



NHS



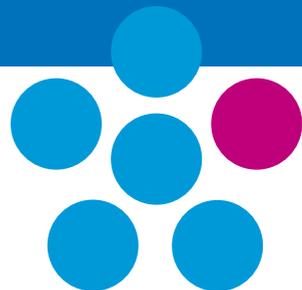
Your pregnancy. Your choice.

Helping you decide where you want your care

Having a baby is a huge moment in a woman's life. Your local NHS wants to make sure you get the birth you want, in the place you want, whenever possible.

This leaflet summarises the main options available and will help you decide which you prefer.

Your midwife will discuss your medical history and any previous births with you, as this may affect your options.



NHS West Kent Clinical Commissioning Group, NHS High Weald Lewes Havens Clinical Commissioning Group, and Maidstone and Tunbridge Wells NHS Trust have come together to support you and your family and make sure you are able to make a decision which is right for you.



Before your baby is due (antenatal)

Every woman is entitled to antenatal care. If you have a complicated pregnancy, you may need more appointments or tests.

Tick these boxes as you go through your pregnancy to show the care you have received.

- 7 to 10 appointments with your midwife or obstetrician (a doctor who specialises in birth).
- Blood tests to identify your blood group and check for various illnesses or genetic blood disorders. These include HIV, syphilis, hepatitis B, anaemia (low iron), sickle cell and thalassaemia.
- Ultrasound scan (when you are 11 to 14 weeks pregnant) to check how far along you are in your pregnancy. This scan can be combined with blood tests to screen for genetic conditions including Down's, Edwards' and Patau syndrome. If a problem is detected, you will be offered a chance to discuss the implications.
- Ultrasound anomaly scan (18 to 20 weeks) to check whether your baby is developing normally.
- You will be offered the opportunity to meet your health visitor before you have your baby.
- Whooping cough vaccine. This can be given from 16 to 32 weeks (or later if missed), but it is usually given around 20 weeks.
- Carbon monoxide (CO) screening at booking, 16 weeks and once in the last three months of your pregnancy.
- Flu vaccination. This is given during the flu season, as soon as possible after the vaccine becomes available (usually September), but may be given up until the end of March.
- At booking your midwife will give you information on breastfeeding and have a conversation with you about it during your pregnancy.
- At booking your midwife will calculate your BMI, which shows if you are a healthy weight for your height. This may be repeated later in your pregnancy as necessary.

Labour

- Labour and birth at your chosen birth place – this leaflet will help you decide.

My birthplace choices

Birth at home or in a midwife-led unit is recommended for women who have a straightforward pregnancy and no complications.

Birth in a delivery suite is recommended for women with health conditions or known problems with their babies, but this may not be the ideal environment for all women.



Home birth



Home births are a popular choice for some women. They are suitable for women who have an uncomplicated pregnancy and want to give birth in familiar surroundings with support from midwives.

The 2011 'Birth Place in England Study' focused in particular on birth outcomes in healthy women with straightforward pregnancies who are at 'low risk' of complications. Research showed:

- For second and subsequent babies, home births are just as safe as hospital births for the baby and the mother, because her chances of needing a caesarean section or other medical assistance are much lower. (For example, the risk of having a caesarean birth is four times less than in hospital).

Reasons to consider

- You want to make the most of your chances of a straightforward birth and of avoiding medical interventions.
- You have given birth before and have no complicating factors in this pregnancy. If you are a first-time mother you

- For women expecting their first baby, birth at home seems to slightly increase the chance of problems though the overall risks are low.

If you've been told you're at higher risk of complications, your midwife or doctor is likely to advise against a home birth, but it's still your choice, so it is worth discussing your options with them.

If there is a problem during labour, you will be transferred to hospital, with your midwife. Just under half of all first-time mothers transfer from home to hospital during or after labour. Only around one in ten women require a transfer who have given birth before.

Available support in labour:

- Birth pool
- Gas and air
- TENS machine (pain relief involving the use of a mild electrical current)

Find out more about home birth at www.which.co.uk/birth-choice/environments/home-birth

may still want to choose a home birth but should be aware of the slightly increased risk for the baby.

- You would like to have more of a chance to form a relationship with your midwives before labour.

Birth centre



Birth centres are staffed by midwives and are particularly suitable for all women with straightforward pregnancies, including first-time mothers. The emphasis at any birth centre is on creating a calm 'home-from-home' environment, which helps labour to progress better. Birth pools are available and encouraged.

Care in a birth centre in the UK is only offered to women who will be at low risk of complications during labour, as there are no doctors within the birth centre. However, depending on individual circumstances, it is sometimes possible for 'high risk' women to agree a care plan that enables them to give birth at a birth centre. There are two types of birth centres:

1 Freestanding birth centre

Situated away from a main labour ward, often in a small community hospital or purpose built building. They may also be called stand-alone birth centres.

- Maidstone Birth Centre
- Eastbourne Midwifery Unit
- Crowborough Birthing Centre

2 Alongside birth centre

Located at a hospital which also has a labour ward. This may also be called a co-located birth centre. These are at:

- Darent Valley Hospital, Dartford
- Medway Maritime Hospital, Gillingham
- Princess Royal Hospital, Bromley
- Queen Elizabeth the Queen Mother Hospital, Margate
- William Harvey Hospital, Ashford

In the 2011 'Birth Place in England Study', research showed:

- For first time mums, 64 per cent do not need to transfer to a delivery suite from a freestanding centre and 60 per cent will not transfer from an alongside birth centre.
- For women having a second or subsequent baby, 91 per cent will not need to transfer to a delivery suite from a freestanding centre and 87 per cent will not transfer from an alongside centre.

- If you are having a straightforward pregnancy, birth centres are just as safe for babies as hospital delivery suites, and significantly safer for the mother, because her chance of needing a caesarean section and other medical interventions is much lower. For example, first-time mothers who start their labour in the birth centre are 50 per cent less likely to have a caesarean birth.
- This applies even if the mother transfers from the birth centre to a hospital during labour.

If a problem occurs during labour, the mother will be transferred to a hospital delivery suite, accompanied by her midwife.

Available support in labour:

- Birth pool
- Gas and air
- TENS machine (pain relief involving the use of a mild electrical current)
- Pethidine or similar pain relief

Find out more about birth centres at www.which.co.uk/birth-choice/environments/birth-centre

Reasons to consider

- You want to give birth in a homely environment.
- You want to be able to use water / have a water birth.
- Additional support from midwives in smaller units
- Opportunity for partners to be more involved by being able to stay.
- You want to make the most of your chances of a straightforward birth and avoid medical intervention.



Hospital birth



Women who have any complicating factors which might reduce the chances of a straightforward labour will be advised to have their baby in hospital, where doctors are available to help if needed. This will be discussed throughout your pregnancy.

You will have your own room to give birth in. Delivery suites are found in:

- Conquest Hospital, Hastings
- Darent Valley Hospital, Dartford
- Medway Maritime Hospital, Gillingham
- Princess Royal Hospital, Haywards Heath

- Queen Elizabeth the Queen Mother Hospital, Margate
- Royal Sussex County Hospital, Brighton
- Tunbridge Wells Hospital
- William Harvey Hospital, Ashford

Available support in labour:

- Birth pool
- Gas and air
- TENS machine (pain relief involving the use of a mild electrical current)
- Pethidine or similar pain relief
- Epidural (pain relief anaesthesia)

Find out more about labour wards at www.which.co.uk/birth-choice/environments/labour-ward

Reasons to consider

- You have complicating factors which mean that the birth is less likely to be straightforward.
- You are planning a caesarean birth, or think one is likely to be needed.
- You think you are likely to want to have an epidural for pain relief.
- You know that your baby is likely to need special care immediately after birth.
- Opportunity for partners to be more involved by being able to stay.

Some birth centres or hospital delivery suites may offer complementary therapies to support you in labour. These include acupuncture, sterile water injections, reflexology, hypnobirthing (available privately), or aromatherapy. You will need to make enquiries at your chosen facility as to what is on offer and whether there is an additional charge.



After your baby is born (postnatal)

- Newborn examination within the first 72 hours after birth.
- Postnatal care – carried out by your community midwife. This may be in your home or in a clinic setting according to your needs.
- Newborn hearing screening.
- Baby's blood spot screening – a small sample of blood usually taken by a member of your community midwifery team to check for some possible genetic problems (around day five).
- Feeding support for you – this may be provided by midwives, maternity support workers or health visitors.
- Vitamin K by injection or oral supplement for your baby.

Spending as much time skin-to-skin with your baby after birth will help you and your baby to develop a close, loving relationship. It will also help your baby to develop and grow.

Breastfeeding

Your breast milk is perfectly designed for your baby and provides protection from infections and diseases. Breastfeeding provides health benefits for you and also allows for a strong,

emotional bond to build between you and your baby. There is also evidence of long-term health benefits to babies from breastfeeding.



Supporting your pregnancy

You and your health

Being healthy is the best start to pregnancy for you and your child. Preparing for pregnancy can focus attention on health, such as eating a healthy balanced diet, losing excess weight, and avoiding risks from smoking, alcohol and drug use. Ensuring the best care for long-term physical and mental health conditions is also important for a healthy pregnancy.

Healthy weight in pregnancy

Maintaining a healthy weight in pregnancy will benefit you and your baby. Women who are overweight or obese have an increased risk of developing complications during pregnancy and childbirth. These include gestational diabetes, pre-eclampsia, difficulty in monitoring your baby's heart rate and an increase in heavy bleeding and blood clots in your legs (DVT) following birth. Your midwife can talk to you in detail about these and other complications.

For women who are a healthy weight, a weight gain of 1¾ - 2¼ stone (10 - 13kg) during pregnancy is normal. For women already

overweight when they become pregnant, it is possible, and wise, to gain little or no weight at all during pregnancy.

Your Body Mass Index (BMI) is a useful way to find out if you are a healthy weight for your height. Your BMI will be calculated by your midwife.

Because there is an increased risk of complications if you are overweight your midwife/doctor will discuss with you further tests and monitoring that might be needed. They may recommend a glucose tolerance test to rule out gestational diabetes.

For some women extra scans are needed to assess whether baby is growing as expected. Your midwife or doctor may recommend you have your baby in hospital. Pregnant overweight women are also at an increased risk of caesarean section and other complications that may require epidural/spinal anaesthesia. Therefore, your midwife/doctor may refer you to see an anaesthetist during pregnancy.

Health benefits of preventing weight gain

Losing weight in pregnancy is not recommended. It is more realistic to aim to maintain your weight and look towards losing weight afterwards. There are many health benefits to maintaining a healthy weight throughout life – reducing the risk of heart disease, diabetes and some cancers. By maintaining a healthy weight you reduce the risk of your children being obese, thus protecting them from disease.



Healthy eating in pregnancy

Healthy eating in pregnancy is no different from at any other time in your life. It simply means eating foods from the five main food groups and choosing them in the appropriate quantities. Your midwife can help you with these choices and we have specialist healthy weight clinics that you could be referred to.

Exercise in pregnancy

Everyone should be doing some physical activity as part of a healthy lifestyle; this is also true for women during pregnancy.

If you were already active before pregnancy, aim to maintain this level. You may find that as your pregnancy progresses, you may be naturally able to do less. Speak to your gym or fitness instructor. It is important they know you are pregnant so they adapt exercises for you. While getting fitter is an excellent way to improve your health, you should not aim to reach your peak physical fitness nor train for athletic competition during pregnancy.

When pregnant and exercising it is helpful to remember:

- Exercising during pregnancy is safe for most women and for their developing baby and has many health benefits, including weight control, reduced stress and depression, reduced risk of developing gestational diabetes.
- Be careful with activities which require balance, such as cycling, horse riding or skiing; there is potential to fall and cause trauma to you and the baby.
- Your joints are more lax which increases the potential for injury, so be careful not to over extend your joints.
- As your pregnancy progresses you may find it easier to exercise in water; aqua natal classes are available in local leisure centres.



If you are unsure about what exercise you can do safely or if you are extremely overweight or unfit, then see your doctor before you start an exercise routine.



For pregnant women new to exercise it is best to:

- Start with simple and easy activities
- Rest if out of breath, then resume activity when breathing returns to normal
- Get advice on suitable supportive footwear.

As well as doing more formal exercise, aim to be more active in your daily life. You may want to try some the following:

- Use the stairs instead of the lift or escalator
- Be more rigorous with the housework
- Get off the bus or tube one or two stops early so that you can walk the rest of the way. Increase the distance and speed you walk as you get fitter.

Please stop or do not start exercise and consult your midwife or doctor if any of the following occur:

- Excessive shortness of breath or dizziness
- Chest pain, pelvic girdle pain, or abdominal pain
- Vaginal bleeding or painful uterine contractions
- Calf pain or swelling
- Reduced baby movements

Using this information will help you to maintain a healthy weight in pregnancy and may help you avoid the complications associated with obesity in pregnancy.

How can giving up smoking improve your health and the health of your baby?

It's never too late to give up smoking and protect your baby from the dangers of smoking. It is very important that you understand the risks, so that you can make an informed decision.

Smoking increases the risk of complications during pregnancy

This includes the risk of:

- Infection to your baby
- Miscarriage and stillbirth
- Your waters breaking early which in turn can lead to infections that can harm the baby
- Your baby being born too early when they are not fully developed
- Bleeding in pregnancy which can lead to additional problems for you and your baby
- High blood pressure
- Your baby being born underweight, underdeveloped having not received enough oxygen in the womb (this can also lead to many more complications later in life)
- Cot death.



How does smoking affect unborn babies?

When you breathe in smoke you are putting over 7,000 chemicals into your body, many of which are toxic and will travel across the placenta to your baby. Two of the most dangerous components of cigarettes are tar and carbon monoxide, which is a poisonous gas. These chemicals damage your unborn baby and can cause a wide range of health problems over time.



What effect does second-hand smoke have on babies and children?

Second-hand smoke can cause:

- Wheezing and coughing
- Asthma
- Ear infections and glue ear, which can lead to partial deafness
- Cot death
- Meningitis.

What can you do if your partner or friends and family smoke?

If anyone smokes near you, you will be exposed to second-hand smoke, this is dangerous as the harmful gases and chemicals can

go into your body and cross the placenta to your baby. Babies and children should always be in a smoke-free atmosphere. Make sure if someone wants to smoke in your home, you ask them to go outside and then not to handle your baby or toddler for a minimum of two hours. We also recommend that they wear an outdoor coat that can be removed when returning into the house to reduce the effects of third-hand smoke.

Giving up smoking is one of the best things you can do for yourself and your family's health. Your local stop smoking service is run by professionals who are specifically trained to support pregnant women and offer a non-judgemental approach to helping you quit.



Ways of maintaining your physical and psychological wellbeing in pregnancy:

- Eating a healthy, balanced diet.
 - Taking time out for yourself – doing something you enjoy.
 - Talking to someone about how you are feeling.
 - Gentle, daily exercises.
 - Asking for practical help such as with childcare or shopping.
 - Trying to get plenty of rest.
 - Meeting other pregnant women at local groups/activities; ask your midwife or Children's Centre what's on locally.
 - Drinking alcohol or smoking can seriously harm your baby.
- They are not effective ways of reducing stress. Alcohol can lower your mood and smoking will make you feel more stressed. Speak to your midwife about ways to give up smoking.
- Many women experience periods of feeling low, which is absolutely normal. Speak to your midwife as they can signpost you to local services and look at the services listed in this booklet.
 - If you begin your pregnancy needing healthy weight support you will be offered this from a specially trained midwife.



Local support services

Health improvement services such as stop smoking services

Kent:

- **One You Kent**

www.kent.gov.uk/social-care-and-health/health/one-you-kent

East Sussex:

- **Stop Smoking Service**

www.quit51.co.uk

Parent education may be available through your NHS Trust or private providers – please ask your midwife.

Breastfeeding support

- **Breastfeeding support in Kent**

www.kentbabymatters.org

- **Breastfeeding help and support on NHS Choices**

www.nhs.uk/Conditions/pregnancy-and-baby

- **Infant feeding – Maidstone and Tunbridge Wells NHS Trust**

www.mtw.nhs.uk/service/maternity/you-and-your-baby-after-birth/infant-feeding

- **Start4Life breastfeeding support**

www.nhs.uk/start4life/breastfeeding

- **NCT feeding advice**

www.nct.org.uk/parenting/feeding

- **La Leche League breastfeeding support**

www.laleche.org.uk

Mental health support

Pregnancy and childbirth are big life-changing events and can bring about many emotional and psychological changes. Most women will experience positive mental health in pregnancy and following delivery. However, some women will develop commonly experienced mental health problems, such as anxiety and depression. Your midwife will ask you questions about your mental as well as physical health in order to ensure you receive appropriate care and support.

- **Tommy's provides pregnancy health information to parents**

www.tommys.org/pregnancy-information/im-pregnant/mental-wellbeing

- **Association for Post Natal Illness provide support to mothers suffering from post-natal illness**

www.apni.org

- **Pandas Foundation – Pre and post-natal depression advice and support**

www.pandasfoundation.org.uk

- **Addaction supports adults, children, young adults and older people to make positive behavioural changes**

www.addaction.org.uk/

NHS counselling and therapy in Kent and East Sussex

- **Live Well Kent** can help you improve your mental health and wellbeing.

Visit the website to find lots of information about opportunities, including talking therapies, or phone 0800 567 7699.

<https://livewellkent.org.uk>

- **Sussex Health in Mind is a free NHS service for anyone in East Sussex experiencing emotional or psychological difficulties such as stress, anxiety and depression**

www.sussexpartnership.nhs.uk/service-health-mind

Talking therapy is an effective and drug-free intervention. Therapies are available for free and by self-referral – details on the website.



More information and useful websites for your pregnancy

- **Which? guide to birth choices**
www.which.co.uk/birth-choice
- **The Birthplace in England Research Programme**
www.npeu.ox.ac.uk/birthplace
- **The Kent Health Visiting Service**
www.kentcht.nhs.uk/service/health-visiting-service/
- **NHS Choices pregnancy and baby guide**
www.nhs.uk/conditions/pregnancy-and-baby/pages/pregnancy-and-baby-care.aspx
- **The East Sussex Health Visiting Service**
www.esh.nhs.uk/health-visiting/
- **Baby Buddy app**
www.bestbeginnings.org.uk/about-baby-buddy
- **Positive Birth Movement antenatal groups**
www.positivebirthmovement.org/



What is important to me during my pregnancy?

What is important to me after my baby is born?

What is important to me for my baby's birth?

Please note down any questions you have for your midwife.

Produced by NHS West Kent Clinical Commissioning Group,
NHS High Weald Lewes Havens Clinical Commissioning Group,
and Maidstone and Tunbridge Wells NHS Trust.

This information can be made available in alternative formats,
such as easy read or large print, and may be available in alternative
languages, upon request. Please contact westkent.ccg@nhs.net or
phone 01732 375200

January 2018