

4 Deciding where to have your baby



The choice you have about where to have your baby and how you are cared for will depend to some extent on where you live. But what should be the same everywhere is that the care and the place should feel right for you.

It's important for you to make **informed** choices about the sort of care you would like and where you would like to give birth. Try to get information from as many sources as possible. You can go and look round the local hospital, where there will probably be information leaflets about the services on offer. Midwives and your GP's surgery should also be able to tell you about the different options for care available in your area.

Don't hesitate to ask questions if you don't understand something or if you think that you need to know more. Midwives and doctors are there to help and support you. They want to make you feel as comfortable as possible with all aspects of the care you receive, both while you are pregnant and when you have your baby.

When you find out (or think) that you are pregnant, you can go either to your GP or direct to a midwife to discuss and arrange your care. Once you have found out what's available locally, talk things over with your GP or midwife. They will be able to offer you advice based on your



medical history and any previous pregnancies you may have had, but remember, the choice is yours. Don't forget, if you make your choice and then think that some other sort of care would be better for you and your baby, you can change your mind.

Your basic options will be to have your baby:

- in a **hospital** (a specialist unit with consultant obstetricians);
- at **home**; or
- in a **midwife unit** (either as part of a large general hospital, in a smaller community hospital, or completely separate).

SEE YOUR MIDWIFE OR DOCTOR AS SOON AS POSSIBLE IF:

- you are currently being treated for a chronic disease, such as diabetes or epilepsy;
- you are over 35, so that you can be offered additional tests for abnormalities in the baby;
- you are a teenager – there may be services specifically for your age group;
- you have previously had a baby with spina bifida or Down's syndrome, or you have a family history of a genetic disorder, such as cystic fibrosis or sickle cell disease – additional tests will be offered to you; or
- you have previously had an ectopic pregnancy – you may be able to have an ultrasound scan to check that the pregnancy is in the womb.

THE BASIC OPTIONS

HOW TO BOOK IN FOR A HOSPITAL DELIVERY

Your GP or midwife will either send a letter to the hospital or give you one to take there. This is best done as early in your pregnancy as possible.

Spend some time thinking about the following options. Discuss them before you come to a decision.

IN HOSPITAL

For the last 30 years most babies have been born in hospital. Many hospitals have tried hard to meet parents' wishes and to make labour and delivery as private and special as possible. All over the country maternity care staff are working even harder to make sure that women get kind, sympathetic and sensitive care. Hospital maternity units should become friendlier, more comfortable places, where you will be able to get to know the people who are caring for you. You will probably be asked many questions about your wishes, so you should feel more in control over what's happening to you.

If there is more than one hospital in your district, and you can choose which to go to, try to find out about the practice in each so you can decide which will suit you best.

Team midwifery is more commonly in operation, which means that you will see a midwife from the same team each time you visit the hospital, including at the delivery of your baby. Or, more rarely, there may be a **Domino scheme** which means that your midwife will attend you at home in labour, accompany you to hospital to deliver your baby, and then accompany you home after the delivery (usually six hours later). Midwifery care will then continue to be provided as necessary for 10–28 days.

Use the checklist on page 36 as a guide to the sort of questions to ask. Talk to your doctor or midwife. It's also a good idea to talk to other mothers who have recently had



babies and ask them about their experiences at local hospitals. You can contact other mothers through your local branch of the National Childbirth Trust, your local Community Health Council and AIMS (the Association for Improvements in the Maternity Services) (see page 147).

AT HOME

Some women want to have their babies at home because:

- they feel they will be happier and better able to cope in a place they know and with their family around them;
- if they have other young children, there will be no need to leave them to go into hospital;
- they will have more privacy;
- they will be able to relax more and will not have to fit into a hospital routine;
- they are more likely to get to know the midwife who will be with them during the delivery.

One or two midwives will stay with you while you're in labour and, if any help is needed or labour is not progressing as well as it should, will summon a doctor or transfer you to hospital by ambulance.



HOW TO ARRANGE FOR A HOME DELIVERY

If you are considering a home delivery, contact your midwife. Some people think that women should not have home births because they argue that they are unsafe. In fact, research suggests that a home delivery is as safe as a hospital delivery for women who have uncomplicated pregnancies. You have the right to choose to have your baby at home. Your doctor or midwife may advise against this if they think that you are at risk of complications during labour. However, this may be difficult to judge if this is your first baby.

Find out whether your own GP will be prepared to care for you during your pregnancy and a home delivery. If he or she cannot help, there may be another in the district who can. You can then register with this GP just for your maternity care and continue to see your own GP for any other medical treatment. The local supervisor of midwives (see box) or your Primary Care Trust can give you the names of GPs with a special interest in pregnancy and childbirth.

To arrange for maternity care to be led by a team of midwives, contact the local supervisor of midwives at your nearest hospital who will arrange for a midwife to visit you at home to discuss home

delivery. The midwife may also be able to provide most or all of your antenatal care at home. You can contact her directly when labour starts and she will stay with you during labour and the birth of your baby.

IN A GP OR MIDWIFE UNIT

This may be part of the hospital's ordinary maternity wards or a separate unit. Your baby can be delivered here by the community midwife who has been involved in your antenatal care, and your GP (or sometimes by a hospital midwife). Some areas operate a **team midwifery** system (see page 34), so you may get to know who will deliver your baby.

Care in a GP or midwife unit can be more personal since you will usually be looked after by people you know. If the unit is part of the main hospital, then emergency facilities are there should an unforeseen problem arise. This type of unit is generally used for women who are likely to have a normal delivery. The length of time you will remain in the unit after the birth depends on how well you and your baby are.

YOU CAN ALSO ASK FOR INFORMATION ON YOUR OPTIONS FROM:

- *any other **health professional**, particularly your midwife or health visitor – your GP or the Child Health Clinic can put you in touch with them;*
- *the **local supervisor of midwives**, who is also usually a senior midwife at the local maternity or district general hospital – you can get in touch through your health authority or hospital and the addresses and telephone numbers will be in your local phone book, or you can find a list at:
www.nhscareers.nhs.uk/nhs-knowledge_base/data/566.html;*
- *your local **Patient Advice and Liaison Service** (see page 147);*
- *your local branch of the **National Childbirth Trust** (see page 147);*
- *the **Association for Improvements in the Maternity Services** (AIMS) (see page 147);*
- *friends.*

*Before you try to get answers to your questions and make your decision, it will help to read the chapter on **Labour and birth** (page 89).*

THESE ARE THE KINDS OF QUESTIONS YOU MAY WISH TO ASK ABOUT A HOSPITAL

Would I go to the hospital antenatal clinic for all or just some of my antenatal care appointments?

Does the antenatal clinic run an appointments system?

Does the hospital run antenatal classes?

Does the hospital offer team midwifery care for delivery (see page 34)? What types of services are available to me locally?

Will I be shown round the labour and postnatal wards before the birth?

Is there a chance for me to discuss and work out a birth plan?

Can I be seen by a woman doctor if I prefer?

ABOUT LABOUR AND DELIVERY

Are fathers, close relatives or friends welcome in the delivery room?

Are they ever asked to leave the room, and why?

Does the hospital encourage women to move around in labour and find their own position for the birth, if that is what they want?

What is the hospital policy on induction, pain relief, routine monitoring, diet or any other aspect of labour that concerns me?

AFTERWARDS

Are babies usually put to their mother's breast immediately after birth?

What services are provided for sick babies?

Are babies with their mothers all the time or is there a separate nursery?

Will the hospital encourage (and help) me to feed my baby 'on demand' if this is what I want to do?

Who will help me breastfeed my baby?

Will I get help if I choose to bottle feed?

What is the normal length of stay?

What are visiting hours?

Are there any special rules about visiting?

BIRTH PLAN

A birth plan is a record of what you would like to happen during your labour and after the birth. You may be given an opportunity to draw up a birth plan during your antenatal care. If not, ask your midwife if you can do so. Discussing a birth plan with your midwife, preferably over several meetings, will give you the chance to ask questions and find out more information. It also gives the midwife the chance to get to know you better and understand your feelings and priorities. You will probably want to think about or discuss some points more fully with your partner, or friends and relatives, before reaching a decision. And you can, of course, change your mind at any time.

There is no one, correct way to give birth. All birth plans have to be drawn up individually and then discussed with your midwife. They depend not only on your own wishes, but also on your medical history and your own circumstances, and on what is available at your own hospital or unit. What may be safe and practical for one mother may not be a good idea for another.

You may be given a special form for a birth plan, or there may be room in your notes. You could use page 38 of this book as a guide. It's a good idea for you to keep a copy of your birth plan with you. The midwife or doctor who cares for you during labour will discuss it with you so they know your wishes. But remember, you may need to be flexible if complications arise with you or the baby. The doctor or midwife will tell you what they advise in your particular circumstances. Don't hesitate to ask questions if you need to.



Read the chapters on **Labour and birth** (page 89) and **The first days with your new baby** (page 107) before talking to your midwife, to see if there is anything you feel strongly about and might wish to include. You may find it useful to think about some of these things. You may want to take this book with you to discuss with your midwife.

BREASTFEEDING

If you have decided to breastfeed, your birth plan should note that you want to put your baby to your breast straight after birth. This helps to get breastfeeding started. It should also note that you do not want your baby to be given any extra formula milk feeds, as this can hinder successful breastfeeding.



BIRTH PLAN

Do you want your partner, or a chosen companion(s), to be with you during labour?

Do you want your partner or companion to be with you if you have a Caesarean section or forceps delivery, for example?

Is equipment, such as mats, a birthing chair or beanbags, available to you if you want it, or can you bring your own?

Are there special facilities, like special rooms or birthing pools?

How do you want your baby's heart monitored if everything is straightforward?

Do you prefer to be cared for and delivered by women only?

Is it important for you to be able to move around when you're in labour?

What position would you like to be in for the birth?

If you think you would like pain relief, which sort do you want to try (see pages 91–3)? If you want to try to manage without pain relief, it's a good idea to note this in the birth plan too.

Are epidurals available at all times, should you want one?

Are there other means, such as warm baths, massage or other therapies, that you would like to use to help you cope with labour?

What do you feel about an episiotomy?

Do you want your baby delivered straight on to your tummy or do you want your baby cleaned first?

Do you have any feelings about the injection Syntocinon or Syntometrine usually given to you after the birth to help the womb contract?

How do you wish to feed your baby?

Do you want your baby close to you all the time? If you intend to breastfeed, you should make a note that you want your baby close by you all the time or brought to you when hungry so that you can feed on demand.

Do you want your baby to have vitamin K, and by which route (see page 110)?

Is there anything you feel you may need extra help with?

Do you mind if students are present?

Do you need someone who speaks your first language?

Do you need a sign language interpreter?

Do you need a special diet?

Do you or your partner or companion have special needs that should be considered, for example, do you or your partner normally use a guide dog or a wheelchair?

Are there special religious customs you wish to be observed?



From Conception to Your New Baby - Healthy the Natural Way

During both the conception process and throughout pregnancy it is important that hopeful moms maintain their physical wellbeing and as well as their psychological health.

This broad field of women's health includes psychological issues surrounding mood, stress and relaxation, as well as physical areas such as infertility, nutrition, morning sickness, labor and delivery and more.

After a baby is delivered, it is important that new moms maintain their physical and psychological health, as well as that of their newborn.

Addressing the health of mothers includes psychological issues surrounding mood, stress and relaxation, as well as physical areas such as healing, breast-feeding and energy levels. Baby's health issues include sleep and relaxation, cradle-cap, teething and much more.

At Native Remedies you will find a comprehensive set of herbal remedies to help you manage and optimize your body and weight health – naturally and safely.

View Natural Products for Pregnancy & Conception

- Conception Support
- Labor and Delivery Aids

- Pregnancy Support

View Natural Products for Mom & Baby

- [Infant Comfort & Health Aids](#)
- [Post-Partum Support](#)

Two Important Differences in Native Remedies Products

We use the **Full Spectrum Method** of extraction to create our products. Many *so-called natural remedies* are manufactured using standardized extractions which – although often cited as being more scientific method – is not approved by the manufacturers of holistic medicines.

To us, it makes little sense for companies to go the natural route, while being unable to guarantee that their product is free of contamination with chemicals known to be harmful to health! Using the Full Spectrum Method helps us to maintain the integrity, balance and therapeutic effect of herbs with the least risk of side effects or harm to your health!

Read more about the our [*Manufacturing & Full Spectrum Approach*](#) »

We utilize a unique **dual-modality approach** to complete holistic wellness because we know that natural medicine works best in combination (herbal, homeopathic, flower essences and tissue salts) for fast relief and long-term care. Our approach provides a complete solution by offering OTC homeopathic remedies for relief of symptoms as well as compound herbal remedies for complete support of your physical, emotional and mental well-being.

While each of our natural remedies works well on its own to address a specific body function or relieve a particular symptom, we believe that by combining our herbal and homeopathic remedies you will find a complete solution that is safe and highly effective.

Read more about the our [*Dual-Modality Approach*](#) »