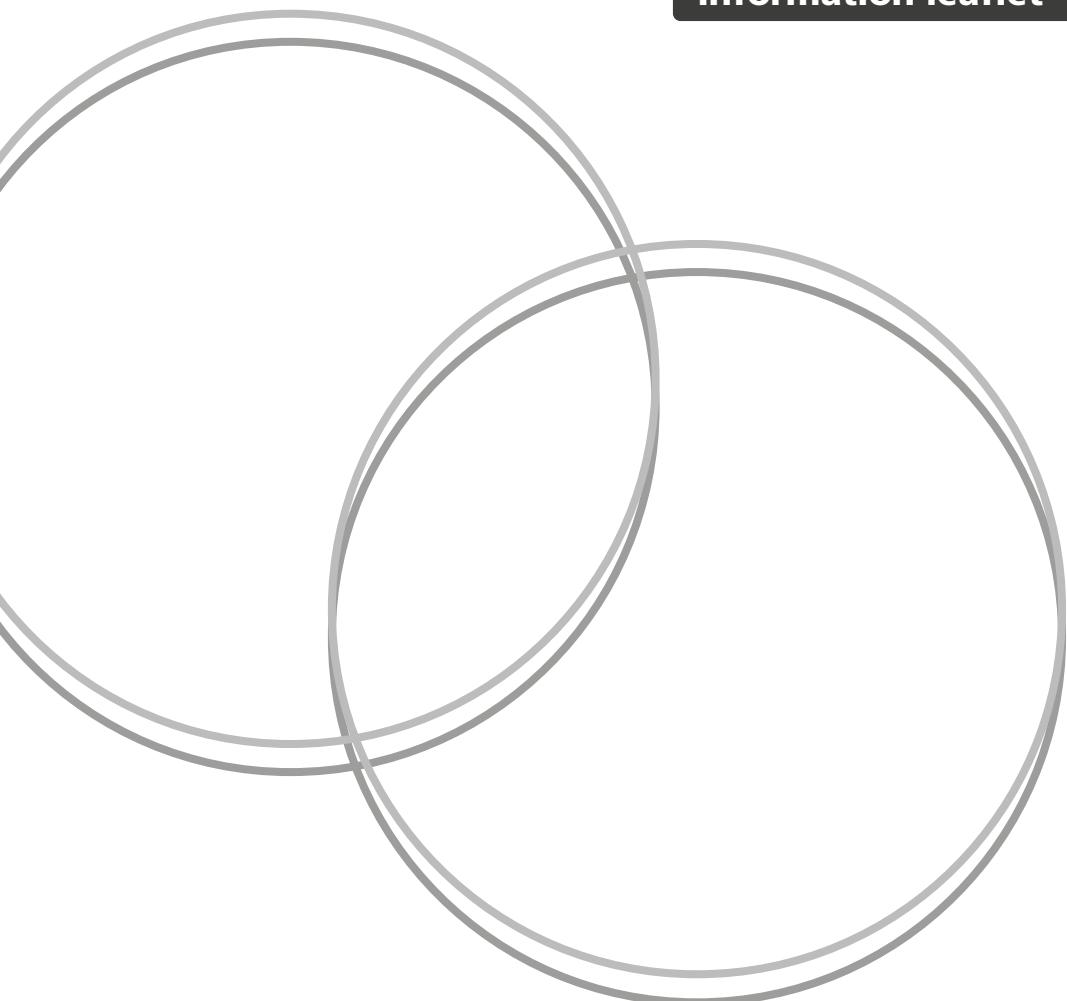


# Maternity Observation Area

**Information leaflet**



# Welcome to the Maternity Observation Area

The Maternity Observation Area is on **Level 2 of the John Radcliffe Hospital Women's Centre**.

It has 9 beds for those who are pregnant, or those who have just given birth and need closer monitoring.

This closer monitoring may be necessary because they have:

- observations outside the normal ranges
- an infection
- increased chance of going into labour early
- an induction of labour where close monitoring is advised
- been to the operating theatre
- had a vaginal bleed in pregnancy or a large vaginal bleed after birth.

## Your stay in the Maternity Observation Area

Two midwives, a recovery nurse and a maternity support worker (MSW) will look after you in our Observation Area.

Doctors will review your care during the morning and evening ward round and in response to any changes in you or your baby's clinical condition.

Please bring plenty of **sanitary pads and underwear** with you in preparation for your stay in hospital, and, if appropriate, **nappies, cleaning supplies (cotton wool etc.)** and **clothes such as hats, vests and sleepsuits for your baby**. Some items can be provided by the hospital if your stay is unexpected.

When you arrive, we will show you how to use your **call bell**. If you are worried or need to speak to us, please use your call bell and a member of staff will be with you as soon as possible.

We ask for the curtains around your bed to remain **open** so we can observe you easily and act quickly if we notice any issues.

We can **close the curtains when you are having an examination**; when we are changing your bed sheets, pads or clothing; and if you are breastfeeding.

# Antenatal care

## If you are pregnant

We will allocate a midwife to look after you during each shift.

The midwife will take observations regularly, including your **temperature, blood pressure (BP), heart rate and respiratory rate (breathing pattern)**.

The midwife will also listen to your **baby's heart** to check their wellbeing. This is done either with a small hand-held device (a sonic aid) or with a cardiotocograph (CTG) machine.

It is likely that you will need **blood tests** during your stay, and we may ask you to measure how much you drink (your fluid intake) and how much urine you pass. We will record these measurements on a fluid balance chart.

## If you are in labour

If there are signs that you may be in labour, or if there is a plan to start your labour using medication (induction of labour), we will offer you a **vaginal examination** to check if your cervix (neck of your womb) is opening.

If you are in labour, we may move you to the Delivery Suite to give birth.

## If you have had a stitch (cervical suture)

If you have been to theatre to have a stitch put into your cervix (a cervical suture), we will carry out the same observations and examinations described above.

Following this procedure, you may go home the same day or we may move you to Level 6 of the Women's Centre for further care depending on your individual circumstances.

## Postnatal care if you have been to theatre

If you have been to theatre for a procedure, you will likely have received a **spinal or epidural anaesthesia 'top-up'**. This means you will feel numb in your abdomen (tummy) and legs for up to 4 hours.

While you are numb, your midwife will regularly change your position so that you remain comfortable and change your pads and sheets when necessary.

We will take observations and check your blood loss, oxygen level and wound, every 30 minutes for 2 hours, then every hour for 4 hours.

If there are no concerns, we will then check every 4 hours for the rest of your stay.

## General anaesthetic (GA)

If you have had a **general anaesthetic**, we will bring you to our Observation Area with extra oxygen, given via an oxygen mask, until you are able to maintain your own oxygen levels without it.

We will take observations every 15 minutes for an hour, then every 30 minutes for 2 hours and every hour for 4 hours.

## Your catheter

A catheter is a tube inserted into the bladder to drain urine into a bag, so that you don't have to go to the toilet.

You will have a catheter in place after you have been to theatre, which is normal following the manual removal of a placenta, or an instrumental or caesarean birth.

We will check and empty the bag regularly. You may have a catheter for 12 hours or more, but we may take it out sooner, depending on your individual circumstances.

## Compression stockings

After a procedure in theatre, you have a higher chance of developing a deep vein thrombosis (DVT) – a blood clot in a vein, usually in a leg.

We will provide white compression stockings for you to wear on your legs, known as Thrombo Embolus Deterrent (TED) stockings, which help to reduce the chance of a DVT developing.

Depending on your likelihood of developing a blood clot, we may recommend a blood-thinning injection.

## Pain

The most effective way to manage pain is to take **regular pain relief**, even if you think you can manage without it. Being comfortable/pain free helps to lower stress hormones which promotes healing and recovery.

We will regularly ask you how much pain you are feeling, and give you pain relief when you need it.

You may also need **antibiotics and intravenous fluids**.

**Antibiotics** are used to prevent/treat infection.

**Intravenous fluids** are used to replace water, sugar and salt to help the body to function normally. Intravenous fluids are given into a vein via a cannula (a small tube in the back of your hand or arm).

## **Moving around (mobilising)**

Once you start to feel your legs again, it is good to move around (mobilise). We will help you to get out of bed, as you may feel slightly faint and dizzy at first. It can take a while to get used to being upright.

If you continue to feel faint, we will help you back to bed and try again later.

Once you feel safe standing up, we will ask you to walk for a short distance to check you are steady on your feet. If you are comfortable with this and your observations are stable, your care will continue on the postnatal ward on Level 5 of the Maternity Department.

## **Eating and drinking**

The anaesthetic we use in theatre can make some people feel nauseous (sick). If you feel sick, at first just sip the water provided. Once your stomach has settled, we can offer you tea and toast.

We will then offer you lunch and dinner from our menu, and you can ask for something to eat at any time if you feel hungry.

## If you have not been to theatre

The midwife will take observations regularly, including your **temperature, blood pressure (BP), heart rate and respiratory rate (breathing pattern) and oxygen level**. Your blood loss will also be checked regularly.

They will check that your uterus (womb) is well contracted, by gently feeling your abdomen (tummy). If your observations are not stable, we will check them more often.

We advise that you stay in our Observation Area until your observations become stable.

During your stay we assess your chance of developing a deep vein thrombosis (DVT).

We will provide white compression stockings for you to wear on your legs, known as Thrombo Embolus Deterrent (TED) stockings, which help to reduce the chance of a DVT developing.

Depending on your likelihood of developing a blood clot, we may recommend a blood-thinning injection.

We will also encourage you to move around often, which helps to reduce the chance of developing a DVT.

## Looking after your baby

If you have given birth, our staff will support you with feeding and looking after your baby and will answer any questions you may have.

## Facilities

We have a **shower room with a toilet** at the end of the corridor to the left.

Partners and visitors will need to leave our Observation Area to use the toilets opposite the Admissions Office on Level 2 of the Women's Centre.

## Food and drink

We provide water, food and drinks during your stay. Please ask for something to eat at any time if you feel hungry.

Partners and visitors can find vending machines by the entrance on Level 2 of the Women's Centre, and light snacks and drinks in the League of Friends Tea Bar on Level 1 or there is a restaurant in the main hospital

For full details of other facilities on the John Radcliffe Hospital site, please visit:

[www.ouh.nhs.uk/hospitals/jr/facilities](http://www.ouh.nhs.uk/hospitals/jr/facilities)

## Visiting times

There is **24 hour visiting for your birth partner only**. Please speak to a staff member to find out the general visiting times.

## Mobile phones

You may bring your mobile phone, but **please keep ringtones and speakers silent** so as not to disturb other patients in our Observation Area.





## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

We would like to thank the Oxfordshire Maternity and Neonatal Voices Partnership for their contribution in the development of this leaflet.

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[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



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