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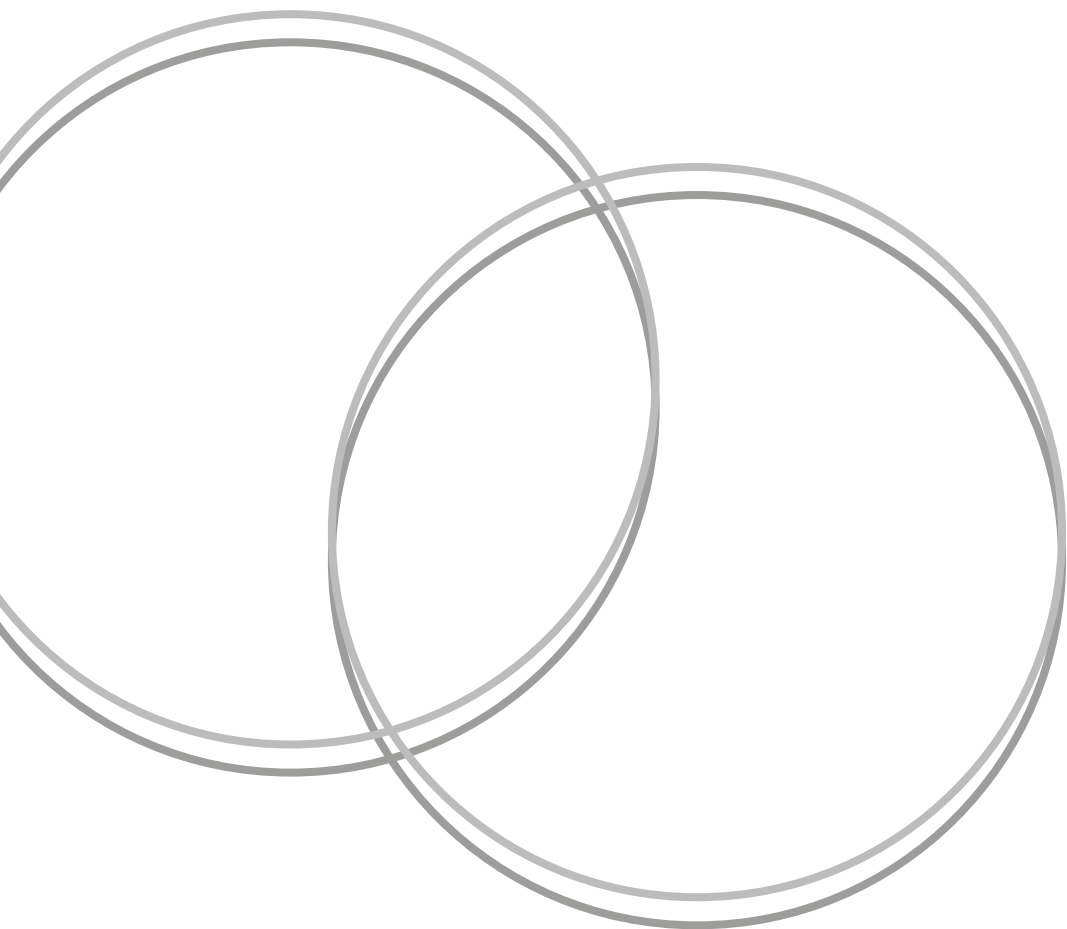
Birthplace Choices in Oxfordshire

Information for planning where to give birth

Home Birth

Midwifery-led units

Obstetric unit (Delivery suite at the John Radcliffe)



Gender inclusive language in OUH Maternity and Perinatal Services:

- This leaflet uses the terms woman, women and mother throughout. These terms should be taken to include people who do not identify as women but who are pregnant. Similarly, where the term parent(s) is used, this should be taken to include anyone who has main responsibility for caring for a baby.
- The term partner refers to the woman's chosen supporter. This could be the baby's father, the woman's partner, a family member or friend, or anyone who the woman feels supported by and wishes to involve in their care.

Planning where to give birth

Planning for your labour and birth can often feel daunting, especially if it is your first baby. This leaflet is intended to outline your choices and help you plan where to give birth. It is important to talk through your options with your midwife or doctor so information can be tailored to your pregnancy.

If you have a straightforward pregnancy and have a low chance of complications, your care is led by your community midwife. If you have a pre-existing medical or obstetric condition (pregnancy related), or a complication develops during your pregnancy, our hospital-based obstetric teams will provide additional care and monitoring.

Your options regarding where to give birth are:

- Midwifery Led Unit (MLU) - Freestanding or Alongside
- Home birth
- Delivery suite (hospital obstetric unit)

For further information on place of birth, please see the following national resource **'Your Choice: Where to have your baby'**.

For when you are expecting your first baby:

assets.nhs.uk/prod/documents/NHSE-your-choice-where-to-have-baby-first-baby-sept2018.pdf



For when you have had an uncomplicated birth previously:

assets.nhs.uk/prod/documents/NHSE-your-choice-where-to-have-baby-baby-before-sept2018.pdf



Places to give birth in Oxfordshire

Midwife Led Unit (MLU)

If you are expecting a straightforward labour and birth, you could choose to have your baby at one of our MLUs.

The Spires MLU is an alongside midwifery led-unit, meaning that it is located within the John Radcliffe hospital on Level 7 of the Women's Centre at the John Radcliffe Hospital in Oxford.

In the community, there are four freestanding MLUs, meaning they are based in a different place from the hospital obstetric unit.

These MLUs are at

- Wallingford Community Hospital
- Wantage Community Hospital
- Cotswold Birth Centre (Chipping Norton)
- Horton General Hospital, Banbury

During the day, these MLUs are staffed by community midwives and maternity support workers (MSWs). At night a community midwife will be on-call from home. The MLU at the Horton 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 for straightforward labour and birth, as well as a relaxed and homely environment. They can also provide birthing balls, bean bags and mats to help you find comfortable positions in labour.

If you would like to use a birthing pool during labour or birth, these are available.

During your labour, we monitor your baby's heart rate regularly using a handheld device. Continuous monitoring of your baby's heart rate is not offered at MLUs.

MLUs are run by midwives. This means there are no anaesthetic, obstetric (pregnancy) or neonatal (baby) doctors available on site (including at the Horton Hospital). If there are concerns about you or your baby's wellbeing, your midwife will recommend that you are taken by ambulance to the John Radcliffe Hospital.

The Spires MLU is in the John Radcliffe Hospital. This means that if you are in labour on The Spires and there are concerns about you or your baby's wellbeing, your midwife will arrange transfer to Delivery Suite on Level 2 using the lift next to The Spires.

Women who choose an MLU birth report greater satisfaction with the care that they receive, and are less likely to have interventions during labour, than those who give birth in a hospital obstetric unit.

These interventions include:

- Unplanned caesarean birth
- Birth using forceps or a suction cap (ventouse)
- Episiotomy (a cut between the vagina and anus)

If you have an uncomplicated pregnancy, research has found that a planned MLU birth is safe for you and your baby.

John Radcliffe Hospital Delivery Suite (sometimes called an Obstetric Unit)

The Delivery Suite at the John Radcliffe Hospital in Oxford is an obstetric unit. The unit provides services including medical, obstetric (pregnancy) neonatal (baby) and anaesthetic care. Medical and midwifery staff provide 24 hour care, supporting you to achieve a safe and positive birth experience. Epidurals and continuous monitoring of your baby's heart rate are only available on the Delivery Suite at the John Radcliffe Hospital. Birthing balls, bean bags and mats can be made available to help you find comfortable positions in labour.

The Delivery Suite has dedicated maternity operating theatres. The Neonatal Unit at the John Radcliffe Hospital provides specialist care for babies who need additional support in the early days following birth.

Birth in an Obstetric Unit (such as the John Radcliffe) is recommended if you have any complications in your pregnancy. Examples include if you:

- have any complications in your pregnancy (such as high blood pressure or diabetes)
- are expecting more than one baby (twins, triplets)
- give birth prematurely (before 37 weeks of pregnancy)

Your midwife will discuss your individual circumstances and support you to make a personalised care plan for your birth.

Home birth

Women who experience a home birth report higher satisfaction levels after giving birth and report feeling more relaxed and in control during their labour. Similarly, to a planned birth at an MLU, women are less likely to need an epidural for pain relief and to experience interventions such as unplanned caesarean birth or birth using forceps or a suction cap.

Home births are attended by midwives. There are no doctors available during a home birth. During your labour we monitor your baby's heart rate using a handheld device at regular intervals. Continuous monitoring of your baby's heart rate is not available at home.

Women with a straightforward pregnancy who are having their first baby and plan to give birth at home, have a small increased chance of serious medical problems for the baby (9 in a 1000). Healthy women having their first baby planning to birth in other birth settings (such as an MLU or Obstetric Unit) have a 5 in a 1000 chance of serious medical problems for the baby.

If you're having your second, third or fourth baby, a planned home birth is as safe as having your baby at a midwife-led unit or obstetric unit.

Preparing for a home birth

At around 36 weeks of pregnancy, a home visit will be planned with your community midwife if you are choosing to birth at home. At this visit the midwife will discuss the things you will need to consider and have in place to support your home birth.

The room that you choose to use will need to be warm for the birth of your baby, and there needs to be space enough for the midwife to have good all round access without needing to bend or stretch too much. We would recommend that you have plenty of linen/ fresh towels available and make use of plastic non-slip waterproof sheets (available from DIY stores) to protect soft furnishings.

Easy access to a bathroom and hot water for bathing after birth can help make the experience more comfortable. We would recommend that you have a home phone or fully charged mobile phone with reception available.

You can hire or purchase a birthing pool to use at home.

When you are in labour one midwife will attend you at home to provide care. They will bring equipment, such as entonox (also known as gas and air) and basic resuscitation equipment. A second midwife will be called to attend towards the end of labour to assist.

If there are any concerns during your labour or birth about you or your baby's wellbeing, your midwife will recommend transfer by ambulance to the John Radcliffe Hospital for additional monitoring and care.

Following a home birth, your midwife or GP (local doctor) will perform a newborn check on your baby, usually within 72 hours. This may be at home, GP surgery or in a community clinic.

Transfer to hospital from home or a Freestanding Midwifery Led Unit (FMLU)

When planning a home or FMLU birth, it is important to consider the possibility of you and/or your baby being transferred in labour or shortly after birth to the Obstetric Unit at the John Radcliffe Hospital.

If there are concerns about the wellbeing of you or your baby during labour or after birth, your midwife will recommend that you are transferred to the John Radcliffe hospital. If you are at home or in a FMLU, this will be by ambulance accompanied by your midwife.

Transfers from home or an MLU are more common for people having their first baby. 45 in every 100 women having their first baby at home and 36 to 40 in every 100 women having their first baby in a MLU/FMLU are transferred into a hospital Obstetric Unit for medical help during childbirth.

9 to 13 in every 100 women having their second or subsequent babies at home or in an MLU are transferred into a hospital Obstetric Unit for medical help during childbirth.

The estimated time taken to transfer from a home birth can be outlined by your community midwife depending on where you are planning to give birth.

Birth related emergencies are given the highest priority with a target response time of 7 minutes. For less urgent birth related transfers the target response time is within 18 minutes from the time of the call.

Average response and transfer times from FMLUs are outlined in the table below:

Transfers from FMLU to the John Radcliffe Hospital 78 out of every 100 calls were category 1 transfers 22 out of every 100 calls were category 2 transfers	Average Response Times	Average time taken to travel from FMLU to John Radcliffe Hospital by ambulance
Wallingford Birthing Centre	16 mins	33 mins
Horton General Hospital	4 mins	33 mins
Cotswold Birth Centre	20 mins	33 mins
Wantage Community Hospital	15 mins	44 mins

Although uncommon, 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. Midwives are trained to respond to these emergencies and will call an ambulance to support them and transfer to hospital as soon as possible.

In rare circumstances, the delay in accessing emergency care during transfer to the obstetric unit (at the John Radcliffe Hospital) can affect the wellbeing of the mother or the baby.

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 or obstetrician (hospital doctor).

Where to give birth: the options - NHS (www.nhs.uk)



The Birthplace cohort study: key findings | NPEU > Birthplace (www.ox.ac.uk)



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 Voices Partnership for their contribution in the development of this leaflet

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Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



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