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ਜੇ ਤੁਹਾਨੂੰ ਤਰਜਮੇ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ: 01932 723553

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Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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# Choosing where to have your baby

## Home or Hospital?

# Choosing where to have your baby

## Home or Hospital?

This leaflet is intended to give you additional information to that received from a healthcare professional.

All women, including first time mothers, are entitled to choose the place that their baby is born. Most women can be reassured that they can leave the final decision until the last few weeks of pregnancy – women who live in the Ashford and St Peter's catchment area and receive pregnancy care from Ashford and St Peter's Hospitals NHS Foundation Trust will automatically be provided with labour and birth care.

Women who live outside of the Ashford and St. Peter's maternity services catchment area can choose to have pregnancy and birth care on an out-of-area basis; unfortunately we cannot offer a home birth service in those circumstances.

Pregnancy and birth are an exciting journey in family life. As this journey unfolds your maternity team will give advice and help you make decisions about the location for your labour and birth; the advice you are given will be informed by your individual and sometimes unique circumstances.

The benefits and disadvantages of birth at home or in the hospital are generalised in this leaflet; the relative importance of each in your particular circumstances can be discussed with the maternity health professional responsible for your care.

The National Childbirth Trust  
[www.nctpregnancyandbabycare.com](http://www.nctpregnancyandbabycare.com)

Birth Choice UK (national maternity statistics)  
[www.birthchoiceuk.com](http://www.birthchoiceuk.com)

Association for Improvements in Maternity Services  
[www.aims.org.uk](http://www.aims.org.uk)

Informed Choice - [www.infochoice.org](http://www.infochoice.org)  
Client leaflets from the Midwives Information and Resource Service

Home Birth Support Group - [www.homebirth.org.uk](http://www.homebirth.org.uk)

This patient information is based on guidelines which present recognised methods and techniques of clinical practice, based on published evidence.

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## Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email [pals@asph.nhs.uk](mailto:pals@asph.nhs.uk). If you still remain concerned please contact our Complaints Manager on 01932 722612 or email [complaints@asph.nhs.uk](mailto:complaints@asph.nhs.uk).

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The rooms are:

- at one end of the labour ward
- arranged as a sitting room, with tea and coffee making facilities available
- are designed to have a minimum amount of medical equipment in the room; this is hidden from view so that a homely atmosphere is maintained

However you will be transferred to the labour ward:

- if the midwife is concerned about the well being of the mother or baby
- if you decide that you would like to have an epidural at any point in labour

## **HOME OR HOSPITAL – YOUR CHOICE**

Midwives and obstetricians provide professional advice and sometimes you may not wish to accept this; this is your choice and our service will support your right to make your own decisions. If you are unhappy that your right to choose is not being heard you can discuss this with a Supervisor of Midwives. Please telephone the hospital switchboard on 01932 872000 and ask for the Maternity bleep holder who can contact a Supervisor of Midwives for you.

More information to help you decide where to have your baby is available from the following organisations.

Women who have had uncomplicated pregnancies and who are 'low risk' (your midwife will assess this at your initial visit and throughout your pregnancy) can be reassured that there is no reason why they should birth in hospital.

### **In general women who are 'low risk' usually choose**

- birth at home
- birth at the hospital in the home-from-home rooms
- birth in the hospital within the labour ward

### **In general, women who have had a complicated pregnancy, or certain risk factors, or are having significant medical treatment are usually advised to birth within a hospital setting**

For example:

- blood pressure problems especially pre-eclampsia
- when labour is premature (at less than 37 weeks)
- when the baby has not been growing well
- when the woman has problems with blood clotting
- a previous Caesarean section
- an ongoing medical problem
- when pregnancy goes into its 43<sup>rd</sup> week
- when the placenta is low but not obstructing the passage of the baby

## What is the national evidence about place of birth?

There is limited research on and around birth place choices.

This shows:

The Choices	Benefits	Risks	References
Home birth and Stand-alone Birth centre	<ul style="list-style-type: none"> <li>♦ Increased satisfaction, more relaxed and in control</li> <li>♦ Less chance of a Caesarean section</li> <li>♦ More chance of a shorter labour</li> <li>♦ Less interventions (e.g. instrumental assisted birth)</li> <li>♦ Increased chance of successful breastfeeding</li> <li>♦ Less chance of having a drip to speed up contractions</li> <li>♦ Less likely to have pain relief for labour</li> </ul>	<ul style="list-style-type: none"> <li>♦ You will need to transfer to hospital if problems develop</li> <li>♦ No onsite access to doctors or neonatal services</li> <li>♦ You cannot have an epidural</li> </ul>	<p>Rooks et al, 1989</p> <p>Spitzer, 1995</p> <p>Saunders et al, 2000</p> <p>David et al, 1999</p> <p>Feldman &amp; Hurst, 1987</p> <p>Olsen &amp; Jewell, 2004</p>
Consultant-led maternity unit	<ul style="list-style-type: none"> <li>♦ You can choose to have an epidural</li> <li>♦ Do not need to transfer if there are problems in your labour</li> <li>♦ Onsite access to emergency support, including obstetric, anaesthetic and neonatal services</li> </ul>	<ul style="list-style-type: none"> <li>♦ More likely to have a drip and electronic fetal monitoring, and therefore more likely to be confined to bed during labour</li> <li>♦ More likely to have an episiotomy</li> </ul>	<p>Saunders et al, 2000</p> <p>Rooks et al, 1992</p> <p>David et al, 1999</p> <p>Spitzer, 1995</p> <p>Hodnett, 2003</p> <p>Olsen &amp; Jewell, 2004</p>

## Disadvantages

- Some women find that the hospital environment is not relaxing. This can make you anxious and less well able to cope with labour pains.
- On the other hand, some families feel comforted by the technology of a hospital environment. Only you can decide what suits you.
- It may be necessary to limit the number of birth partners that you have with you to ensure the comfort and safety of all our clients on the labour ward. The presence of children during your labour is discouraged for the same reason.
- Because of the way that hospital labour rooms are laid out, you may find that you are not able to move around as much as you might like during your labour. Please ask the midwife to put the bed out of the way so that you can gain more floor space for moving around. Gym balls, mats and beanbags are available to help you get comfortable in labour. All of the rooms have lighting which can be dimmed – please ask.
- You are welcome to bring along your own pillows, bubble bath, and a portable music player and tapes/CDs. All these things will help relaxation which helps labour progress normally, and this in turn reduces the need for drips to speed up labour.

## THE HOME-FROM-HOME ROOMS

You will be cared for by midwives in the home-from-home area if you have had an uncomplicated pregnancy. The home-from-home rooms and water pool are available to women who have had a healthy pregnancy and who would be suitable to have their baby at home, but choose not to.

## CHOOSING BIRTH WITHIN THE MATERNITY UNIT

### THE LABOUR WARD

You will be cared for in the labour ward rooms by midwives. Doctors are available if you should need them.

### Benefits

These rooms are suitable for women and babies who may have more complex needs and so are closer to the emergency birth facilities. You will be cared for by midwives who are supported by obstetric doctors. You will be cared for in these rooms if:

- you need an epidural
- there are problems with your blood pressure
- you need closer monitoring of the baby's wellbeing
- you need drugs to speed up labour
- you need obstetric care because of a medical condition, for example diabetes
- you are being induced
- you are having twins (or triplets)
- you are in premature labour

These rooms have more medical equipment within them but, where possible, this is hidden from view. Some families feel comforted by the technology of a hospital environment. Only you can decide what suits you.

## DECIDING ON A BIRTH AT HOME

You do not have to decide straight away if you would like to have your baby at home. However, deciding by your 36<sup>th</sup> week of pregnancy visit is helpful. Once you have decided the midwives can leave some basic equipment at your home and make arrangements to be available to you from 37 - 42 weeks of pregnancy. (In the UK birth at home is discouraged until 37 weeks of pregnancy.)

You do not need any special equipment to have your baby at home, but useful items will be suggested by your midwives.

You will be cared for by midwives who look after women who have uncomplicated pregnancies. They will support you during labour and continually make assessments of the wellbeing of both mother and baby; if the midwife is concerned about anything, she will discuss this with you and arrange transfer to the hospital labour ward.

### Benefits

Women who choose to give birth in their own homes are more likely to feel in control and more likely to have a normal birth. You will have familiar things around you and you can wander around freely.

A home birth may be right for you if:

- you want to avoid things like monitoring and drips
- you do not like hospitals
- you want the extra privacy that your own home can provide
- you do not want to be away from your other children overnight
- you would like to have a number of birth supporters with you in labour

Only you know the kinds of things that will help you feel relaxed. Some women feel that home is the right place to be. Some women feel strongly that hospital is right for them. Some women find the presence of doctors and epidurals reassuring; if you have had a healthy straightforward pregnancy you are unlikely to need either.

Midwives are highly trained to observe the wellbeing of the mother and baby during labour and will transfer you to St. Peter's by ambulance if they believe that either is not coping with labour; they will provide emergency treatment as necessary until you arrive at hospital.

## Disadvantages

Our birth figures show that:

- In pregnancy, around 13 out of every 100 women who plan for a homebirth are advised to change to a planned hospital birth. The most usual reasons are problems with blood pressure late

in pregnancy, or concerns about the baby's growth and wellbeing.

- First time mothers: women having their first baby are more likely to transfer into the hospital.

Around 77 in every 100 of these women are likely to need to transfer to hospital; the usual reasons are that the mother chooses to have an epidural, or the midwife is concerned about progress of the labour. The majority will go on to have a vaginal birth following transfer.

- Second time mothers: in labour, women who have had a baby previously, either at home or in a hospital, are less likely to transfer to the hospital; up to 10 in every 100 of second time mothers who labour at home will transfer into the hospital. Again the majority will go on to have a vaginal birth.
- Post birth transfers: sometimes after birth it may be advisable for the mother and the baby to go to the hospital. This happens for 5 in every 100 home births. The most common reasons are for more intensive observation of the mother or baby.
- Emergency transfers: midwives are fully trained to provide first line emergency treatment and care during transfer by paramedic ambulance.

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(All figures are from the home births attended by Ashford and St. Peter's Hospitals NHS Trust community midwifery service in 2007/08.)