

Chapter 11

Where to Give Birth

Choosing where to have your baby can feel like the most important decision in your pregnancy. I hope that by now you've realized that the four walls around you when you give birth are only a small part of having a birth that feels right for you.

But finding a location that gives you the best chance of having the birth you want is certainly something to consider. It's also a decision that other people tend to have very strong views about. Your most useful tool for this bit may be a pair of fingers firmly jammed in your ears when your sister/mother/friend or in-law tells you what to do. Your birth, your choice, end of discussion!

I loved being at home for both my labours. Despite being a doctor's daughter and initially planning to be in hospital and have an epidural, I'd found going to hospital in pregnancy stressed me out, so I decided to avoid it if all was straightforward. For me it was great not to have to worry about when to go into hospital, or disrupt the flow of my labour with a journey. I liked using my own bath and having my possessions around me, and my husband felt more relaxed at home too. Many women I've worked with have felt happier choosing a birth centre or hospital set-up, and feel more relaxed and confident outside of the home. In this chapter we'll look at all the options, so you can make your own mind up.

The basics

Wherever you live in the UK you should be able to choose between giving birth in hospital, a birth centre within a hospital, a stand-alone birth centre, or in your own home. If you know what you want, and what the implications of that choice are in your specific circumstances, and are comfortable with those risks and benefits, you should be able to give birth in any location. In practice it can be harder to get support for a birth place of choice if you are having a more complex pregnancy and want to give birth at home or in a birth centre, or if you want to give birth by caesarean section but don't have a medical reason for this. You can get support for these choices and will find the guides to your rights and decision-making in this book particularly useful if you are in this situation.

Around the world this varies, from country to country and also from region to region. In Australia, women living in big cities should be able to choose between a hospital or birth centre birth, and many will be able to choose a home birth depending on the insurance restrictions at the time. If you live in a more remote part of Australia your options may be more limited, but you can use all the tools in the tips from the previous 2 chapters wherever you give birth.

Your midwife = your new BFF

The data doesn't lie – women who have the same midwife, or small team of midwives, caring for them in pregnancy and in birth have happier, healthier pregnancies and better births. There's a big focus on changing maternity systems to make

this more common so, if you'd like to benefit from continuity of carer, ask your friends, online, your GP and your midwife to discover what's available near you.

In general you have the best chance of getting booked in with a midwife or small team who will follow you through your pregnancy if you are particularly vulnerable because of mental health issues, domestic circumstances or anxiety about the pregnancy or birth, or if you are planning a home birth.

Hospital birth



Amy had her first babies in hospital:

'When I found out I was pregnant with twins I assumed that the active birth I was hoping for would be out of the question. But we asked for a meeting with the consultant midwife and our doctor and discovered I could be active and use water as long as we understood the risks as well as the benefits. They also made it clear it was completely up to us, so we could have gone down the caesarean route if we'd wanted.

At 38 weeks my waters started leaking and after 24 hours of not much happening I had a pessary induction (see page 250 for details). By that afternoon things were moving and we went into our labour room, where we set up our aromatherapy and music. I kept active and I was dilating, but late in the night the team was concerned that it was moving much more slowly than they'd like so they

recommended we had a drip induction, which brings on full labour very quickly.

They explained that I could have an epidural that I could top up myself so I could decide how much pain relief I needed so I could stay mobile, so we went with this. I jacked the epidural up and rested for a few hours while the induction started working, then by the afternoon I was ready to start pushing so reduced it.

We tried a few positions and pushed for a few hours – the midwives were very encouraging, and we got to a stage where you could just feel the first baby’s head, but then things stuck there and the doctors were called in. They moved us into the theatre and my heart sank slightly, but the theatre team were actually the most encouraging and inspirational bit of the whole experience. The doctors made it really clear that I was going to keep pushing the babies out, and they’d be there to help only if it was needed, which turned out to be just a very neat cut and use of a small ventouse cup (see page 240 for information on assisted births).

The midwife who’d been with us the night before came back on shift, and she led the cheerleading with Andy as I continued pushing. And then suddenly Joshua was out and immediately screaming which was the most amazing sound in the entire world.

Within half an hour I was pushing again and 37 minutes after Joshua was born, Isaac came out and was just as noisy as his brother.’

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The vast majority of women in the UK give birth on an obstetrician-led labour ward. On the labour ward you will have access to all the medical pain relief options, and will be close to operating theatres and neonatal support should your baby need help. The ward will be run by a consultant obstetrician, who will have a team of more junior doctors working with them. Depending on how things are going, you might not even meet a doctor but are most likely to see them during their twice-daily ward rounds. You will also have a midwife, who is the person you will spend most time with during labour, and who may actually be there to guide you through the birth.

Hospital settings are particularly good if you are having a more complicated pregnancy, are sure that you want access to an epidural, or if a hospital environment makes you feel safer and more confident. If you start in another place and develop complications you'll be offered a transfer to the labour ward. And if you decide you'd like an epidural, but are in a setting where they aren't provided, you can be transferred to the nearest labour ward to get one.

There's a current drive to encourage women to consider out-of-hospital birth settings like birth centres and home births. Coming so quickly on the tail of the drive 50 years ago to persuade women to stop giving birth at home, it's not surprising that many of us feel that hospital is the logical and safest place to give birth and feel a bit anxious about this new focus. After all, hospital is where most women currently give birth and where we are used to seeing it take place on TV.

Pros:

- You will have care from a consultant if you need one.

- No chance of needing to transfer anywhere in labour.
- You might feel more relaxed and confident in a clinical setting.
- You will have access to the full range of pain relief drugs including an epidural.
- Staff will be more accustomed to complicated pregnancies and births.

Cons:

- Significantly higher rate of unnecessary intervention.
- Women report lowest levels of satisfaction, respectful care and higher levels of pain in hospital.
- Midwife may be caring for more than one woman.
- Postnatal wards are one of the most overstretched areas in maternity care. Women sometimes have negative experiences on them.

Birth centres/midwife led units

Sarah had her first baby in a local birth centre:



‘I really enjoyed being pregnant, read as much as I could and was weirdly looking forward to the birth rather than feeling like it was an ordeal that I was dreading.

I wanted to go to the birth centre because of friends who’d had positive experiences there. This wasn’t completely straightforward as I had antibodies

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in my blood that could potentially harm my baby, which meant that I was classified as 'high risk'. Luckily my consultant was fantastic so we met with the head midwife and it was signed off as long as there was the right blood on standby and certain tests were carried out on the baby.

It all kicked off one morning, a week before my due date. It dawned on me that those stomach cramps I'd had all morning really weren't shifting.

I lay there wondering could this be it? When you haven't given birth before how are you meant to know when you are in labour? But the regularity of these pains eventually persuaded me to call my husband Will and suggest that he might have to come home.

I went to the toilet and there was the show, confirming my suspicions. I giddily ran a bath and put on some hypnobirthing scripts, dealing with the now more frequent contractions as best I could. The water felt good, which boded well for the hospital pool I had been obsessing over. Between contractions I somehow got dressed and even put on a playlist of favourite songs I had compiled for the birth.

Will eventually arrived home and I called him over to push against as the contractions hit. We decided to leave at 6 p.m. and on arrival I doubled up outside the front of the hospital and again in the lift as the contractions became intolerable.

We were led through to one of the birth centre rooms. A trainee male midwife took me through and could see I was in quite a lot of pain so offered me gas and air straight away. I consented to an examination which found I was already 8cm dilated. Thrilled that I hadn't arrived too early – just in the nick of time more like – and a bit high on the gas and air, I flexed my arm like a muscle emoji at Will before yelling, "Get me in that pool!" It was such a relief to be in there.

What followed is all a bit of a blur. I found it so carnal and primeval. I definitely had a wobble and said I couldn't do it but didn't ask for any other pain relief. For a change of mood I suggested that we put on the mix a DJ had played at our wedding. Will was amazing, massaging my shoulders, handing me drinks and oils, and reassuring me throughout. At one point he asked how it compared to running a marathon. "This is much worse."

Finally, less than 3 hours after we arrived at the birth centre, our baby emerged out of me into the water and was lifted out, taking its first ever breath on this planet before being placed in my arms. It took about an hour for the placenta to come out naturally and I needed a couple of stitches. I found all of this fairly unpleasant and was keen to speed things up, as I just wanted to enjoy this small creature that I was going to spend the rest of my life with. But Will encouraged me not to be the one to divert from the birth plan, for which I am very grateful.

Suddenly we were three, eating tea and toast in bed together and discovering breastfeeding for the first time. The birth centre was empty that night apart from us, and so we were able to stay in the room where Joni was born, suspending our experience of her entry into the world for a little longer. She and Will slept well. I could barely close my eyes. Fundamentally changed by what had just happened and, unknowingly so, by what was yet to come.’

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Many areas have a birth centre within the hospital and may also have separate birth centres on a different site. Birth centres are run entirely by midwives, so any more serious complications will require a transfer. They are designed to be the perfect venue to encourage your birth hormones to work (see page 164) and are designed for women having straightforward pregnancies, though some birth centres do look after women with more complex pregnancies.

Pros:

- More flexible policies on birth partners and visiting older children.
- Greater chance of a dedicated midwife.
- Lower chance of needing intervention.
- More likely to have use of birth pool.
- Better set up for active birth and often a larger, newer, nicer room.
- You may feel more relaxed and confident in a less formal setting.
- Your partner may be able to stay with you overnight after the birth. Many centres have double beds.

- Women report higher satisfaction levels, more respectful care and report lower pain in birth centres.

Cons:

- No access to epidural.
- Some areas are very strict with the criteria for birth centres, meaning it can be hard to get into one.
- Further away from the operating theatre and neonatal unit (no evidence this impacts on safety) – though some birth centres are sometimes simply at the other end of the corridor from the labour ward.

Home birth



Katie: ‘We woke up on Monday morning feeling pretty resigned to the fact that I would be induced the following day at 42 weeks, but then my cramps started to become a little bit regular. We realized that they were coming around every 10 minutes. After speaking to our reassuring doula we went for a walk with our dog, stopping quite regularly for me to have another “cramp” and lean on Ollie.

When we got home the contractions were still coming regularly, but Ollie still managed to cook sausage, mash and cabbage, which we ate at the dining table with a glass of red wine.

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Fairly soon we realized the contractions were coming every 5 minutes, so Ollie asked our doula to come round and notified the midwife on call.

I wasn't handling the contractions particularly well and they were making me feel a bit panicky. I found being on all fours the most comfortable position during contractions, and sat and bounced on the birthing ball between them. Our doula helped me establish a breathing pattern and noise to help cope better. Ollie helped relieve the pain of the contractions by talking me through visualizing a walk we had done in Devon on one of our favourite holidays. Step by step we walked up the hill, through the gorse, past the rocky corner up to the grassy top where we could see the sea.

The midwife arrived, unpacked and carried out some checks including my blood pressure and the baby's heartbeat, which were both fine. I wanted to get in the pool, but as I was 3cm dilated the midwife suggested we wait. I remember yelling "I can't do this" quite a few times!

At around 10 p.m. I had reached 5cm so we made the journey downstairs and I got in the pool. It was incredibly soothing to be in the water and also to be kneeling and leaning on a nice squishy surface rather than the carpet or bed cover. After lots of extremely fierce contractions where I was feeling the urge to push quite strongly, the midwife asked me to get out

to be examined again. I was fully dilated after less than 2 hours in the pool.

I got back on all fours on the living-room rug. I tried sitting on a bucket which really helped the baby come down but intensified the pain. Somewhere in my mind I recognized that gravity was really going to help me out, so I actually got up from the bucket and stood upright. Ollie sat on the sofa and I leaned on his thighs. With each contraction, I squatted a little bit.

We managed to see the baby's head in a mirror. What an extraordinary sight! It helped me focus though, and with the next contraction, he was passed between my legs.'

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Different areas run home birth services in different ways. Some rely on a large team of community midwives on a rota to attend to women in labour at home. Others have a smaller, dedicated home birth team, giving you a good chance of seeing the same midwife throughout pregnancy and having her (or one of her colleagues who you may well have met) for your labour.

Pros:

- No restrictions on partners or visiting hours.
- You have 2 midwives dedicated to you.
- Only 10 per cent chance of needing intervention.
- Guaranteed use of birth pool.

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- You and your partner may feel more relaxed and confident in your own home.
- All the comforts of home, and you can be tucked up in your own bed afterwards and eat whatever you like.
- Women report highest satisfaction levels, most respectful care and report lower pain at home.

Cons:

- No access to epidural or pethidine.
- Some areas have a patchy service and you might have to go in to hospital on the day.
- Further away from operating theatre and neonatal care (though evidence suggests this doesn't impact on safety).
- Some women feel safer in hospital.

The evidence about interventions and safety

In England we have some really high-quality evidence on the safety of different birth settings, and, though set-ups are slightly different across the UK, it's a useful guide wherever you live. The Birthplace in England study (2011) looked at 70,000 low-risk women who gave birth. It was conducted by Oxford University and is one of the biggest and most robust studies on the topic ever done. Here are the results:

- Between 4 and 5 in every 10 women who started their labour in a hospital labour ward ended up with a significant intervention such as an assisted birth or a caesarean (see pages 240 and 232).

- For women who planned to use a birth centre, that rate of intervention dramatically dropped to around 2 in every 10 women.
- One woman out of every 10 who planned a home birth ended up with a significant intervention (after a transfer to hospital).

Based on this evidence, women having straightforward pregnancies and those keen to avoid intervention unless it is necessary are often advised to consider giving birth away from a hospital.

This study also looked at the safety of the baby in each setting. **For all babies, wherever they were born, birth in England was found to be very safe.** Rates of stillbirth and very serious injury were so low that the researchers decided to look at a wider category of ‘serious outcomes’. These included serious and tragic events such as stillbirth or death of the baby, potentially life-threatening complications resulting in long-term disability, and less severe conditions which may require treatment (perhaps in a neonatal unit) but which may not necessarily result in any long-term problems for the baby. Collectively, and on average, only 4 babies in every 1,000 births had one of these complications.

For second-time, or more, mothers, labour ward, birth centre and home birth were found to be almost identical in terms of safety.

For first-time mothers, the baby was equally safe in all settings apart from a small increase in the risk of a serious poor outcome at home births. That increased risk is equivalent to 4 additional babies in every 1,000 having a serious outcome among first-time mothers who plan a home birth.

Transferring in labour

If you plan to give birth in a birth centre or at home it's important to know that there's a chance you might want to transfer to hospital during your labour. This transfer is usually made by ambulance. If it is your first baby, there's a much higher chance of needing to transfer (between 3 and 5 out of every 10 women will transfer), but this is much lower for subsequent babies (around 1 in every 10 women). Transfers are usually for non-emergency reasons like a labour progressing slowly or wanting an epidural, but many women want to know how long a transfer will take in an emergency situation. Your midwife will be able to give you this information.

Elective caesarean sections

Charlotte had her third baby via a 'skin-to-skin' caesarean section – also called a 'natural caesarean' or 'family-centred caesarean'. The procedure isn't widely available on the NHS, though elements of it may be able to be replicated if you talk to your obstetrician in advance. Any baby born by caesarean section, and who doesn't need immediate help from the paediatric team, should have immediate skin-to-skin if you want to.

“ ‘I'd had my first 2 children at this hospital by C-section and had often wondered what it would be like to actually hold your baby before it is whisked off to be weighed. While I was eternally grateful for 2 healthy

children who may well never have made it into this world without the grace of medical advances, I still wondered about it. So I was really interested in taking part in a trial of 'skin-to-skin' caesareans happening at the hospital.

The atmosphere in theatre was one of eager anticipation, and despite the familiar array of catheters, scalpels and needles to administer the spinal epidural, I found myself grinning with excitement. My husband is next to me and all goes according to plan. The spinal being administered is a bit nerve-racking but not exactly painful and then it takes about 5 minutes of really bizarre-feeling rummaging until my son's head and then body slowly starts to emerge. He pushes and squeezes his way out into the world, clearing his own lungs, as he would have done during a vaginal birth.

Then, once the screen between us has been lowered, he is placed on my chest with his cord still attached – still covered in mucus. While my other children had screamed for minutes on end after first emerging, he immediately calms.

As a mother of 3 I've been buoyed by the memory of watching my child emerge, triumphantly, into the theatre like a small, warm and very hairy statue of liberty. Not to mention the sense of fulfilment at being the first one to welcome him, soothe and protect him from the throbbing noise and bright lights of the outside world.'

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Around a quarter of births now happen by caesarean section in the UK and rates have been steadily rising over the past few decades. For some women, the level of control and ability to plan their baby's birth that a caesarean section offers means that they are keen to have this option whether or not there is a medical reason.

Caesarean risks and benefits

Giving birth by caesarean involves a different set of benefits and risks to giving birth vaginally. These will differ from woman to woman and from pregnancy to pregnancy. Overall, planned caesarean section has been found to be safer for woman and baby than emergency caesarean. However, all caesareans are considered to be a very safe intervention, and the risks of serious outcomes are small. Your midwife and doctor should talk you through the pros and cons in your situation and share the evidence that these are based on. To find out more, read the NICE guidelines on caesarean sections: www.nice.org.uk/guidance/cg132.

If you are thinking that you would like to have a caesarean section, and you do not have a particular medical indication, it's worth reading Chapter 5 to learn more about your rights. If there are no medical reasons, you do not have a specific legal guarantee of being able to choose a caesarean on the NHS, but best practice guidelines mean that, after jumping through a couple of hoops, your request should be granted. Some women find the process of getting a caesarean section

approved completely draining, and some NHS Trusts have stricter policies than others. Private obstetricians may be able to offer maternal request caesareans more easily.

Lisa had already had a traumatic miscarriage. Both her sisters and her mother had ended up with emergency caesarean sections (see page 232).

“ ‘I felt really anxious about the thought of giving birth. Just felt like I couldn’t do it. I’d really hated how much people had fiddled with me when I needed to concentrate during my miscarriage. I felt like I’d rather just know what was happening from the beginning. I met with the consultant midwife to talk about it and she let me know that as well as a caesarean I could give birth at home, or in the midwife-led unit in the birth pool. I didn’t have to have any examinations, I didn’t have to have any injections or needles and we could just take it at my pace. I decided on the birth centre but we also agreed that if anything went wrong, I needed an induction or there was slow progress we would just go straight for a caesarean.’ ”

Being able to control the birth plan and discuss her fears really helped Lisa, even though she ended up having an emergency caesarean section.

“ ‘I actually really loved my labour. I think that knowing I had the bail-out option just made me more relaxed. I spent ages at home with my boyfriend and it was quite a laugh despite the contractions. The time we spent at the birth centre

was great, the midwife was lovely and I got to use the pool. I have really positive memories of it and I feel really proud of how well I coped. Just before I was fully dilated my waters broke and there was loads of meconium (see page 246) in them. I just knew it was game over then, but they were really respectful and let me make the decision. Though it was an emergency caesarean, the baby wasn't in distress and I was fine so we had loads of time. They knew how important skin-to-skin contact was for me, and so we had that in theatre. I'm really pleased that I asked for the elective caesarean because otherwise I wouldn't have got to meet the consultant midwife who helped with the planning.'



Checklist

1. Visit the Which? Birth Choices website to find out what options are available near you.
2. Talk to your partner about your options and preferences.
3. Find out from your midwife if there are any particular birth place recommendations in your situation.
4. Use the BRAIN tool (see page 223) and the advice in Chapter 5, 'Your Rights', if you think you may want to choose an option that isn't being recommended.