Royal United Hospital Bath NHS
NHS Trust

RUH Patient information: Birth

This leaflet contains some useful information about labour and birth

Healthcare you can Trust

Contents

When to contact your midwife or the hospital

- If you think your labour has started and you are having contractions every 10 minutes
- If your waters have broken
- If you have any fresh blood loss
- If you have any severe abdominal pain
- If your baby's movements slow down or stop.

If you have any concerns please feel free to ring your local maternity unit for advice. When you ring you will be asked for your personal details. You may be asked to come in – so please ask where to report to on arrival.

In labour

When you are admitted you will be cared for by a midwife. The midwife will assess your condition. Your partner/relative/close friend may stay with you.

Please discuss your birth plan or any particular wishes you have regarding your labour with the midwife.

In your local unit you will need:

- Maternity Record
- Two packets of maternity size sanitary towels
- Bath towels
- Baby clothes including disposable nappies and cotton wool

All electrical equipment (e.g. hairdryers, CD players) brought into the unit must be checked by our electrician before use.

Monitoring your baby's heartbeat

Most babies have no problems during labour and birth. The best way of identifying the few babies who do, is by listening to (or monitoring) a baby's heartbeat regularly throughout labour.

How is it done?

There are two ways:

- **Intermittent monitoring** using a hand-held ultrasound Doppler machine or a special tube called a Pinard stethoscope which looks like an ear trumpet. This monitoring is usually performed every 15 minutes up until the pushing stage and more often after that.
- **Cardiotocograph** (CTG) monitoring using two transducers held in place by two belts around the abdomen. This is done for at least 20-30 minutes or throughout labour. This type of monitoring can also use a small wire fastened to the baby's head by a small clip through the vagina to pick up the baby's heartbeat.

Which method is best?

No type of monitoring is perfect. The skill of the midwife or doctor is important, whichever method is used. CTG monitoring was first used about 30 years ago. People assumed it would make labour safer for babies so it was introduced to hospitals all over the country. More recently, research has shown that intermittent monitoring is just as good at detecting which babies are having problems. Continuous CTG monitoring sometimes makes midwives and doctors think there is a problem when there isn't one. A woman who has intermittent monitoring is less likely to have an unnecessary caesarean birth or a forceps or suction cup (ventouse) delivery.

So if you are healthy and have had a problem-free pregnancy it is reasonable for the midwife to monitor the baby's heartbeat with a hand-held Doppler machine.

In special cases

If you have had problems in the pregnancy or labour then you may be recommended to have CTG monitoring, for example if:

- Your baby is coming early or seems smaller than expected
- You have high blood pressure
- You are expecting twins
- The baby has passed meconium (opened its bowels) into the amniotic fluid
- The midwife thinks there may be a problem, having listened with a Pinard or Doppler machine
- You have an epidural for pain relief
- You have your labour speeded up with Sytocinon

There may be other reasons. Nobody knows for sure whether CTG monitoring really helps in these special cases but it is believed that it is a sensible thing to do.

What if there is a problem with my baby's heartbeat?

If there are concerns about your baby's heartbeat following a CTG you will be transferred to a consultant unit and you may be offered a test called fetal blood sampling (FBS). A small amount of blood is taken from the baby's head and tested to see how much oxygen the baby is getting. It may prevent you having an unnecessary caesarean birth. Sometimes women are put on the CTG monitor for 20 minutes as soon as they arrive at the hospital. For a woman who is healthy and has had an otherwise uncomplicated pregnancy, intermittent monitoring will be offered and recommended in labour to monitor fetal wellbeing. (NICE 2001)

It's your choice

When considering the kind of monitoring you would like in labour think about the following:

- Intermittent monitoring can be used in most positions so you can move around as much as you like.

- CTG monitoring can restrict your movements but it may be possible to obtain a printout if you are in a chair or standing up so discuss this with your midwife.
- Some women find it reassuring to hear their baby's heart beat through labour. Others find this is worrying as it is possible to hear and see changes in the heart rate.
- If you spend your labour in water, it is only possible to monitor intermittently. You may be asked to leave the water pool/bath if there are any concerns, so that a CTG trace can be performed.
- If you choose TENS for pain relief this may cause interference with the CTG monitor.
- If you have your baby at home only intermittent monitoring is available.

Please ask your midwife or doctor if you would like to discuss any issues further.

Management of ruptured membranes at home

A midwife or doctor will need to confirm that your 'waters have broken'. Once this had been confirmed and it has been established that you do not have any signs of infection which might cause harm to you or your baby you are usually able to go home. The community midwives and you yourself can monitor the pregnancy. The main risk from ruptured membranes is developing an infection. This can happen at home or in hospital.

When to contact your midwife

- If your temperature is higher than 37.5° (you will be asked to check your temperature every 4 hours during waking hours)
- If the colour of the fluid becomes discoloured or smells
- If you are concerned about your baby's movements
- If you feel unwell or experience period-like pains or other pains in your abdomen.

After delivery

If your delivery occurs more than 24 hours after your 'waters break', your baby will need to stay in hospital for 24 hours to monitor for any signs of infection.

Concerns

If you do have any concerns please contact either your named local midwife or the midwifery staff at Princess Anne Wing on 01225 824847 or 01225 824447.

If you do not go into labour within 48 hours we recommend induction of labour to reduce the risk of infection.

Pain relief in labour

Introduction

It is useful to attend antenatal classes run by midwives or professionally-trained teachers (for example National Childbirth Trust – NCT). Some of these classes will tell you about the types of pain relief available to help with pain in labour. Understanding about the types of pain relief available will make you feel less anxious. This should help you to relax and cope better.

You may like to write down your wishes in your birth plan but remember you may need to be flexible and keep an open mind. You may also find labour is more painful than you expected and you need more pain relief than you had planned. It is helpful to learn about the different types of pain relief before you go into labour. If you wish to attend a class ask your midwife for details.

Types of pain relief

It is difficult to know in advance what sort of pain relief will be best for you. The midwife who is with you in labour is the best person to advise you at the time.

Self-help: what you can do for yourself

- A supportive birthing partner is invaluable and has been shown to reduce the need for pain relief. If you do not have anyone with you don't worry – your midwife will give you lots of support
- Relaxation is important – music and massage may help
- Birth classes can teach ways of breathing that may help you cope with the pain of contractions
- Your position can make a difference and some mothers find that keeping mobile is helpful.

Water

- A warm bath may help you to relax in early labour. Mothers who have a lot of backache in pregnancy often find the birthing pool particularly helpful
- Continuous monitoring of the baby's heartbeat is not possible when you are in the pool and so use of the pool is not recommended if there are concerns about the wellbeing of the baby
- You cannot use TENS, Pethidine or have an epidural if you are in the bath but you can use gas and air.

'Gas and Air' Entonox

- This is a mixture of oxygen and another gas called nitrous oxide
- You breathe it through a mouthpiece or facemask which you hold for yourself
- It is simple and quick to act. It wears off in a couple of minutes after you stop breathing it
- It will not remove all pain but many mothers find it very helpful
- It can be used at any time during labour
- It is available in the community
- It does not harm the baby and gives you extra oxygen during the contractions

- It may make you feel light-headed or a little sick for a short time
- If you do not like these feelings stop using it and it will wear off in a couple of minutes
- Many mothers like using it because you control it yourself.

To get the maximum benefit from gas and air **timing is very important.** It takes 15-20 seconds to work. You should start breathing the gas as soon as you feel a contraction starting. That way the pain of the contraction and the relief from the gas and air peak together. Breathe the air in the room between contractions. If you breathe gas and air all the time it can make you feel dizzy and a little 'spaced out'.

TENS (Transcutaneous Electrical Nerve Stimulation)

- A gentle electric current is passed through four flat pads stuck to your back. This causes a tingling feeling in your back. You control the strength of the current yourself
- There are no known side effects to you or your baby and you can move around while using it
- It is believed TENS works by stimulating the body to increase production of its own natural painkillers called endorphins. It also reduces the number of pain signals that are sent to the brain by the spinal cord
- TENS machines are available for use when you are in labour.

Alternatively you may hire a TENS machine from a number of shops. Ask your midwife for advice about this. Generally you may loan the machine for one month around the time the baby is due. If you have hired a machine, you may find it useful to practise using the machine before you go into labour to get used to the controls and positioning of the pads. You can then start using it at home as soon as you go into labour.

N.B. It may be wise to put a new set of batteries into the machine when you go into labour to make sure the batteries do not run out.

Pethidine

- Is an injection given by midwives. It takes about 20 minutes to work and lasts about 2-4 hours
- Usually makes you drowsy and can make you feel woozy and forgetful but this may make you less worried by the pain and more able to cope
- May make you feel sick. If this happens you can be given another injection to reduce the nausea
- Has less effect on pain than gas and air
- May make your baby drowsy but an antidote can be given to the baby by injection after birth
- If the baby is very sleepy it may cause a delay in establishing breastfeeding
- You should not use the birthing pool if you have had Pethidine.

Diamorphine

Following a very successful research study comparing two morphine-like pain managing drugs, Diamorphine and Pethidine, we are now offering the option of either drug for women in labour.

Pethidine and Diamorphine are both powerful opiates used for pain relief.

The study was carried out over a two year period in Poole and Bath maternity units, by randomly selecting mothers to receive either Diamorphine or Pethidine for pain management in labour. We were looking at the pain relief provided and the effects on mother and baby.

The results showed that Diamorphine provided a better pain management over the first three hours after injection.

The study also revealed that women who were given Diamorphine had better pain relief but their labour was slightly longer. For this reason we will still be offering the choice of Diamorphine or Pethidine. Your choice will be discussed with the midwife who is looking after you.

The dose you will receive depends on your weight at the end of your pregnancy.

This will not affect your choice to use other pain relief methods such as Entonox (gas and air) or an epidural which you may still request at any time.

If you have any questions or concerns, please contact your named local midwife.

Epidurals

- An epidural is a small tube put into your back. Local anaesthetic is injected down the tube to numb the pain nerves
- They are set up by anaesthetists and take 20-30 minutes to work
- The anaesthetist should come to do the epidural within 30 minutes of being called but occasionally it may be longer
- They have very little effect on the baby
- Sometimes epidurals cannot be given due to safety
- If you suffer from certain medical illnesses you may not be able to have an epidural.

What does it involve?

You will first need to have a drip put in your arm. You will then be asked to sit bending forwards or curl up on your side. Your back will be cleaned with antiseptic and a little injection of local anaesthetic will be given into the skin so that putting the epidural in should hardly hurt. A small tube is put into your back near the nerves carrying the pain signals from the womb.

Care is needed to avoid puncturing a membrane surrounding the spinal cord as this might cause a headache later. It is important you keep still whilst the epidural is being put in. If you have a contraction the anaesthetist will stop until the contraction has passed. Once the tube has been put in it will be secured in place with tape and then you will

be free to move around the bed and adopt any comfortable position.

Advantages

- It should remove the pain of labour
- Good pain relief should allow you to relax
- An epidural does not make you feel drowsy or sick
- Epidurals have no long-term effects on the baby
- They have no effect on breastfeeding.

Disadvantages

- Only available in an acute general hospital
- Occasionally they cause a drop in blood pressure which may make you feel sick. The drip should prevent this
- You will need to stay on your bed during labour and for several hours afterwards
- Sometimes epidurals only work on one side but the anaesthetist should be able to remedy this
- Labour may take longer and you may require a drug to speed up the contractions
- Your contractions and the baby's heart beat will need to be continuously monitored
- If you have an epidural you may find it difficult to pass urine. If this happens the midwife can help by inserting a little tube (catheter) to empty the bladder
- Because of the pain relief it may reduce your urge to bear down. Because of this it is more likely you will need ventouse or forceps for delivery
- Your skin may itch. If this is unpleasant the anaesthetist can change the drugs used in the epidural
- In this country as a whole there is a 1 in 100 chance of getting a headache. If you develop a headache afterwards it can be treated

- You may feel a little local tenderness on your back for a day or so after an epidural. There is good evidence epidurals do not cause long-term backache
- Some mothers have small numb patches on their legs that stay numb after birth. Such problems are much more likely due to the process of childbirth than the epidural. The problem does get better on its own but may last three months or so. Permanent, serious nerve damage is extremely rare
- If you have had an epidural you must stay in Princess Anne Wing for at least 12 hours after giving birth
- You will not be able to use a birthing pool if you have an epidural.

What if you need an operation?

If you should need an operation such as a caesarean birth and you already have a working epidural, strong local anaesthetic can be injected down it. This will make you completely numb from the abdomen down so you would not need a general anaesthetic for surgery. This is safer than a general anaesthetic for you and your baby.

Induction of labour

For most women, labour will happen naturally between 37 and 42 weeks, leading to the birth of their baby. However, in some cases your doctor or midwife may recommend induction of labour. This may be because:

- There are clinical concerns regarding the welfare of you and/or you baby
- Your waters have broken but there are no signs of labour after 48 hours
- The pregnancy has gone beyond the expected due date with no signs of natural labour. If you are healthy and the pregnancy has been trouble free, induction of labour will be offered around 12 days after your due date.

Once you have reached your due date it may be suitable to perform a membrane sweep. This is carried out by your midwife who will perform an internal examination and try to separate the membranes from the cervix. It has been shown to help prepare the body for the labour process. You may find this uncomfortable and sometimes it results in a small amount of bleeding but it causes no harm to your baby.

Induction of labour is only offered at the Acute Unit in the Princess Anne Wing, Bath, so it may be necessary for your plans for birth in a community birthing centre to be altered. Your midwife will be able to arrange this.

Induction of labour is a process designed to start labour artificially. It can take some time, particularly if you are having your first baby, and it may be several days before labour starts. We advise women to remain in hospital once induction has been started until the birth of thier baby. During this time your partner may stay with you for support though they should be aware of the limited facilities available (no meals supplied to partners) and there may be a need to be sensitive to the needs of other women in the ward area.

For some women, the period between the start of the induction process and the onset of established labour can prove to be quite uncomfortable, making it difficult to sleep. Your midwife will encourage you to eat and drink normally and will help you with different coping strategies until your labour starts properly.

Once the decision for induction has been made, a date will be agreed by the midwife or doctor caring for you. You will be asked to call the central delivery suite to arrange a time to come into hospital. From time to time the unpredictable nature of childbirth puts unexpected demands on the staff caring for you. In order to maintain a safe environment for you to labour in, it may be necessary to postpone or briefly delay your induction until it becomes safe to proceed. If this happens the staff will keep you updated with when you can expect your induction to start or resume.

There are three ways of inducing labour, the use of Prostaglandins, artificial rupture of membranes (breaking the waters) and Syntocinon infusion. You may require one or a combination of all of these methods.

Prostaglandin is an artificial hormone very similar to the hormone your body produces naturally. This method is intended to soften, shorten and open the neck of the womb (cervix). Your midwife will carry out an internal examination and insert the prostaglandin inside the vagina near the cervix. If this is your first baby you may be given a Propess pessary which will be left in place for up to 24 hours. It can be removed by means of a retrieval tape at any time if labour starts or there are concerns for the wellbeing of you and/or your baby. If you have had a baby before you may be given a Prostin Gel. If labour does not start you may be given further gel after a minimum of 4 hours.
You may start to experience contractions soon after the insertion of the gel or pessary. These can be painful but do not always develop into labour. Each woman's response to Prostaglandin is different. You will be encouraged to stay mobile and eat and drink normally.

Artificial rupture of membranes (breaking the waters) is done once the neck of the womb has started to open. The midwife will carry out an internal examination and will use a small instrument to burst the sac of waters around the baby. The examination may be uncomfortable but will not harm your baby. The leaking of the water from the sac through the cervix helps to stimulate your contractions and you will be encouraged to stay mobile. Sometimes even after breaking the waters, labour may not start.

A Syntocinon infusion may be needed if, once your waters have been broken, there are still no signs of labour. This is an artificial hormone similar to the one produced naturally by the body and will encourage strong regular contractions. It is given via a drip in your arm and the amount you receive is carefully measured. Once the infusion has been started it is usually required to keep running until your baby is born. The drip will reduce the opportunity for you to be mobile and prevent you from using a bath but you should still be able to try different positions if you feel able.

Throughout the induction process your midwife will ask you permission to monitor both your wellbeing and that of your baby at regular intervals. A cardiotocograph (CTG) will be performed to record your baby's heart rate before and after each stage of treatment, lasting a minimum of 30 minutes, to ensure there are no concerns. If your labour requires the use of a hormone drip, you midwife will ask permission to continuously monitor your baby's heart rate.

If you have any questions or concerns regarding the need for or the process of induction please talk to your midwife.

Water birth

Many women are attracted by the idea of labour/birth in water. Some people believe that labour is shorter, that women use less pain relief and the perineum stretches more easily so tears are reduced. None of these claims have been proved beyond doubt, but many women wish to use water to aid relaxation in labour and some wish to actually give birth in water. A major survey (Alderlice et al 1995) concluded there is no evidence that giving birth in water is less safe than on dry land.

Some of the reasons why you might be advised not to have a waterbirth or be advised to leave the pool during labour are if:

- Your pregnancy is less than 37 weeks
- Your baby seems very small for your dates
- You have had a Pethidine injection during labour
- You are a 'high risk' induction (e.g. raised blood pressure)
- There is meconium-stained amniotic fluid
- Your baby's heartbeat gives any cause for concern.

For the majority of women, however, it is quite safe to use water for labour and/or birth. If you decide you would like to use a water pool for labour, talk to your midwife. We will discuss pros and cons and give you time to ask questions, and express your preferences for your baby's birth. We hope that we can help you to have the kind of birth that suits you.

Use of portable waterbirth pool

We want you to enjoy your waterbirth. There are some important issues we would like to bring to your attention to ensure the best possible safety for everyone:

- If you are borrowing one of our pools for a home birth we ask you make arrangements to collect the pool from the maternity unit and return it after the birth. The midwives will discuss with you how to assemble and fill the pool. If you are setting up your own privately-hired pool in hospital, again you are responsible for transporting and assembling it.
- The pool will be very heavy when filled (maybe as much as 850kg). It is therefore best to place it on a ground floor if possible. It should be positioned away from electric sockets and leads where accidental spillage might be a hazard. It is helpful if there is reasonable all-round access to the pool.
- The pool should be within reach of a foul drain to meet with water by-laws. It is quite acceptable to put the outlet hose into a sink as this will drain to a suitable outlet.
- It takes a lot of hot water to fill a pool. So if planning a home birth think about the size of your water tank. It may be sensible to switch on the immersion heater when labour starts to ensure there is a continual hot water supply.
- It is sensible to protect carpets and soft furnishings in the immediate pool vicinity. Be aware, if polythene is used on the floor it can become slippery.
- It is your responsibility to ensure the pool is returned to the maternity unit (or your private supplier) in good condition.
- Please ensure it is transported carefully and kept as clean as possible for the next user. If it is necessary to keep the pool overnight before or after use, please do not allow animals or children to play near it.
- Please do not place the pool outdoors at any time.

Caesarean birth

There are many reasons for a planned (elective) caesarean birth. The obstetric doctor will have explained the reason why it is appropriate in your case. If you have any questions about the reason for the operation or the operation itself, please ask either the doctor or your midwife.

Anaesthetic

You may be given a spinal anaesthetic which means you will be awake, or a general anaesthetic which means you will be asleep. The choice of anaesthetic will be discussed with you. Generally, we recommend a spinal anaesthetic because:

- There are fewer medical risks
- You can see and hold your baby as soon as you have given birth
- Your partner can be present with you if you want
- Neither you nor your baby will have to recover from the effects of a general anaesthetic.

If you have any particular concerns, or if you have any back problems or a family history of anaesthetic problems, please tell your midwife. She will arrange for you to see an anaesthetist in the antenatal period.

Preparation on the ward

You will not be able to eat or drink for at least six hours before the operation. You will be given a tablet to reduce the amount of acid produced by your stomach. If you are admitted in the morning you may have a very light breakfast (for example tea and toast) when you get up, you can have clear fluid e.g. water and black tea or coffee until 10:00 in the morning and then nothing else until after the operation.

Occasionally, operations have to be cancelled or delayed if an emergency arises. If this does happen your operation will be rescheduled as soon as possible.

Preparation in theatre

A catheter (small tube) will be used to empty your bladder to prevent bladder damage. An intravenous infusion (drip) will be inserted in your arm for the administration of anaesthetic drugs. Some of your pubic hair will be shaved.

The operation

A screen is placed over your chest so you do not see the operation. Once the anaesthetic is working, the obstetrician will make a cut in your abdominal wall (tummy). Very soon your baby and afterbirth will be delivered through this cut. The obstetrician will then complete the operation which will take about an hour. Your baby will be given to you, as soon as possible, to cuddle as skin-to-skin contact is encouraged.

After the operation

Our aim is to keep you as comfortable as possible. You will be offered regular pain relief. However, if you are in pain, please let the midwife know. The catheter and drip will remain in place for about 12 to 24 hours depending on your progress. The abdominal wound will be covered with a small dressing. A midwife will remove the stitches/clips about five to seven days after the operation, if necessary. We will help you with feeding as soon as you and your baby are able.

Transfer to community maternity units

If you would like to transfer home or to your local community unit please discuss this with your midwife. If there are no complications you may be able to transfer after 24 hours.

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Listening to your baby's heartbeat in labour

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Pain relief in labour

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Waterbirth

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Notes

Contact telephone numbers

Princess Anne Wing Delivery Suite:	01225 824447 or 01225 824847
Trowbridge Community Midwives:	01225 765840 or 01225 711319
Chippenham Community Midwives:	01249 456434
Frome Community Midwives:	01373 454763
Paulton Community Midwives:	01761 412107
Bath Team Community Midwives	07872 696160

(8.30am-5 pm. Outside these hours, please call Princess Anne Wing Delivery Suite)

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