. They will go after baby is born. To ease the swelling you could try:

- Wearing good quality support stockings (ask your GP, midwife or pharmacist)
- Do not cross your legs as this affects blood flow
- Avoid standing still or sitting in the same position for long periods
- Put your feet up. For swelling around the vagina, raise the foot of the bed slightly.

Haemorrhoids

Haemorrhoids or 'piles' as they are commonly known, are swollen varicose veins around the anus (back passage). During pregnancy there is extra pressure. Straining when constipated can also be a cause. Sometimes they can be itchy, sore or bleed. Follow the advice given for constipation and ask your midwife, GP or pharmacist to recommend a soothing ointment to help. **Always report any bleeding to your GP.**

Swelling (oedema)

Towards the end of pregnancy, you may notice that your ankles become swollen, particularly if you have been on your feet for some time. Sitting with your feet up will help. Try to avoid standing or sitting in the same position for long periods, wear low heels and avoid footwear that restricts your circulation. Support tights might also help.

Please note that some swelling to your hands or face is not normal and must be reported to your GP or midwife.

Symphysis pubis dysfunction (SPD)

SPD is best described as pelvic pain. Pregnancy hormones cause softening and stretching to allow the baby to pass easily through the birth canal, which can make the pelvis unstable, thus causing pain. A physiotherapist can help. The midwives and doctors will help support you to adopt positions during your birth which will maintain your comfort as much as possible.

Conditions requiring admission to hospital

Some women during pregnancy will experience more serious conditions that will require close observation, treatment and possibly admission to hospital. Examples of these include:

- Pre - eclampsia
- Cholestasis (severe itching)
- Diabetes
- Rhesus disease

- Bleeding during pregnancy
- Premature labour
- Renal (kidney) problems
- Small for gestational age babies

These conditions can be serious usually requiring admission to hospital. There are separate leaflets for some of these conditions. Ask your midwife for further information. (See support groups on page 47)

If you are worried about your pregnancy contact your community midwife. Her details will be written at the top of your hand held notes.

If it is an emergency contact delivery suite 0121 472 3032 / 627 2665. Do not leave a message on an answer machine.

YOUR LIFESTYLE DURING PREGNANCY

Pregnancy brings about many changes as your baby grows; he or she will take all of the nourishment needed from you. Therefore, it is essential that you look after yourself as well as thinking about your baby.

Your diet

Research tells us that if you are well nourished before and during pregnancy, it can directly affect your baby's health during childhood and later life. You should improve the quality of your diet to meet the extra demands for energy, protein, vitamins and minerals your growing baby is making. On average, women are expected to gain between 1½ – 2 stones (10 – 12kg) during pregnancy. Try to do the following:

- Eat a selection of the four main food groups each day (see food groups)
- Eat regular meals
- Eat foods lower in fat and sugar
- Eat foods rich in folic acid (See opposite page)
- Drink plenty of fluids (aim for 8 -10 glasses of water each day)

- Reduce or cut out alcohol
- Never diet during pregnancy

Remember that pregnancy is a good time to start healthy eating for your whole family and will give long-term health benefits to you all.

Food groups

There are four main food groups and you should choose a variety from each to obtain a well balanced diet for you and your baby.

Fruit and vegetables – Try to aim for 5 portions each day. These will supply you with vitamins and minerals, particularly vitamin C, fibre, iron and folic acid. One portion is counted as any fruit or vegetable that is fresh, frozen, dried or tinned.

Starchy foods – Try to include a portion of starchy food with each meal. These supply energy, fibre, vitamins and minerals, particularly vitamin B. Starchy foods include bread, breakfast cereals, pasta, rice and potatoes. Buy the wholemeal and wholegrain varieties if possible.

Meat and meat alternatives – Two portions of meat or meat alternatives should be enough each day. These supply protein, iron, zinc and vitamins A & B. Examples of foods in this group include poultry, meat, fish, eggs, cheese, pulses, nuts and tofu.

Dairy products – Try to aim for three servings each day. Dairy products supply calcium, protein, vitamins and minerals. Foods in this group include milk, yoghurt, cheese and fromage fraise. Buy the low fat alternatives where possible.

Do I need to take extra vitamins?

No – providing you eat a healthy diet. **Before taking any supplements you should ask your midwife, GP or pharmacist for advice.** As a guide, the sort of foods you should try to include for extra vitamins are as follows:

Folic Acid

Folic acid is a B vitamin and it is vitally important during

early pregnancy and up to 12 weeks, which is the time when your baby's internal organs and structures are being formed. Research has shown that a deficiency in folic acid can increase the risk of neural tube defects such as Spina Bifida (split spine) that can result in mild to severe disability. It is recommended that you take folic acid supplements. The recommended daily dose is 400 micrograms – ask your midwife, GP or pharmacist who can prescribe/advise you on supplements.

Iron

Iron is needed by your body to make red blood cells that carry oxygen to your developing baby. During pregnancy, the amount of blood in your circulation increases therefore you need more iron. You should not need to take supplements but try to eat the following every day:

- Lean, red meat
- Oily fish (sardines, mackerel, pilchards and herring)
- Dark green vegetables particularly spinach
- Beans, lentils and nuts
- Bread, pasta and chapatti
- Dried fruits - some cereals like Allbran

You can help your body absorb iron by taking foods and drink containing vitamin C with each meal for example a fresh orange or orange juice. It is a good idea to avoid tea and coffee for ½ hour or so following your meals as this may reduce the absorption of iron.

Vitamin C – this is found in most fresh and frozen fruits and vegetables. The best sources of vitamin C are oranges, grapefruits, kiwi fruit, strawberries, tomatoes, potatoes and broccoli.

Vitamin D – this helps the body to absorb calcium, which is necessary to keep your bones and teeth healthy. We get most of the vitamin D our bodies require from sunlight on our skin. Foods rich in vitamin D include oily fish, eggs, margarine, and some breakfast cereals.

Calcium – calcium is required to keep your bones and teeth

healthy, but it is also needed to build your baby's bones and teeth. Foods rich in calcium include dairy produce, white flour, sardines and pilchards, tofu, beans, lentils, nuts and seeds, particularly sesame seeds.

What about vegetarians and vegans?

As long as the correct balance and variety of foods is eaten, both vegetarians and vegans can have a healthy and adequate diet during pregnancy.

You will probably already be aware of the sorts of food that will provide you with a healthy diet, but as a guide you will need to find suitable alternatives to provide you with protein, vitamin D, calcium and Vitamin B12. These may include Marmite, Soya milk, some breakfast cereals and breads.

A supplement may be recommended for your pregnancy, but always discuss this with your GP or midwife who will refer you to the dietician for further advice.

What foods should I avoid?

There are some foods to avoid during pregnancy to keep you and baby healthy and well. These include:

- Liver and liver products such as paté, liver sausage and fish liver oils. These contain too much vitamin A that can be harmful for baby. Never take supplements containing vitamin A unless specifically advised to by your doctor.
- Mould-ripened cheeses such as Brie, Stilton, Camembert, Danish blue and unpasteurised cheeses or milk of any kind. These can carry listeria, which is usually a harmless bug, but can be harmful to your baby.
- All types of paté, ready prepared salads and 'cook-chill' ready to eat foods such as quiche and chicken can also carry listeria. Make sure that any ready to eat meals are heated thoroughly before eating and that they are within date.
- Eggs and poultry should only be eaten if well cooked. They can cause Salmonella, which is a form of food poisoning that does not directly affect baby but will make you very poorly.

It is also wise to avoid mayonnaise that is made using raw eggs.

- Fruit and salads that have not been washed thoroughly to remove all traces of soil.
- Avoid peanuts during pregnancy and breastfeeding, particularly if you or your partner have any family history of peanut allergy.
- Caffeine intake (e.g. tea, coffee, and cola) should be limited to no more than four medium sized cups per day. Research suggests that there may be a link with miscarriage in women who consume large amounts of caffeine.

Toxoplasmosis

This is an illness caused by an organism called Toxoplasma that is found in cat's faeces and raw meat. It can be harmful to the unborn baby.

Some things to remember are as follows:

- Cook all meat and poultry until piping hot all the way through
- Store all raw meat/poultry on the bottom shelf of your fridge to avoid contact with other foods
- Use separate chopping boards and utensils for preparing meat
- Ensure your fridge temperature is below 5°C and that your freezer is below -18°C
- Wash kitchen surfaces after preparing meat
- Try to keep cats out of the kitchen and off the work surfaces
- Always wash your hands after handling cats, kittens or any other pets or animals
- Keep cat litter trays clean and preferably get somebody else to empty them. If you have to change the litter, always wear gloves and wash hands thoroughly afterwards.

There are separate leaflets available on everything covered – ask your midwife or call in at the Health Information Shop. If you would like to see the dietician for specialised or further information your midwife can refer you.

Contact with infectious illnesses

We advise you to avoid all contact with anyone known or suspected to have rubella (German Measles). This is particularly dangerous to your baby during the first four months of pregnancy. We routinely test your immunity to rubella, but you should avoid contact even if you are immune. If you are concerned, contact your midwife or GP.

Chickenpox and shingles are viral infections that most people get as a child. If you have already had chicken pox or shingles, you are probably immune. However, if you are not sure contact your midwife or GP who can arrange a blood test to check your immunity and advise you further.

Medicines during pregnancy

You should always discuss any medication that you are taking during pregnancy with your GP. There are many common medicines and herbal remedies that could be harmful in pregnancy. Remind your doctor or dentist that you are pregnant if they prescribe any medication.

If you need to take a painkiller, Paracetamol is the safest choice. Always follow the instructions on all medicines exactly, and if you are unsure or if your symptoms continue, see your GP.

If you need to be admitted to hospital, always bring any medicines with you.

Remember that you are entitled to free prescriptions during your pregnancy and for one year following the birth of your baby.

Smoking in pregnancy

Smoking during pregnancy is harmful for your baby and is linked with the following: Increased risk of miscarriage, stillbirth, premature delivery, low birth weight and increased risk of cot death in the first six months of life. **It is never too late to stop smoking.** We strongly advise you to get help and support to stop smoking. If your partner smokes you could ask him to give up with you.

Your midwife can give you further information, guidance and support. It is important to note that nicotine replacement therapy is not recommended during pregnancy. (See useful telephone numbers on page 46).

Remember – you can say no to a cigarette, but your baby can't!

Alcohol during pregnancy

We do not know the effects of small levels of alcohol, so it is probably best to avoid it. Too much alcohol increases the risk of miscarriage or may lead to Fetal Alcohol Syndrome, resulting in severe abnormalities.

It is recommended that you do not drink alcohol during pregnancy. This is because any alcohol that you drink passes into your baby's bloodstream.

If you have any questions, worries or concerns about this, please tell your midwife.

Misuse of illegal drugs

The use of any drugs is harmful to your baby. Drugs that are bought illegally on the streets such as cocaine, heroin, amphetamines, ecstasy and LSD are all particularly dangerous to baby. They carry all of the same risks as smoking during pregnancy, with the added risk of your baby being born with a serious drug addiction problem that will need treatment. If you have a drug habit tell us so that we can help you to protect your unborn baby. (*See useful telephone numbers on page 46*).

Domestic violence

Domestic violence can lead to serious complications which affect you and your baby. You can speak in confidence to your midwife who can offer help and support. Or you may prefer to contact a support agency such as Birmingham Women's Aid Counselling & Support (tel: 0121 685 8550 / 8551). Other useful contacts include Refuge Accommodation, Women's Aid, Jyoti Ashram and West Midlands Police - telephone numbers at the end of this booklet.

Exercise during pregnancy

If you usually follow an exercise regime when not pregnant it is probably safe for you to continue exercising with some changes. If you attend any exercise classes it is very important that you tell your instructor that you are pregnant. Pregnancy is not the time to start any new or strenuous exercises but it is good for you to continue with your usual activities such as walking or swimming. Never push yourself if feeling tired. If unsure always ask your GP or midwife.

Sex during pregnancy

It is quite safe to continue with normal sex during pregnancy. You may find that you have to be more imaginative with positions due to your bump towards the end. You may be advised not to if you have any of the following:

- History of miscarriage in early pregnancy
- Bleeding at any stage
- Infection or pelvic pain
- History of premature labour
- Ruptured membranes

Your midwife is used to discussing this subject so please do not be afraid to ask.

Travelling

If you are planning a trip in the UK for longer than a week, you are entitled to register temporarily with a local GP. **Always take your hand held notes with you.** If you are planning longer trips towards the end of your pregnancy, it is wise to check with your GP to make sure s/he considers this safe.

If you are planning to travel abroad, you should tell your GP to discuss if any immunisations are necessary. Remember that most airlines will not allow pregnant women to fly once they are over 36 weeks pregnant, and for women between 28 and 36 weeks a medical certificate from your GP will be required. For your own protection, it is important that you tell the airline you are pregnant.

Remember, any sitting for long periods of time, be it on a plane, boat or long journey, can cause circulation problems. Keep your legs moving, avoid dehydration, and move around regularly. The use of flight socks is recommended.

Should I wear a seatbelt when travelling?

The law says that pregnant women must wear seatbelts. The correct positioning of the belt is with the shoulder strap between the breasts and lap strap across your legs and under your abdomen, which is safe for you and baby.

Rest and relaxation

Along with all of the physical changes you will experience throughout your pregnancy, you may notice that your stress and anxiety levels increase at times too. This is quite normal and to be expected. There will be a lot of practical and emotional preparation to do. It is important to have the support of your partner, friends and relatives so that you can talk things through. Your midwife will always be happy to discuss any particular concerns or worries. Write down any questions so you don't forget when you see her.

Some women will experience feelings of depression during pregnancy. It is important to tell your midwife or GP so we can help.

Making time for yourself is important. Try to set aside at least half an hour for yourself each day and listen to your favourite music, take a relaxing bath or read a book or go to sleep. Remember to talk to your partner about how you are feeling and make some time for you to share together on a regular basis. Once baby is born, getting out and about becomes more complicated, so make the most of it!

Parent education classes

For further information on parent education classes and the breastfeeding workshop, please refer to the separate 'Parentcraft' leaflet.

Maternity leave and available benefits

Please see separate information issued. Forms available from the Post Office and your employer (also at our Information Shop at the main entrance of the hospital)

(See useful numbers and websites at the end of this booklet)

PREPARING FOR LABOUR AND BIRTH

Towards the end of your pregnancy, you will be thinking more and more about what will happen and what you will need to do. It is important to be both emotionally and physically prepared for labour and delivery so that you can make it a special occasion. Our parent education classes will help you to do this, and your midwife will be happy to go over anything covered here in more detail.

Do I need a birth plan?

We advise you to gather as much information about labour and delivery as you can, so that you understand your options and choices. It is very helpful to the midwife who is caring for you in labour if you bring a written list of your wishes with you so that she is able to work with you.

It can be difficult to explain what you want in between contractions and you will not feel like listening to lengthy explanations! To start you off, you may like to think about the following:

- Where do you want to have your baby?
- Who do you want to be your birthing partner?
- Pain relief
- Active birth
- Water birth
- Positions for labour and delivery
- Who do you want to cut the cord
- Skin to skin
- Do you want an injection to help your placenta deliver or do

you want it to deliver naturally

- How are you going to feed your baby
- Vitamin K

What should I bring into hospital with me?

Remember, babies can arrive early so have your hospital bag from about 36 weeks of pregnancy. Have a plan for other children to be cared for. It is a good idea to label your bags clearly with your name. Storage space is limited so try not to bring in too much.

For yourself:

- **Don't forget your HAND HELD notes and any medication you are taking**
- Nightdresses (front opening for breastfeeding)
- One old loose fitting night-dress or T-shirt for delivery
- Dressing gown (remember our hospital is quite warm, so a lightweight one is best)
- Slippers
- Bras that are front opening for breastfeeding
- Breast pads (1 box)
- Old or disposable knickers (2 or 3 pairs per day)
- Sanitary towels (approximately 10 per day will be needed)
- Toiletries
- Flannels / sponges (natural) for face or sucking water from
- Hair brush / comb, and hairbands / slides
- Tissues
- Mirror (to watch the birth)
- Dark coloured hand and bath towel
- Carrier bags for dirty washing
- Tens machine (see section on P38)
- Change or BT phonecard for the telephone and hospital television
- Camera (video cameras not advised in labour)...and champagne!

Optional:

- Water spray for your face during labour
- Lip salve or Vaseline
- Snacks for your birth partner (they may wish to wear buttoned-shirt to hold baby near their skin as well)
- Pen or pencil
- Books or magazines to read
- Battery operated personal or small CD player/radio and favourite CDs
- Extra pillow if required

You are most welcome to wear your day clothes while in hospital rather than your nightclothes. You will want easy to wear items that are not too warm.

Any electrical items that you wish to bring in with you must be tested by the hospital electricians prior to use. Hairdryers are available on the ward areas on request.

For baby you will need:

- Pack of disposable nappies, baby vests and baby grows
- Cotton wool

We do not operate a laundry service, so all clothes must be sent home for washing.

What will I need for going home?

These items can all be brought into hospital on the day you go home

- Clothes, hat and a blanket/wrap to take baby home in
- Car seat for baby (**don't forget!**)
- Loose fitting clothes, coat and shoes for you to go home in

Personal property

You are requested not to bring large sums of money or any valuables into the hospital. If you have some items of value on you when you are admitted, please give them to your partner or relatives for safekeeping.

BWH cannot accept any liability for loss or damage to anything you bring in with you, unless it has been handed to a member of staff for safekeeping and you have a receipt.

How will I know when my labour has started?

You may worry that you will not notice when your labour has started and that you will arrive at the hospital too late! Even if this is not your first baby, you may be unsure as to whether you are in labour or not. Every labour is unique and it is important to remember that there is no set pattern or timing of events. As a general guide, the three main things to look for include:

- **A mucousy show** (also known as plug) A show is usually a blood stained or pinkish-streaked, jelly-like substance that you may notice on your knickers. A show can occur anytime from 37 weeks onwards. Although it will warn you that labour is not far away, it is not a sure sign that labour will follow on immediately. You do not need to do anything. **If you notice a lot of fresh blood, this is not normal and you should contact your midwife or delivery suite immediately.**
- **Regular contractions** – Your labour may start with contractions. During the last few weeks of pregnancy, you may have experienced ‘Braxton Hicks’, which are practice contractions that help to prepare your womb for labour. As labour approaches you will notice a change in the strength and length of these practice contractions as they start to get into a regular and co-ordinated rhythm.

It is not unusual to experience irregular contractions before true labour starts. As a guide, when true labour is underway, you will be having painful, regular contractions every 5 minutes, each lasting between 45 and 60 seconds and with each contraction you will notice that it becomes increasingly difficult to focus on anything else.

We advise you to stay at home as long as you can so that nothing interferes with your labour becoming established. If you come into hospital too early, your labour can slow down

or stop. It is a good idea to practice the journey to hospital at different times of the day/night so that you know how long it will take you to get in. When you come in will depend on several things, including the time of day and the frequency of contractions.

- **Your waters (membranes) may break** This is when the bag of fluid that surrounds your baby breaks and the fluid (known as liquor) escapes without you having any control over it. You may feel very wet, or just a slight dampness. You may notice a 'gush' of fluid or just a trickle. Once your waters have broken, you will continue to leak liquor up until the birth of your baby so have some sanitary pads to hand.

The colour of the liquor is usually clear, and your midwife will ask you to give her this information along with the time that it happened. If your waters break, it does not necessarily mean you will go into labour straightaway. Your waters can break before labour has begun, during labour itself or not until your baby is ready to be born. **If you think your waters have gone it is important to ring Delivery Suite or let your midwife know as soon as you can. Do not wait for other signs of labour before notifying us.**

What should I do if I am not sure if I am in labour?

If you are unsure whether your labour has started, chances are it hasn't. You can telephone Delivery Suite for advice 24 hours a day. Please do not hesitate if you are worried. You will need to notify us at once if you experience any of the following:

- You are worried about baby's movements
- You have any fresh red bleeding that is heavy and not mixed with a mucousy show
- You think your waters have gone
- You are having strong, regular and painful contractions every 5 minutes, lasting 45-60 seconds.
- If your baby is not due and you experience any of the above

How do I make my way to hospital?

You will be expected to make your own arrangements. Always have somebody with you and do not attempt to drive yourself. If you do not have your own transport, arrange for a friend or neighbour to bring you in. You may want to bring something waterproof to sit on if you are travelling by car in case your waters break during the journey. In an emergency only you can telephone the **Ambulance control 01384 215520 OR ring 999**

What happens when I get to hospital?

Admissions – it is best to telephone ahead to tell us that you are coming so that we can get your hospital notes ready. Please advise us of any special needs you have, for example wanting to use the birthing pool. If you arrive during the hours of 07.00am and 22.00pm, make your way to Delivery Suite following the signposts and give your hand held notes to the ward clerk at the main desk.

If you arrive outside of these hours, the main entrance to the hospital will be locked for security reasons. You can gain entry through the 'Ambulance doors' that are immediately to the right of the main entrance. You will see a porters hatch on your left, which is manned throughout the night and s/he will escort you to delivery suite.

Once on Delivery Suite you will be shown into one of our admission rooms. Delivery Suite is a very busy department and therefore we operate a triage system. This means that all emergencies are seen first and less urgent cases may have a short wait.

How will you know if I'm in labour?

See section '*What happens during the first stage of labour?*' on page 39.

Who will look after us during labour?

On admission to Delivery Suite or the Birth Centre, you will be seen by a midwife who will plan your care with you. We have

a dedicated team of health professionals including midwives, doctors, paediatricians, theatre teams, midwifery assistants and administration staff. The workload on delivery suite is demanding and very unpredictable. However we aim for one to one care whenever possible.

Three different shifts of midwives work during each 24-hour period and the medical team provide 24 hour on call cover. Occasionally, pre planned deliveries such as Caesarean section or induction of labour may be delayed. This is to ensure optimal safety at all times.

Who can come with me?

Your birthing partner is most welcome to come with you for labour and the birth of your baby. You may wish to bring another close family member or friend. Bringing a woman with you can provide extra beneficial support for you and your partner. It is thought that continuous support from women can help during labour to reduce the likelihood of a Caesarean section – why not bring a sister, friend or mother along with you as well as your partner?

We do not operate any set visiting hours on Delivery Suite although we do ask that you bring no more than 2 people with you at any time to maintain a safe environment.

What can my birthing partner do to help?

Whoever you choose as your birthing partner, they should be aware of your wishes so that they can help you, for example, encourage and reassure you, remind you of the positions you practised before labour, mop your brow and be with you all of the time. Remind your birth partner that you may have to shout at them occasionally!

Telling relatives and friends

Unfortunately, we are not able to give out any information about you or your baby over the phone. Please ask your partner to keep your friends and relatives up to date.

What can we offer you to improve your comfort while in labour?

Your midwife may suggest that you walk around and use positions that ease your pain. For example, many women who have backache during labour will find relief by leaning forward over the bed or a beanbag. Such positions will encourage baby to get into a good position, ease your discomfort and allow your partner to massage your back.

We have various birthing aids which you can ask to use, such as mattresses for the floor, bean bags, birthing balls, height adjustable beds that you can lean against and two of our delivery rooms have padded floor areas for your comfort. We also have a waterbirth room.

(See Birthing pool on following page).

Some of our rooms have tape/CD players so that you can use music for relaxation, and you are welcome to bring in your own music or battery operated CD player.

What can I do to help the pain?

Many women fear the 'pain' of labour more than anything else. If you take a few moments to think about **why** it hurts to have a baby, you may feel more relaxed about it.

Imagine if you had no warning that your baby was about to be born - think of how frightening that would be! Friends and relatives will tell you how painful birth is, but your experience depends on many factors.

Contraction pains during labour are a sign that your body is using its tremendous power to bring your baby into the world. This does not mean that labour pain doesn't hurt. It can be very painful, particularly with the peak of each contraction, which is when your body is working the hardest and making the most progress.

If you fear the pain, you may automatically tense your muscles with each contraction and by doing this, you will use up valuable energy that your womb needs. This can make labour

more painful and exhausting. If however, you try to remain as relaxed and calm as you can, and you work with your body, you will not only cope much better, but you will feel a sense of real achievement and triumph.

Think about what you do to relieve pain normally, for example, hot water bottles, changing positions, turning the lights down low, listening to music, rocking your pelvis, massage etc. Most importantly, you must listen to your body and tune in to what you need to do.

Occasionally aches and pains in certain places during labour will tell you that you need to change position to allow your baby to move, or that you need to empty your bladder. **Pain relief is available as and when you need it.**

What types of pain relief can you offer me?

Apart from supporting active labour and birth techniques, we can also offer the following:

Birth pool – Water for pain relief helps you to relax, to move and change position freely. You can use the bath during early labour. You can use the bath at home or on the wards during early labour. On the Delivery Suite, you can use the pool once you are in established labour providing there are no complications. Most women using the pool for labour will be so comfortable that they choose to give birth in the water. There are strict guidelines for its use. If you are considering a water birth, discuss your options with your midwife and ask for a copy of our leaflet about water birth. Unfortunately the pool cannot be booked. We operate on a first come, first served basis.

TENS (Transcutaneous Electrical Nerve Stimulation) – TENS is a natural way of encouraging your body to produce its own painkillers, called endorphins, and of interrupting the pain pathways from your womb to your brain. There are no side effects for you or baby, and it can be applied and removed easily at your request. It is a small control box which connects to four pads that are positioned either side of your spine.

TENS produces a tingling, pulsating sensation on your back. You control the pattern of stimulation and can choose to have either a continuous pulsation or an intermittent one. TENS is best in early labour and it has the added benefit of allowing you to move around.

You can hire tens machines for use at home in early labour before coming into hospital. This is probably best to ensure you have use of one in hospital. We do have TENS machines available for hire. Please ask if you would like to try it.

Entonox (gas and air) – Entonox contains a mixture of 50% oxygen and 50% nitrous oxide. It can be very helpful once your labour is established as it starts to work straight away and helps to bring relief at the ‘peak’ of your contraction, which is the most intense point during each contraction. It also helps you to relax in between contractions.

Pethidine – is a drug related to morphine given by injection. It works by relaxing your muscles and can make you quite sleepy and dreamy. It can make you feel quite sick on its own, so we usually offer you an anti-sickness drug at the same time. Pethidine will not take your pain away completely, but it helps you to cope. Some women compare it to feeling ‘tipsy’.

Epidural – The epidural is one of the most effective forms of pain relief available to women experiencing very painful labours. It works by having a local anaesthetic injected into an area of the lower spine called the ‘epidural space’ by an anaesthetist. The epidural will numb the contractions and the rest of your body will feel normal. This usually means that your legs will go numb.

Please note that there may be a delay in providing this service if the department is very busy and the anaesthetist is busy dealing with another woman or is in theatre.

What happens if I go past my due date?

You will be seen by a midwife or doctor if you have not had your baby by the time you are 41 weeks pregnant. At this visit we check the well being of you and your baby and discuss

the possibility of having your labour induced. You will be given a date to come into the hospital for induction of labour. Occasionally, women may have their labour induced if there is a problem with the pregnancy, for example high blood pressure.

Whatever the reason, it is very important that you understand why your labour is being induced and that you agree with the decision.

There is a separate leaflet available 'Information about Induction of Labour', which will be given to you by your midwife.

What if my baby is breech (bottom first)?

Most babies get into a head down position during the last few weeks of pregnancy. We can try to turn baby to head first position for you. This is called external cephalic version (ECV).

ECV reduces your chance of needing to have a caesarean section recommended for delivery. We have a leaflet explaining ECV if this applies to you.

What if I have been advised to have a caesarean section?

Elective caesarean sections are usually planned with you. Pregnant women should be given information on caesarean sections, including the caesarean itself, reasons why it is needed, risks and benefits and the implications for future pregnancies.

Your doctor will explain the reasons and procedures in detail to you. It is very important that you understand what is happening so that you can make an informed decision. There is a separate leaflet about caesarean sections and what happens before, during and after the operation. Ask your midwife for a copy.

For further information, see our booklet 'Elective Caesarean Section' (published by NICE (National Institute for Clinical Excellence) in April 2004 – see *page 49 for website details*)

How long will my labour take?

Every labour is different. It is normal for the first part to take a few days of irregular pains. The latent phase can take a few days to pass, as your body has a lot of work to do in preparation for true labour. Try not to wear yourself out. Take plenty of rest, eat nourishing food and drink plenty of fluids. Once established, labour will progress through three distinct stages. As a general guide, with your first baby, your cervix opens slowly at about 1cm every 1–2 hours once you are in established labour (or more than 4cm dilated).

What happens during the first stage of labour?

There are two stages of the first stage of labour.

- Early or latent phase which is the period of time (not necessarily continuous), when there are painful contractions and there is some change to the neck of the womb (or cervix) which includes shortening and opening (or dilating) up to 4cm.
- Established labour is when: there are regular painful contractions and there is progressive dilation or opening of the cervix (neck or the womb) from 4cm up until the cervix is fully dilated which is 10cm.

Many women find that early labour is very tiring and often feel fed up that labour isn't becoming established as quickly as they would like. It can be a difficult time and it is important that you: rest when you can, eat and drink regularly and have many warm baths, walk around or get into a position that helps to ease your discomfort (*see our trust leaflet: Early Labour Support for more information*).

As labour becomes more established (this can take up to a few days) you will notice that your contractions are in a regular pattern and close together, becoming more intense and lasting longer.

Staying at home for as long as you can is far better than coming to hospital too early. If you need to come and see us and labour is not quite established, then you will be encouraged to return home. Call us for advice at anytime during early labour.

Once labour is established then a midwife will look after you in a Delivery Room. S/he will:

- Observe your progress from how you are coping and offer suggestions that will help you
- Answer any questions that you or your partner might have
- Note the length, strength and frequency of your contractions
- Take your blood pressure, temperature and pulse rate
- Offer you vaginal examinations to assess your progress

Once you are ready to push (see second stage of labour) the midwife will stay with you until your baby is born.

See section 'What happens during the second stage of labour?' on page 42.

Intermittent Fetal Monitoring

If your pregnancy has been 'normal' and there are no problems in labour, your midwife will listen in every 15 minutes or so using a sonic aid.

Advantages

- You can move around easily.
- Listening to baby's heart rate every 15 minutes is as effective as continuous monitoring in picking up problems for pregnancies without complications.

Continuous Fetal Monitoring

To do this we use a cardio-tocography machine (CTG) and this will be implemented if considered necessary.

We recommend continuous monitoring for a number of reasons, to include:

- If your baby is smaller than average for your dates
- If you have high blood pressure or other complications of pregnancy
- If you are expecting twins
- If you have had a previous caesarean section
- If your baby shows any sign of becoming distressed

(sometimes a blood test can be taken from the baby's head to assess need for caesarean section)

- If you need a drip to help boost the strength and frequency of your contractions. In all cases, continuous monitoring will be discussed with you fully.

Eating and Drinking in Labour

If your pregnancy is uncomplicated, you may eat and drink as you wish, particularly before coming to hospital. We advise you to bring with you light, energy giving snacks such as fruit. Rich or heavy meals may make you feel sick.

If you have an epidural or pethidine, you will be advised to stick to fluids only. Your midwife will usually offer you an antacid tablet called Ranitidine during labour to reduce the acid in your stomach.

Isotonic drinks can provide a good energy boost, supplying a concentration of sugars and salts roughly equal to that of the human body, and are designed for rapid fluid replacement and to boost carbohydrate levels. Although available commercially from High Street or Sports Shops, they can also be prepared at home by mixing 500ml unsweetened fruit juice with 500ml of water and addition of a pinch of salt.

Transitional Phase

The end of the first stage is marked by the 'transitional phase'. Women who are close to giving birth may suddenly and quite dramatically become panicky, shivery, sweaty and may feel out of control. This phase does not last for very long and it is a good sign that your baby will be born soon. Your birthing partner and midwife will be there to reassure and encourage you.

What happens during the second stage of labour?

The second stage of labour begins once your cervix is 10cm dilated and ends with the birth of your baby. The midwife will want to listen to your baby's heart rate more often, usually after each contraction.

Some women will feel an overwhelming urge to bear down as soon as their cervix is fully dilated, whilst others may have a short rest where the contractions slow down and you have chance to get your breath back.

When you have reached second stage, you can actively use the pain to push your baby down through the birth canal. This often means that you will not experience the contraction pains in the way that you did during the first stage of labour.

Women often feel the contractions as 'expulsive urges'. We encourage you to listen to your body, try not to hold your breath and push/bear down when you have the urge to do so.

It is possible to adopt alternative positions during 2nd stage which may assist the descent of baby through birth canal.

If your labour and birth is straightforward, your midwife will be present at the birth. She may call another member of staff into the room to assist her. If you experience any complications with your labour, or if we are expecting your baby to need a little help at birth, she may also request that a doctor attends for the delivery.

Your midwife will keep you informed throughout. If you do not understand anything that is happening, it is important that you ask for it to be explained properly and that you are satisfied with any explanations given.

Third stage of labour

The third stage of labour is the delivery of the placenta.

Your baby after birth

Once your baby has been born and dried, all babies are placed skin to skin with their mother for as long as possible but not less than minutes. This ensures the baby stabilises and keeps warm. It also allows the baby to reach the breast and have the first feed.

During this time your baby will be weighed and measured and checked top to toe by the midwife. The baby label and security

tag are placed on each ankle. Your baby is labelled with your surname to ensure that you and your baby match for safety and security.

Vitamin K

All babies are offered Vitamin K after they are born. This is because Vitamin K is needed by the body to help the blood clot and babies are normally born with low levels and a very small number of babies may have major bleeding problems as a result.

If you wish your baby to have Vitamin K the paediatricians recommend a once only injection into baby's thigh. The alternative is a few drops into the baby's mouth with follow up doses when you go home.

Postnatal Floor

The first few hours are very special – try to make the most of them. Mothers often feel overwhelmingly tired. Concentrate on feeding and getting to know and care for your baby. Cuddling and skin to skin promotes this. It is important to recognise how powerful and mixed your emotions may be. Try to take one step at a time and ask for help if you need it.

Feeding your baby

The aim of the Trust is to support the right of parents to make an informed choice about infant feeding, but as breastfeeding is the normal way to feed a baby we encourage mothers to breastfeed for as long as they wish. All staff are able to help you with implementing your choices after the birth.

POSTNATAL CARE

Please see separate leaflet on the ward.

WOMEN WITH SPECIAL NEEDS

At BWH we are continually improving our facilities for women

with special needs. Improvements so far include:

- Low reception desk in the main entrance
- Free disabled parking at the front of the hospital
- Lift buttons set at low height
- Accessible, large toilet
- Electronically operated beds
- Height adjustable examination couches
- Height adjustable cots
- Disabled suite on delivery suite and wards 1 and 3
- Access to minicom and a fax machine
- Information on wheelchair compatible Taxi's

MATERNITY SERVICES LIAISON COMMITTEE

We are constantly striving to improve the care we provide. If you would like to be a patient representative we would welcome your involvement and need to hear from you. Ask ward staff for details.

If you would like to have received information not mentioned in this booklet please let us know.

PALS (Patient Advocacy Liaison Service)

Your comments, good or bad, are helpful to us. We have a service that is available for you. Please ask a midwife to contact our PALS liaison staff. They can also be contacted from reception on ground floor for you. Telephone extension 2747.

MAKING A DONATION

If you would like to make a donation to us, then please ask a midwife who is working in the area you would like to make the donation for.

Thank you.

USEFUL CONTACTS AND SUPPORT GROUPS

Birmingham Women's Hospital

Switchboard:	Tel. 0121 472 1377
Ambulance:	Tel. 01384 215520
Delivery suite:	Tel. 0121 627 2665
Antenatal clinic appointments:	Tel. 0121 627 2650
Parent Education (from 10 a.m – 2.00 p.m)	Tel. 0844 243 6360

Community bases:

Edward Road Team	Tel. 0121 446 2300
Sparkhill Team	Tel. 0121 702 2107
Charlotte Road Team	Tel. 0121 444 4758
Quinton Lane Team	Tel. 0121 427 2511
Weoley Castle Team	Tel. 0121 426 0508

Wards:

Ward 1	Tel. 0121 627 2751
Ward 2	Tel. 0121 627 2752

Postnatal Floor:

Ward 3	Tel. 0121 627 2753
Ward 4	Tel. 0121 627 2754
Parent Education:.....	Tel. 0121 627 2748

General

Action on pre-eclampsia (APEC)	Tel. 0209 427 4217
AIMS (for improvements in maternity services)	Tel. 0300 365 0663
Alcohol Helpline	Tel. 0800 917 8282
ARC (Antenatal results and Choices)	Tel. 0207 631 0285

Bharosa (Help line for Asian women and families)	Tel. 0121 303 0368
British Diabetic Association	Tel. 0207 424 1000
Caesarean support network	Tel. 01624 661 269 (Mon–Friday after 6.00pm weekend–any time)
Crisis Advocacy (South B/ham advice, help and support for adults with learning disabilities).....	Tel. 0121 475 0777
Drugs and Alcohol Support	Tel. 0800 073 0817
Family planning Association	
Family rights group	Tel. 020 7249 0008
Family welfare association	Tel. 020 7254 6251
Home start UK (family support service).....	Tel. 0116 258 7900
Miscarriage Association	Tel. 01924 200799
National childbirth trust (pregnancy)	Tel. 0300 330 0772
NHS Direct (healthcare advice and information service)	Tel. 0845 4647 24 hours
Positively women (HIV positive women).....	Tel. 0207 713 0222
Quitline (help with giving up smoking)	
Pregnancy hotline	Tel. 0800 1699 169
Sexual Health Direct	Tel. 0845 122 8690
Sexual Health Helpline	Tel. 0800 567 123
Twins and Multiple Births Association.....	Tel. 0800 1380 509
Vegetarian society	Tel. 0161 925 2000
Vegan society	Tel. 0845 458 8244

Breastfeeding

Association of Breastfeeding Mothers	Tel: 08444 122 949
La Leche League	Tel. 0845 456 1855
NCT Breastfeeding Helpline	Tel. 0300 330 0771
BfN (Breastfeeding Network) Supportline..	Tel: 0300 100 0210
BfN Breastfeeding Supportline for Bengali Speakers	Tel: 0794 487 9759
DoH National Breastfeeding Helpline	Tel: 0300 100 1212

Domestic Violence

Birmingham Women's Aid	Tel. 0121 685 8550
Refuge Accommodation (24 hours)	Tel. 0121 344 4889
Women's Aid 24 hour helpline.....	Tel. 0808 2000 247
Bharosa (helpline for Asian Women).....	Tel. 0121 303 0368
West Midlands Police Bourneville Lane Domestic Violence Officer	Tel. 0121 626 4134
Stechford Police Domestic Violence Unit ...	Tel. 0121 626 7135
Belgrave Rd Police Domestic Violence Officer.....	Tel. 0121 626 7168

Parents under stress

Association for postnatal illness	Tel. 0207 386 0868
BLISS (baby life support systems)	Tel. 0500 618 140
SERENE (formerly CRY-SIS – for problems with crying babies)	Tel. 0845 1228 669
SANDS (Stillbirth and Neonatal death society)	Tel. 0207 436 5881

Special needs:

Sense.....	Tel. 0207 520 0999
Association for Spina Bifida and Hydrocephalus.....	Tel. 01733 555 988
Disability, Pregnancy and Parenthood.....	Tel. 0800 0184 730
Downs Syndrome Association	Tel. 0845 2300 372
CLAPA (Cleft Lip and Palate Association)....	Tel. 0207 833 4883

WEBSITES

- Birth choices
www.birthchoiceuk.com
- For families with disabled children
www.cafamily.org.uk
- Bladder and bowel disorders
www.continence-foundation.org.uk
- Childcare and schools
www.childcarelink.gov.uk
- Support and information for parents during pregnancy
www.nctpregnancyandbabycare.com
- Sudden Infant Death
www.sids.org.uk
- Women's Aid
www.womensaid.org.uk
- Birmingham Women's Aid
www.bhamwa.org
- Ante Natal & Caesarean Care
www.nice.org.uk
- Breastfeeding Support
www.babyfriendly.org.uk

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Any Comments

Did you find this book useful?

Yes

No

Please specify in what way you found it useful/not useful

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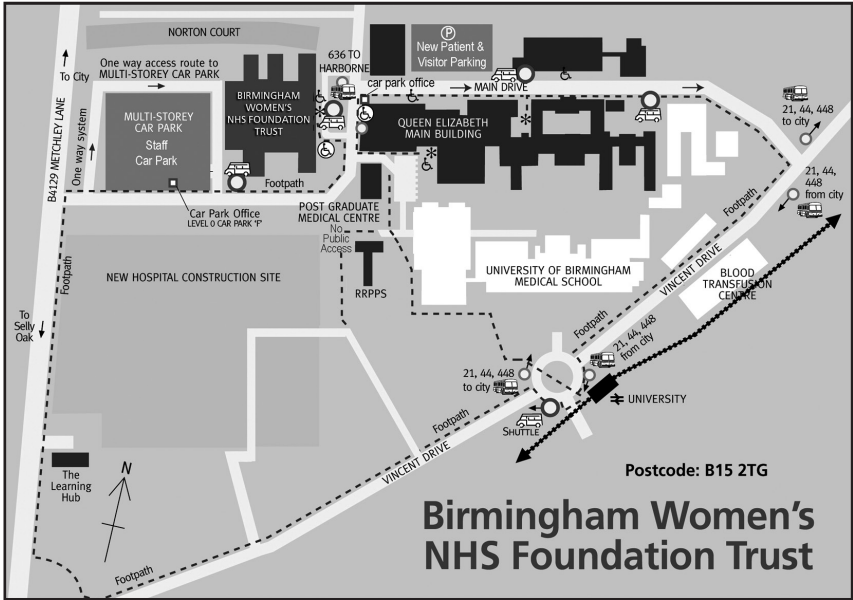
Return to: Jenny Henry, Head of Midwifery
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Notes








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Notes

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KEY

 Bus Stop Centro / WM	 Hospital Entrance
 Shuttle Bus Stop* (Pick-up and drop off 7am to 7pm)	 Disabled Entrance
	 Disabled Parking
	 Parking
	 Railway Station

*The Q-Park Shuttle Bus is a free service and is available from various locations around the QE site to transport patients and visitors to the main QE hospital, BWH hospital and QEP hospital buildings

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