Choice for maternity care...

...an information leaflet to help you choose your pathway of care at the Duchess of Kent Maternity Wing.

The Hillingdon Hospital NHS Trust
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Antenatal Clinic: 01895 279442
Fax: 01895 279613
Web: www.thh.nhs.uk
The Duchess of Kent Maternity Wing supports women in low and high-risk pregnancies. We strive to offer women and their families the best possible midwifery and obstetric care, and to support women in their choice in childbirth.

Your choice at Hillingdon

Choosing where to give birth to your baby is an important decision. You can discuss your place of birth with either your General Practitioner or the midwife based at your GP surgery.

If you decide to book your pregnancy care with us, you can either see your GP, midwife or contact the Antenatal Clinic and speak to a senior midwife for a direct referral.

Please ensure that you have made contact with any of the above professionals as soon as you have missed your period. This is to ensure that you receive the appropriate screening at the optimum time.

Your midwife will discuss your birth options at your booking appointment and again later in your pregnancy. You have plenty of time to make decisions and you can change your mind at any time during your pregnancy.

In order to help you make the right decision for you and your baby, you will need information about our current maternity pathways.
Our current models of maternity care available at Hillingdon are:

Midwifery Led pathway

Maternity Team pathway
Midwifery Led pathway

Although we do not have a separate birthing unit at Hillingdon, we offer a Midwifery Led service within our labour ward environment.

We understand that each woman has individual needs and requirements in labour and therefore we can adapt our birthing rooms to facilitate the right environment for your birth. This enables women to stay in the same birthing environment rather than having to be transferred to another room.

The Midwifery Led pathway is suitable for those women who have no serious complications in their pregnancy.

Your midwife will discuss this option with you at your “booking” appointment and providing there is no need for you to be seen by an Obstetrician, your pregnancy, labour and postnatal care can be managed by your midwife.

The advantages are:

- Midwives are the experts in normal midwifery care
- You can choose to give birth either at home or in hospital
- You can use the birthing pool as a labour/delivery option
- Following delivery you could be home in less than six hours
- You will only see a doctor if a complication occurs

The disadvantages are:

- If a complication occurs in labour you may not have met the obstetric team of doctors before the delivery
Home birth

Having a planned home birth is a safe alternative to hospital birth for some pregnant women. If you have no serious complications during your pregnancy and none are anticipated for your labour, there is no evidence that a hospital birth is safer than a home birth.

The advantages are:

- You are more likely to feel relaxed and in control in your own environment.
- You will have an increased sense of privacy and the use of your own facilities.
- You will have one-to-one care during your labour.
- Midwifery Led care from a midwife working in the community.
- There is a higher likelihood of having a normal birth and avoiding interventions in labour.

The disadvantages are:

- If you require stronger pain relief for labour or wish to have an epidural you will require transfer to hospital.
- If an unexpected complication arises during your labour or with the afterbirth you will be transferred to hospital by ambulance with a minimum transfer time of 20 minutes.
- For first time mothers, the likelihood of transfer to hospital is 5 out of every 10 women. The two most common reasons for transfer into the hospital are slow progress in labour or a request for epidural pain relief.

A home birth is not recommended where there are complications, such as:

- High blood pressure.
- Concerns that your baby is small.
- A premature birth may be expected (before 37 weeks of pregnancy).
- You have a medical condition.
- Your baby is in a breech position (born bottom first).

This list is not exhaustive and there may be other conditions which may affect either you or your baby, consequently a home birth would not be advised.

If you plan to have a home birth, a more detailed leaflet will be given to you by your midwife.
Community Midwives

If you have an uncomplicated birth we encourage transfer home within 2 – 6 hours where your care will be continued by the Community Midwifery Service. It is much better for you, if there are no complications, for you to return home as soon as you can. If there are complications, your length of stay will be dependent on your medical condition but most mothers are home within 3 days of the birth.

Midwives working in the community setting will provide antenatal care for all women living in the London Borough of Hillingdon, who have a Hillingdon Borough General Practitioner.

The midwives are on call 24 hours a day to attend homebirths.

After the birth of your baby, if you live in the London Borough of Hillingdon you will be visited the following day by a midwife from this hospital.

If you live outside the borough boundary, your discharge papers will be faxed to your nearest maternity hospital. Your community care will be covered by the midwives working in your own local area.

Parentcraft education workshops

Parentcraft workshops are available for first time mothers booked to have their baby at Hillingdon. The workshops are held in the Antenatal Clinic by the Community Midwives every Saturday.

Sessions need to be booked in advance, for more information please call 01895 279472 between 08.00 – 16.00 Mon – Friday.
Maternity Team pathway

The Maternity Team Pathway is suitable for women with complex pregnancies or those with existing medical conditions.

You can still have joint antenatal appointments between your midwife, GP and obstetrician if you are booked under Consultant care (Maternity Team Pathway). Your appointment schedule for antenatal care will be discussed with you on an individual basis.

The advantages are:

- Your care is provided by an expert team with knowledge of complex pregnancies
- Easy referral to medical teams and joint working together with conditions such as diabetes
- Direct access to anaesthetists, neonatologists and midwife specialists

The disadvantages are:

- Although your care will remain with a lead Consultant, you may not see the same personnel at your appointments

The Hillingdon Hospital has an equality and human rights-based approach to healthcare. We will make every effort to meet patients’ requests where possible and make reasonable adjustments where we can. For example, if you request to see a female doctor we will respect your choice. However, there may be times, particularly in labour, when that choice is not possible.

Find out more about our Consultants at http://www.thh.nhs.uk/Departments/Women_Babies/obs_gynae.htm
Further information about our maternity unit

There is a dedicated Early Pregnancy Assessment Unit (EPAU) located on Marina Ward. The EPAU provides care and support to women experiencing complications in early pregnancy (less than 18 weeks). Appointments can be made via your General Practitioner, Accident and Emergency or referral by your midwife.

The Antenatal Clinic monitors complex pregnancies with experienced midwives, Consultants and obstetric teams.

We have a Maternity Triage Service enabling telephone support and advice 24 hours per day. Women attending triage will receive appropriate assessment on admission, offering a more efficient service to women as they arrive in the unit.

The Delivery Suite comprises of 10 single Delivery Rooms and 2 Operating Theatres with Recovery and High Dependency areas. There is also a dedicated area for women who choose to use water for pain relief or delivery.

Katherine Ward is a 17 bed antenatal inpatient ward which has a dedicated four bedded bay for day assessment.

The Day Assessment Unit is a service designed for women who may be showing signs of early complications but do not require admission to hospital. This service allows for your pregnancy to be more closely monitored.
**Alexandra Ward** is a 22 bed postnatal inpatient ward where you may be transferred after the birth of your baby. If you are fit and healthy we encourage transfer home to community midwifery care from two hours after the birth of your baby. Most of the beds are in four bedded bays with personal television and telephone by the bedside at a nominal cost.

We can offer an amenity room if one is available on the ward. The current cost is £71 per night for a room with a shared bathroom or £86 per night for a room with an individual bathroom. Unfortunately these rooms cannot be booked in advance.

The **Neonatal Unit** is specially designed and equipped for babies needing additional medical and nursing care.

There are five intensive, three high dependency and 12 special care cots in the unit. If your baby is born before 27 weeks of pregnancy there will be a high possibility that your baby will be transferred to a Perinatal Centre appropriate to your baby’s needs.
Supporting services

Our Matron is available for all women who are inpatients in the Maternity Unit. She is available to discuss any aspect of your care. Her role is to ensure an efficient service, a high standard of cleanliness and a positive experience during your stay with us.

SUPERVISION OF MIDWIVES

A Supervisor of Midwives is an experienced practising midwife whose duties are to ensure that the safety of the mother and baby is central to midwifery practice, and that the standard of midwifery practice is acceptable.

There are seven Supervisors of Midwives covering the community and maternity unit midwives. If you have problems accessing your choice of birth, you can contact the on-call Supervisor of Midwives through Triage on 01895 279441.

TEACHING

We are a teaching hospital and train doctors, midwives, nurses and ultrasonographers. Mothers play an important part in the teaching work of the unit and we hope that you will agree.

You will always be asked whether you would be willing to have a student involved in your care. However, if you are not happy, please let the midwife or doctor know.

STEM CELL COLLECTION

We receive occasional requests from women and their partners to collect stem cells (via a blood sample) from the placenta and umbilical cord at the time of birth.

In accordance with the latest recommendations from the Royal College of Midwives, our midwives will not be able to assist you with stem cell collection as their first priority will be the welfare of the mother and baby.
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