

Birth Choices in Oxfordshire

Information for parents choosing:
Home Birth
Birth in a Midwife Led Unit
Hospital Birth



Planning where to give birth

Planning for your labour and birth can often feel daunting, especially if you are a first-time mum. Our midwives and doctors will support you and your birthing partner to prepare for labour and the birth of your baby. Taking into account the wellbeing of you and your baby, they can talk through all of the options available, enabling you to choose where to have your baby.

Most women can expect a normal pregnancy and birth. If you are at low risk of complications we will recommend that your care is led by your community midwife. If you have a pre-existing medical or obstetric condition, or a complication develops during your pregnancy, our hospital-based obstetric teams will provide additional care and monitoring.

National guidelines (NICE 2014) provide the following recommendations for care of healthy women and their babies.

If you are expecting your first baby, and are at low risk of complications, you are advised to plan to give birth in a midwife led unit (separate to or based in the hospital). The chance of interventions being needed (where we have to intervene to help birth the baby) is lower than in an obstetric unit. The outcome for the baby is also no different, compared with an obstetric unit.

If you are expecting your first baby and plan to give birth at home, there is a small increase in the risk of a poor outcome for the baby.

If you are expecting your second, third or fourth baby, and are at low risk of complications, you are advised to plan to give birth at home or in a midwife led unit (separate to or based in the hospital). The chance of interventions being needed (where we have to intervene to help birth the baby) is lower than in an obstetric unit. The outcome for the baby is also no different, compared with an obstetric unit.

Places to give birth in Oxfordshire

Home birth

Women who choose a home birth report higher satisfaction levels with their birth experience, feeling more relaxed and in control during their labour. You are less likely to need pain relief and other interventions.

It has also been found that women having their second or subsequent baby at home experience fewer interventions than those having a hospital birth, with no increase in complications for their babies.

However, although planned home births for first time mothers also have fewer interventions, it has been shown that there is an increase in complications and poorer outcomes for their babies, compared to first time mothers who plan their birth in a hospital or midwife led unit (MLU).

Your community midwife will discuss with you the things you will need for your home birth. A home visit is usually planned at around 36 weeks to discuss your plans for the birth and to assess any issues, should there be a need to transfer to hospital.

If your labour begins before 37 weeks you will need to go into hospital to have your baby. This is because they may need treatment in special care, as they are early.

If you have an uncomplicated pregnancy and are expecting a normal birth, our community midwives can care for you and your baby during labour and birth in your own home. You will receive one-to-one care from a midwife during labour and a second midwife will join you before the birth of your baby.

It is possible you may be asked to give birth in a midwife led unit or the John Radcliffe Hospital, if there are not two midwives available to attend your planned home birth.

If there are concerns during your home birth about the wellbeing of you or your baby and you need additional monitoring, your midwife will recommend that you are taken by ambulance to the John Radcliffe Hospital.

Following a birth at home, your midwife or GP will carry out a paediatric check on your baby, usually within 48 hours. This may be at home or you may need to go to your GP's surgery.

Midwife Led Unit (MLU)

If you are expecting a normal labour and birth, but do not want to have a home birth or an epidural for pain relief in labour, you can choose to have your baby at one of our MLUs.

The Spires MLU is on Level 7 of the Women's Centre at the John Radcliffe Hospital in Oxford.

In the community, there are MLUs at Wallingford and Wantage Community Hospitals and the Cotswold Birth Centre at Chipping Norton. These units are staffed during the day by community midwives and maternity support workers (MSWs) and at night by an MSW or a community midwife on-call from home.

There is an MLU at the Horton Hospital in Banbury, which is staffed by a midwife 24 hours a day, 7 days a week.

MLUs offer the reassurance of having all the necessary support on hand during normal labour and birth, as well as a comfortable and homely environment. They also include birthing aids (balls, bean bags, mats), as well as birthing pools.

In MLUs (except the Spires) there are no doctors on site. This means that if there are concerns about the wellbeing of you or your baby and you need additional monitoring, your midwife will recommend that you are taken by ambulance to the John Radcliffe Hospital.

Women who choose an MLU birth are less likely to have intervention during labour and report a greater satisfaction with the care that

they receive. It has been found that women who give birth in an MLU have fewer interventions than those who give birth in hospital, with no increase in complications for their babies.

Hospital birth

The delivery suite at the John Radcliffe Hospital in Oxford offers support during labour and birth if you need medical care and monitoring during labour. Medical and midwifery staff provide 24 hour cover in the unit, supporting you to achieve a safe and satisfying birth experience. A full range of birthing aids are available (balls, bean bags, mats), as well as birthing pools.

Our delivery suite has dedicated operating theatres and our neonatal unit at the John Radcliffe Hospital provides specialist care for babies who need closer monitoring or additional support in the early days following birth.

Transfer to hospital from home or a community MLU

Transfers from home or an MLU are more common for women having their first baby (36-45 in 100) than for women who already have had a baby (9-13 in 100).

If there are concerns about the wellbeing of you or your baby during labour or after birth, and you or your baby need additional monitoring, your midwife will recommend that you are transferred to hospital. This will be by ambulance wherever possible, with a paramedic on board.

If an ambulance isn't available and if appropriate, your midwife will travel with you in an ambulance car. Once you get to hospital your community midwife will hand over your care to a hospital midwife. It is a good idea to have a hospital bag packed with the essentials, just in case you need to be transferred.

How quickly you are taken to hospital will depend on the ambulance response time. Unfortunately, this may vary, as the ambulance service needs to respond to all calls and will prioritise the most critical emergencies.

Although rare, emergencies can occur during labour and birth. These may require immediate access to medical advice and advanced resuscitation facilities, to ensure the best possible outcome for you and your baby. It is important to realise that these facilities are not available at home or in a midwife led unit and delay due to a transfer may affect the outcome.

If you would like more information, please ask your midwife about the guidelines for home births or midwife led units. They will be happy to discuss any details with you.

Preparing for a home birth

Most women need and prefer to have their birth partners with them throughout labour and birth. This means that another adult should be available to look after any children in your home, so that your birth partner can stay with you. If you think you are going into labour, it is important to contact us sooner rather than later, as the midwife may have to travel for some time to get to you and could be delayed by traffic.

The room where you decide to have your baby needs to be big enough for you to give birth safely. Remember that you may have your birth partner, two midwives and their equipment in the room with you.

If you are hiring a birthing pool, take into account the size and the weight of the pool when it is filled with water. Your community midwife can discuss any concerns you may have about the pool. Birthing pools can be hired or bought from a variety of sources; some community midwifery teams can also supply birthing pools.

You need to make sure that the midwife can gain good all round access to your birthing environment, without having to bend over too much for their comfort and safety.

You need to be able to keep the room warm enough for the baby once it is born. Easy access to a bathroom and plenty of hot water for bathing before and after the birth also helps to make the experience more comfortable. In addition, you need to have good lighting available, in case you need stitches after the birth. A large torch with new batteries should also be available for emergency use, along with a home phone or fully charged mobile phone with reception.

During labour, the membranes around the baby will break and the waters surrounding your baby will leak away. This can damage furniture, carpets, bedding, etc. It is a good idea to have plenty of clean linen and towels, as well as protection for the bed, pillows and floor. Non-plastic, non-slip waterproof sheets are useful; large waterproof dustsheets are available from most DIY stores.

When you are in established labour you may not feel like eating a great deal, but having regular drinks is important, to keep you hydrated and give you energy. Your birth partner and midwife may need to eat if your labour is lengthy.

You may wish to ask your GP for a prescription for pain relieving and anti-sickness medicines; you can discuss this in more detail with your midwife. These drugs must be stored safely out of reach of young children. If the drugs are not used you should return them to the dispensing chemist or destroy them in the presence of the midwife.

When you go into labour the midwife will bring Entonox (gas and air), oxygen and basic portable resuscitation equipment. However, if you or your baby need advanced resuscitation you will be transferred as an emergency to hospital, where this can be provided.

Further information

This leaflet has been designed to give you some general information about the different options for where to give birth.

If you would like more information, please speak to your midwife, GP or obstetrician.

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALS@ouh.nhs.uk**

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September 2016
Review: September 2019
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