



Humber and North Yorkshire
Health and Care Partnership

Local Maternity and Neonatal System

Patient Information Leaflet Supporting Choices for Pregnancy and Birth

The LMNS is committed to serving and respecting all our maternity service users, most of whom are women. The language we use reflects that but will also be varied where appropriate to recognise and affirm diverse gender identities. We will always use women but we will use gender neutral language when appropriate.

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This document has been produced together with the Humber and North Yorkshire Maternity and Neonatal Voices Partnership (MNVP) Leads.

We champion birth choice for everyone accessing maternity services at all stages of the maternity journey.

Our aim for this leaflet is for you to have the knowledge to make an informed choice about your care and needs. All staff at your hospital Trust should respect your choices, offer balanced information, and give you time to consider what's best for you. This document was made with the expertise of doctors, midwives, ambulance staff and service users.

Introduction

The purpose of this document is to ensure women/birthing people and their families can explore pregnancy and birth choices and are listened to and fully informed about the decisions they are making in relation to their care.

Humber and North Yorkshire Local Maternity and Neonatal System (LMNS) has many options for place and mode of birth.

When choosing a place or mode of birth it is helpful to consider your circumstances and where you can access information to inform your decisions.

Here are some things to think about:

- Do you have any medical conditions?
- Have you had a particular type of birth before?
- Have you a preference for a water birth, epidural or a particular factor that is the most important to you?
- Do you have transport to travel to that facility?
- What else do you need to know before you decide?
- How do you get support to help you make the decision that is right for you?

BRAIN tool for women, birthing people, and their families

You may wish to use the BRAIN tool to aid decision making regarding choices for you and your baby. There are lots of choices available to you during pregnancy, birth and in the postnatal period. The BRAIN tool provides a logical structure and aid to discussing choices with your midwife or doctor.

Benefits: what are the benefits of making this decision to me and my baby?

Risks: what are the risks associated with this decision?

Alternatives: are there any alternative options available?

Intuition: how do I feel about it?

Nothing: what if I decide to do nothing?

An example of this could be ‘I had a caesarean section with my first baby, what options are available to me this time, and what should I consider when making a decision?’ You can apply the BRAIN principles to this and ask questions of your health professionals to help you decide what the best option is for you.

Definitions of modes and places of birth

When making choices it is a good idea to understand what the birthing terminology means and what options are available at each different site in the area where you live. This is detailed on the map on page 11.

The term labour ward is described as a defined area for a woman/birthing person to birth their baby.

The descriptions below are for the different types of facilities that may be available to you.

Types of care available

Midwifery Led Units (AMLU & MLU)

- An **alongside midwifery led unit (AMLU)** is a unit situated within the hospital setting, often very close to the labour ward that provides midwifery led care usually in a more homely and less clinical environment. A benefit of this is that if a transfer is needed you are close to the obstetric service. These types of facilities often include birth pools.
- A **standalone midwifery led unit (MLU)** is midwife led and is not connected to an obstetric unit. An MLU can be within a hospital setting for example at Goole where the hospital does not have a consultant led facility. If there are any complications a transfer by ambulance would be deemed necessary. A midwife would make the call and accompany you on the transfer. A benefit of an MLU is that these most often offer a very homely low-tech environment, like a home birth, but without the personal preparation needed within your own home.

Home birth

This is where you choose to have your baby within your own home, or a home environment of your choosing. The benefits of this can be:

- being in familiar surroundings with your family/friends around you
- not having to interrupt labour to go into hospital
- not needing to leave other children (childcare arrangements are however strongly recommended as you may need an urgent transfer)
- increased likelihood of knowing your midwife
- less likely to have intervention for example an instrumental birth or a caesarean section
- having a dedicated pool, that you have arranged, available for use.

Considerations

- Complications are possible and if this happens you may need a transfer during labour. Therefore, when considering a home birth, you will need to think about how far away you live from hospital and ambulance response times, as well as potential interruption to some aspects of your care during transfer.
- During an ambulance transfer you may not have a paramedic present but on some occasions the midwife will accompany you if she is already providing care at your home at the time of transfer. The priority is getting you to the nearest and most appropriate hospital as quickly as possible.
- If mum and baby both need medical assistance, they may be transferred in separate vehicles to ensure they both have the full attention of the ambulance crew.
- Some factors for example: high BMI (body mass index); elevated blood pressure; if you have given birth multiple times previously; have had a previous instrumental birth; and some mother and/or baby medical conditions, can give you a higher chance of developing complications and needing intervention. An informed discussion with a clinician and a clear plan is recommended in these circumstances to enable you to make the choice that is right for you.
- An epidural service will not be available at a home birth, but Entonox (gas and air) and many other pain relief methods can still be used.

LDRP (labour, delivery, recovery, and postnatal care)

This is a unique model to Diana, Princess of Wales hospital in Grimsby and is a full labour experience offered in the same room that you will most likely stay in until discharge home. Your partner can stay with you overnight in this facility, your midwife can discuss this with you as factors such as a recurrence of the pandemic may affect this service.

Consultant-led care

This is offered to women/birthing people whose pregnancy is not as straightforward and who may have medical issues/lifestyle choices for example: raised blood pressure, diabetes, or a high BMI. Even though you are consultant-led, a midwife will still care for you during your pregnancy and labour. Decision making is jointly discussed with the consultant obstetrician and the patient. When informed discussion has taken place and you feel able to make a decision on the care you wish to have, you can make a plan together. Remember you can discuss and alter your plan at any time.

Midwife-led care

This is an option if your pregnancy has no underlying risk factors and a midwife can care for you throughout your pregnancy and birth. You will be offered the choice of a MLU where available, or your midwife will care for you on a hospital labour ward or at home. If your circumstances change, for example your blood pressure rises or the baby is in the breech position (lying bottom first or feet first in the womb instead of in the usual head first position), it will be recommended that your care will be transferred to a consultant obstetrician. At this point you may wish to discuss your care pathway in more detail and make a decision for the care that suits you.

Neonatal unit

These units specialise in the care of babies born early or who have a medical condition and require specialist treatment. There are 3 levels of care with level 3 being the most intensive. They are all situated at the main hospital sites (see map on page 10). Sometimes the level of care your baby needs may be at a different hospital to the one you booked at. There is a possibility that you may give birth in a different hospital or have a transfer soon after birth to enable you and your baby to be in the most appropriate unit for your care.

Terms used for birth options

Assisted birth

This is also known as an instrumental delivery and is when forceps or a ventouse suction cup are used to help deliver the baby.

Episiotomy

This is a surgical incision of the perineum and is generally offered during the second stage of labour by a midwife or doctor. The procedure quickly enlarges the opening for the baby to pass through and is a necessary part of an assisted birth. You may wish to discuss with your health professional the risks of a tear vs an episiotomy.

Caesarean section (CS)

This is when the baby is delivered through an incision in the abdomen. the incision is normally horizontal across the bikini line. It may be performed when a vaginal birth is thought to be too risky. For example, a breech presentation, or a low-lying placenta (where the placenta is less than 20mm from the cervix). Sometimes it is done in an emergency when the baby is deemed to be not getting enough oxygen or labour has become more complicated. Some women choose to have a planned caesarean section.

Vaginal birth after caesarean section (VBAC)

This can be a choice offered to women/birthing people after a caesarean section. The pros and cons of this can be discussed with your obstetric team. It may be appropriate and offered to women who have had one previous singleton pregnancy caesarean section.

VBAC following two previous caesarean sections may be a choice following discussion and sometimes this choice may be against guidance so you would need information to make an informed decision. An obstetrician can discuss this with you.

The planned success rate of a VBAC is around 72-75%.

VBAC is not normally offered to patients with a previous uterine rupture or classical (vertical) incision scar.

Freebirth

This is when someone intentionally gives birth to their baby without a midwife or doctor present. Whilst this is a legal choice and very much yours to make, as a maternity service we would offer you early and supportive discussions to see what, if any support we can offer to your birthing experience. There may be some options of care you would be open to accept instead of declining all care and we can personalise a birth plan with you.

Induction of Labour

An induced labour is one that is started artificially. Induction can be a choice offered if your baby is overdue, smaller than expected, has a medical issue, or is larger than expected, for example the baby of a mum with issues managing diabetes.

A membrane sweep can be offered in the home/community setting even if you choose not to have all other options of induction.

Other types of induction options are available as part of your hospital-based care, as detailed below and in the LMNS video here:

<https://www.youtube.com/watch?v=KCi7vxrBTsg&list=PLyniLAHDXNhvUf-0Scec3iTGJEfXZbp5o&index=6>

- Pessaries
- Balloon induction
- Artificial rupture of membranes (ARM)
- Syntocinon infusion (sometimes referred to as a hormone drip).

CTG Monitoring

On reviewing the risks and benefits some women may choose to wait longer than the recommended time to go past their expected due date, this time can vary depending on your individual circumstances, one option you may choose to have is daily cardiotocographs (CTG) of the baby's heartbeat at the hospital. This decision can be reviewed daily depending on your baby's movements and other factors regarding you and your baby's wellbeing.

Intermittent auscultation

This is the technique of listening to and counting the fetal heartbeats for short periods of time during active labour. It is usually performed using a Pinard stethoscope or a hand-held doppler device, with the uterine contractions palpated by hand. This is a method of listening to the fetal heart when labour is progressing, and can be used when mobilising, in bed or in a birth pool. Some doppler devices are waterproof reducing the need to lift out of the water for this to be performed. This method is used at home births.

Map Maternity and Neonatal Units in HNY



Hull Royal Infirmary, Women and Children's Hospital, Anlaby Road, Hull, HU3 2JZ

Diana, Princess of Wales Hospital, Grimsby, Scartho Road, Grimsby, DN33 2BA

Scunthorpe General Hospital, Cliff Gardens, Scunthorpe, DN15 7BH

York Hospital, Wiggington Road, York, YO31 8HE

Scarborough District Hospital, Woodlands Drive, Scarborough, YO12 6QL

Harrogate and District Hospital, Lancaster Park Road, Harrogate, HG2 7SX

Friarage Hospital, The Friarage, Northallerton, DL6 1JG

Goole District Hospital, Woodland Avenue, Goole, DN14 6RX

Information resources

There is a lot of information to support your decision making on the:

LMNS website

<https://www.humberandnorthyorkshirematernity.org.uk/>

Local Hospital Maternity services websites

- Hull Women and Children's Hospital <https://www.hey.nhs.uk/maternity/>
- Diana Princess of Wales Hospital <https://www.nlg.nhs.uk/services/maternity/>
Scunthorpe General Hospital
Goole and District Hospital
- York Hospital <https://www.yorkhospitals.nhs.uk/our-services/a-z-of-services/maternity-services/york-hospital-maternity-services/>
- Scarborough General Hospital <https://www.yorkhospitals.nhs.uk/our-services/a-z-of-services/maternity-services/scarborough-hospital-maternity-services/>
- Harrogate and District Hospital <https://www.hdft.nhs.uk/services/maternity-services/>
- Friarage Hospital <https://www.southtees.nhs.uk/services/maternity/>

Ask a Midwife (LMNS HNY Social Media Messaging Service)

<https://www.humberandnorthyorkshirematernity.org.uk/support1/ask-a-midwife/>

Birthrights Choice of Place of Birth

<https://www.birthrights.org.uk/factsheets/choice-of-place-of-birth/#:~:text=You%20have%20the%20right%20to,that%20is%20run%20by%20midwives.>

National Perinatal Epidemiology Unit (NPEU) - Birth place study

<https://www.npeu.ox.ac.uk/birthplace/results>

Women who planned birth in a midwifery unit had significantly fewer interventions, including substantially fewer intrapartum caesarean sections, and more 'normal births' than women who planned birth in an obstetric unit.

National Institute for Health and Care Excellence (NICE) Guidelines

<https://www.nice.org.uk/guidance/health-and-social-care-delivery/maternity-services>

Maternity Services – Labour and birth, postnatal care, pregnancy