Hospital telephone number: 01895 238282
Antenatal Clinic: 01895 279442
Community Midwives: 01895 279472
Triage: 01895 279441
Fax: 01895 279613
Web: www.thh.nhs.uk

Consultants name: 

Midwife name: 

Children’s Centre: 

Please remember to bring your blue maternity notes with you to all appointments.
The Maternity team pathway

The Hillingdon Hospitals NHS Foundation Trust aims to provide all pregnant women with a first class service, led by experienced and caring professionals.

The Maternity Unit at Hillingdon understands that each woman has individual needs and requirements for their pregnancy and labour.

You will have either a midwife or obstetrician as the lead professional during your pregnancy as both work closely together to ensure that you have the best possible care.

In labour ward we can adapt our birthing rooms to facilitate the right environment for any birth (with the exception of caesarean section). Caesarean sections are performed in our maternity theatres.
What does this pathway mean for you?

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

The Maternity team is made up of a variety of Consultant Obstetricians, Physicians and Anaesthetists and their teams. Midwife Specialists, Ultrasonographers and Physiotherapists also play an important role. They are the experts for complex pregnancies.

At your first antenatal appointment a midwife will assess your medical, surgical and obstetric history. If you have an underlying medical condition or develop complications during pregnancy, we will ensure you receive support, care and advice from the appropriate specialist doctors and healthcare professionals.

The Obstetrician will act as the lead professional during your pregnancy and birth of your baby. He/she is committed to providing high quality evidence-based practice to you throughout your care at The Hillingdon Hospitals NHS Foundation Trust.

The Midwifery-led pathway is suitable for women who do not have any serious complications in their pregnancy, risks from previous pregnancies or medical problems. The midwife is the expert in low-risk midwifery and she/he will only refer you to a doctor when complications arise.

When will I see the midwife?

You can contact the midwife at your doctor’s surgery as soon as you know that you are pregnant, ideally soon after you have missed your first menstrual period. The midwife or General Practitioner will send a form with your details to the hospital of your choice. You can also book directly with the maternity unit by accessing the Hillingdon Hospital website on www.thh.nhs.uk. Go to departments and click on Maternity where you will be directed to complete a self referral form.
The hospital will contact you to arrange a suitable date and time, so that a midwife can complete your “booking” history. This initial assessment will take about 1 hour to complete, but will enable the midwife to have a comprehensive review of your medical, social and obstetric record.

Following this appointment, arrangements will be made for you to see a member of the Maternity team to discuss your options of care. We aim to see all pregnant women for their booking appointment before 13 weeks of pregnancy.

**When will I have a scan?**

Once the hospital has received your referral letter an appointment will be sent to you for a scan. This appointment will be made for when you are between 11 to 13 weeks pregnant. When you have attended this appointment, your next scan will be booked for when you are between 18 to 21 weeks pregnant.

**Where and when will I be seen for antenatal care?**

Your individual schedule of antenatal appointments will be discussed with you. This could involve your GP and midwife in various settings and a plan will be recorded in your notes so that you know when and where you will be seen.

**Can I have a home birth?**

This would need to be discussed with your Obstetrician as you are booking under the Maternity team pathway. Your midwife can discuss this choice with you at any point during your pregnancy. A Supervisor of Midwives is available for discussion and support if you want to discuss your options further.
Who do I contact if I have a problem?

If you develop problems in your pregnancy, feel unwell or concerned with your baby’s movement, please contact your GP in the first instance, and then Triage on 01895 279441 (24 hour service, 7 days a week). You can speak to a midwife who will either give you advice over the phone or invite you to Triage to have an antenatal check.

You will need to contact your GP surgery if you have any non-pregnancy related problems, such as feeling generally unwell, diarrhoea, vomiting, or chest infections.

If you require non-urgent advice you can contact the community midwives office on 01895 279472 (Mon – Fri: 8.00 – 16.00). You can leave a message with the administrator and your midwife will return your call when she is next on duty.

What do I need to plan for the birth of my baby?

The midwife will discuss with you your birth plan during your pregnancy. If this is your first baby you can book and attend parentcraft workshops at the hospital by contacting 01895 279472. Please book these classes by 24 weeks of your pregnancy to ensure you have a place. The more you understand about labour, pain relief options and birth, the better prepared you and your partner will be.

Alternative parentcraft workshops are available at children’s centres across the borough. This can be discussed with you when you call the community midwives phone number.

It is beneficial to have a birth supporter with you. Think about your birth supporter with care, don’t assume that your husband or partner is the best or the only person for the job.

If your partner is likely to feel anxious and uncomfortable then it might be preferable if he stayed outside for some of your labour with someone else to support him. There is good evidence that a close female friend or relative can be a helpful labour supporter.
Who will provide care while I’m in labour?

Under the Maternity team pathway a midwife will be allocated for you during the birthing process. You may not have met this midwife before.

We will ask if you would be willing to have a student involved in your care.

What can I expect in labour if I am booked under Maternity team care?

During labour your progress is monitored closely and the midwife will listen to your baby’s heartbeat with either a hand held device or by continuous electronic monitor. The Obstetrician will review your progress in labour, and the Anaesthetist is also available 24 hours a day. If your labour does not progress normally, then the midwife will consult with the Maternity team. We aim to achieve a safe birth of your baby and ensure that you are well.

The midwife will encourage you with mobilisation, help with breathing and coping strategies and may offer water as a method of pain relief.

Transcutaneous electrical nerve stimulation (TENS), Entonox (gas and air) and Meptid (mild pain killing injection) are all available. If you require stronger pain relief Pethidine (strong pain killing injection) and Epidural are also available.

ARM (artificial breaking of the waters) may be done following a review from the Obstetricians as labour may be slow or they may need to see the colour of your waters. This will happen in consultation with you and your partner.
Can I use the birthing pool?

You may discuss this option with the Maternity team to see if it is suitable in your situation. If it is possible you may choose to use the pool for pain relief and also for giving birth to your baby. We have midwives that are skilled in delivering women in water.

Who will be present for the birth?

If a normal birth is anticipated, the midwife will be the main carer in close liaison with the Maternity team. However it may be necessary that the doctor is present at the delivery. If you need to have forceps or ventouse delivery then a paediatrician may also be present as well as the obstetrician.

If you have a caesarean section there will be numerous people in the maternity theatre.

There will be:
- Two obstetricians
- An anaesthetist and assistant
- A scrub nurse (or midwife) and a midwife to aid the paediatrician
- A health care assistant.

Your birth partner will be able to change into theatre clothes and be with you in the theatre if you are awake (having an epidural). If you have a general anaesthetic, your partner will not be able to be present.

What about the afterbirth (placenta)?

Once your baby is born the afterbirth normally takes up to an hour to separate from the wall of the uterus. An injection called Syntometrine will be given to you in your leg to help deliver the placenta.

What about stitches?

If you need any stitches a local anaesthetic will be used to take away the discomfort. This may be done by the midwife or the doctor.
Your stitches will dissolve on their own and advice will be given to you on how to keep the area clean and comfortable.

**What happens to my baby after birth?**

Immediately after the birth, your baby will be placed near your breasts (skin to skin) as this helps your baby keep its breathing and temperature regular. Starting to breastfeed during this time will help establish your milk supply.

We refer to this as “The Golden Hour” where you can enjoy some time together with your baby. Breast feeding on demand is strongly recommended in our Unit and all mothers will receive support to achieve this.

Your baby will be weighed, have name labels put on and Vitamin K will be given with your consent. You can dress your baby after this. Please bring a separate bag with a hat, vest, babygro and nappy in to dress your baby in.

After six hours (but before 72 hours) your baby will be fully checked over, either by an especially trained Midwife or Paediatrician.

The examination will be explained to you and if any follow-up appointments are required for your baby these appointments will be given to you. If you have already gone home, don’t worry, you will either be given an appointment to come back to the hospital or a Community Midwife will undertake the check.

**What happens after the birth of my baby?**

Your temperature, pulse and blood pressure will be taken and the midwife will make sure that you are not bleeding too much. You will be encouraged to pass urine within an hour of the birth. You will be transferred to the postnatal ward as soon as a bed is available.

A mother performing the skin to skin technique with her baby.
available or home if there were no problems with the birth of your baby.

The midwives and maternity care assistants on the postnatal ward are skilled in providing the support you and your baby will need, including advice on infant feeding, general baby care and caring for babies with additional needs.

Before you go home the Midwife will discuss with you:

- Registering your baby’s birth
- Community Midwifery Service
- Newborn Blood Spots Screening tests
- Postnatal check-up with your General Practitioner at 6 weeks
- Contraception,
- Cot death prevention
- Postnatal exercises
- Transfer to the Health Visiting Team
- Telephone numbers where you can contact the hospital for any advice 24/7.

You will also be given your Red Book (which contains all the developmental information about your baby) and the Birth to Five Book which is your complete guide to looking after your baby during the first five years of life.

The Community midwife will visit you at home the day after your discharge from hospital and will discuss the frequency of your visits with you. There may be a request by the Maternity team to visit more frequently.

**What happens after I return home?**

The Community midwife or Midwifery Assistant will visit on the 5th day to weigh your baby and take some of your baby’s blood to test for certain diseases with your consent. On the 10th day the Community Midwife will discharge you to the care of the Health Visitor who will look after the developmental needs of your baby.

Contact phone numbers will be given to you on discharge so if any problems arise you can speak to a midwife.
LANGUAGES / ALTERNATIVE FORMATS:
Please ask if you require this information in other languages, large print or audio format.
Please contact: 01895 279757

各國語言/模式選擇
若你需要以下資料改為其他語言，大寫，或其他模式例如收音式或盲人字體的話，請電 01895 279757。

Luqad qaab kale uqoran
Fadlan codso hadii aad ubaahantahay maclumaadkaan iyagoo luqad kale
kuqoran, iyadoo far waweyn ah ama iyadoo qaab kale ah, sida qoraalka loogu-talagaly
dadka camooleyaasha ah ama iyadoo dhawaaq ah oo ladhageeysan karo. Fadlan
nagala sooxirir 01895 279757

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