



Where to give birth?



Choosing where to have your baby

In Grampian women have a number of different birthplaces to choose from.

Whether this is your first or subsequent pregnancy, when the time comes for you to have your baby, you will want to be in a place where you feel relaxed, comfortable and secure. Where you have your baby will be an individual choice for you. This leaflet is designed to support discussions between you and your midwife/obstetrician.

Remember, it is your choice and you can change your mind at anytime during your pregnancy.

What are the options?

- ✓ Home Birth.
- ✓ Community Maternity Unit.
- ✓ Consultant-led Unit.



Community Maternity Units

Aberdeen and Peterhead have a Community Maternity Unit (CMU). These units provide 24 hour care for women who are pregnant, in labour and after birth. Women can be cared for by midwives, in familiar surroundings, who will support them to have a normal birth. Recent studies suggest that for women who are health and have had a straightforward pregnancy that CMUs are as safe as Consultant-led Units. Giving birth in a CMU means that you are less likely to have interventions and more likely to have a normal birth.

CMUs do not offer the same facilities as Consultant-led Units. For example there are no doctors, neonatal unit, operating theatres or epidurals. So, if you require these services you will need to be transferred to the Consultant-led Units in either Aberdeen or Elgin.

Consultant Units

Consultant-led Units are based in Aberdeen and Elgin and are primarily for women who have medical, pregnancy or birth complications. However, any woman can choose to give birth there. Consultant-led Units have direct access to medical care, neonatal care and operating theatres. Aberdeen is the only Consultant-led Unit with an epidural service.



What do I need to know?

Choices	Advantages	Disadvantages	Risk of transfer	References
Homebirth & CMU	CMUs are as safe as Consultant-led Units for women (and babies) who are healthy and have had an uncomplicated pregnancy. Homebirths are as safe as Consultant-led Units for women having their second or subsequent baby. More likely to have normal birth. Less likely to have interventions, such as episiotomy, forceps/ ventouse or caesarean seciton.	Women having their first baby are more likely (9.3 per 1000 births) to have a baby born in poor condition at home, compared to a Consultantled Unit (5.3 per 1000). No direct access to medical or neonatal care and operating theatres.	45% of women having their first baby at home transfer to a Consultant-led Unit. This is only 12% for women having their second or subsequent baby. One in three (36%) women having their first baby in a CMU transfer to a Consultant-led Unit and this is as low as 9% for women having their second or subsequent baby.	Birthplace Study (NPEU, 2011)
Consultant- led Unit	There is direct access to specialist services for women and babies. An epidural service is available. (Aberdeen Maternity Hospital only) If an emergency occurs, you have immediate access to medical care.	Women are more likely to have interventions and less likely to have a normal birth.		Birthplace Study (NPEU, 2011)



Continuity of Carer

If you have your baby at home or in a CMU, you are more likely to be cared for by a midwife you know, who will provide continuous support to you during labour and birth. Continuity of carer and one to one support during labour have been shown to have positive effects including reducing the risk of caesarean section and improving satisfaction with care.

If Problems Occur

If you decide to give birth at home or in a CMU, you can be assured that all midwives are trained to detect the signs of any problems and give emergency care to you or your baby in the rare event this is required. The rate of serious complications in childbirth is very low and most women transfer to Consultant-led Units for non-urgent reasons, such as long labours,

meconium stained liquor or they require an epidural. Transfers for these reasons can often be done by car. If urgent medical care is required this will be done by ambulance as you and your baby's safety are our top priority.

Postnatal Care

Wherever you choose to have your baby in Grampian, if you have a normal birth and both you and your baby are well, you can expect to go home within six to eight hours. If you have had some assistance to give birth (e.g. forceps or ventouse) you will be advised to remain in hospital for 12 to 24 hours and this will be 48 hours if you have had a caesarean section. Whenever you go home, you can expect to be supported primarily by the midwife who cared for you during pregnancy and other members of team, such as maternity care assistants.



What are your local birth choices?

Aberdeen Maternity Hospital

Labour Ward Aberdeen Maternity Hospital Foresterhill Cornhill Road Aberdeen AB25 2ZL

Tel: 01224 550575

Aberdeen Midwife Unit

Aberdeen Maternity Hospital Foresterhill Cornhill Road Aberdeen AB25 271

Tel: 01224 552777

Dr Gray's Maternity Unit – Ward 3

Dr Gray's Hospital West Road Elgin IV30 1SN

Tel: 01343 567220

Peterhead Maternity Unit

Peterhead Community Hospital

Links Terrace

Peterhead AB42 2XB

Tel: 01779 482445



Helpful Contacts

Home Birth Support Group www.homebirth.org.uk

National Childbirth Trust (NCT) www.nctpregnancyandbabycare.com

Association for the Improvements www.aims.org.uk

in the Maternity Service (AIMS)

Birth Choices UK www.birthchoiceuk.com

Vaginal Birth after Caesarean (VBAC) www.vbac.com

Fatherhood Institute www.fatherhoodinstitute.org/

Active Birth www.activebirthcentre.com

Supervisor of Midwives Grampian

A Supervisor of Midwives ensures the safety of you and your baby and makes sure your care is of a high standard. They are experienced midwives who have extra training so they can support, guide and supervise other midwives. If you wish to make contact, you should phone your local maternity unit and ask to be put in touch with a Supervisor of Midwives.

www.midwifery supervision-nosls a.s cot.nhs.uk





References

- 1. NICE (2007) Intrapartum Care: Care of health women and their babies during childbirth. RCOG Press, London.
- 2. Hodnett ED, Downe S, Walsh D. Alternative versus conventional institutional settings for birth. Cochrane Database of Systematic Reviews 2012, Issue 8. Art. No.: CD000012. DOI: 10.1002/14651858.CD000012.pub4.
- 3. Hatem M, Sandall J, Devane D, Soltani H, Gates S. Midwife-led versus other models of care for childbearing women. Cochrane Database of Systematic Reviews 2008, Issue 4. Art. No.: CD004667. DOI: 10.1002/14651858.CD004667.pub2.
- 4. Hollowell et al (2011) and Hodnett (2012) & NICE (2007)
- 5. Hollowell J, Puddicombe D, Rowe R, Linsell L, Hardy P, Stewart, M, et al. The Birthplace national prospective cohort study: perinatal and maternal outcomes by planned place of birth. Birthplace in England research programme. Final report part 4. NIHR Service Delivery and Organisation programme; 2011.

Reproduced by service users and NHS Grampian with kind permission from The Birth Place Choices Project Southampton University Hospital's Trust. Funded by the Women's Fund for Scotland





This publication is also available in large print and on computer disk. Other formats and languages can be supplied on request. Please call Equality and Diversity on 01224 551116 or 552245 or email grampian@nhs.net

Ask for publication CGD 130235