

# *My Birth Place Choices*

*Find out the range  
of birth place choices  
available to you.*





Having a baby is a memorable time in your life. We, at the Shrewsbury and Telford Hospitals Trust provide your local maternity service and we would like to make sure you receive your maternity care in the way you choose and in the place you choose wherever possible.

The aim of this booklet is to summarise the main options available to you in Shropshire and Telford & Wrekin. This will help you in deciding on where you would prefer to give birth.

The information contained within this leaflet has been developed in line with national guidance from the National Institute for Health and Care Excellence (NICE) and the evidence from the Birth Place Study (2011) which was designed to answer questions about the risks and benefits of giving birth in different settings, focusing in particular on healthy women with straightforward pregnancies who are at 'low risk' of complications.

You can find more information about the guidance and research online:

<https://www.nice.org.uk>

<https://www.npeu.ox.ac.uk/birthplace>

## Personalised choice and care

This is your pregnancy and it is your choice as to where, when and how you wish to be cared for. As your pregnancy progresses and your baby develops, your preferences and the needs of you and your baby may change. Your midwife or team will work with you during your pregnancy to help you choose what you would prefer in relation to your care. This could include:

- Where you would prefer to go for your planned antenatal care (appointments with your midwife during pregnancy)
- Where you wish to birth your baby
- Where you would prefer to go for your planned post natal care (appointments with your midwife or maternity support worker following the birth of your baby).

This leaflet will help you understand the choices available to you for where you can birth your baby.



## Deciding where to birth your baby

Shrewsbury and Telford Hospitals Trust offer a full choice of birth setting. The following birth options are available to you within the county:

- Birth at home (no doctors available)
- Freestanding birth centre (no doctors available)
- Alongside birth centre (no doctors available)
- Obstetric unit (doctors available)

When you discuss birth options with your midwife or obstetrician (doctor specialising in pregnancy and childbirth), one or more options may be recommended to you depending on your medical history and previous pregnancies. The recommended options will be those that your midwife and obstetrician feel are the safest for you and your baby. You may however choose a different option to what is advised and you will be supported with your choice.

Your midwife or team will support you in making a decision on your preferred place of birth, which will include a risk assessment of your current and previous medical history.

It is very rare, but on occasions some birth options are not available and we may advise that your first preference for choice of place of birth is not available. This is because we continually risk assess our services for the safety of our patients. If we are not able to offer your preferred birth choice when you are due to give birth, then your midwife or team will discuss the other available options with you.

Wherever you choose to birth your baby, at Shrewsbury and Telford Hospitals NHS Trust you will have access to excellent facilities and care from highly skilled and experienced staff to ensure you receive high quality, safe care during the birth of your baby.

*'Being in an environment  
I felt safe and relaxed in  
was so important.'*

- Claire



Things to consider when making your birth choice	Home	Freestanding Birth centre	Alongside Birth Centre	Obstetric unit
Unlimited birth partners	Yes	No	No	No
Option of water birth	Yes	Yes	Yes	Yes
All pain relief options including epidural	No (Entonox only)	No (Entonox and Pethidine)	No (Entonox and Pethidine)	Yes
Ambulance transfer if any complications occur	Yes	Yes	No	No
Doctors available	No	No	No	Yes
Option to use alternative therapies such as hypnobirthing	Yes	Yes	Yes	Yes
Continuous monitoring of baby's heartbeat available	No	No	No	Yes





## What does the research show?

The Birthplace study collected data on care in labour, delivery and birth outcomes for the mother and baby for over 64,000 'low risk' births in England. Birth outcomes that are positive are when both mother and baby are healthy after childbirth.

There are a range of poor birth outcomes that can occur during and after childbirth. For the baby this can include a lack of oxygen and/or blood flow getting to your baby during the birth process. This can lead to a brain injury which can vary in severity and some babies may not survive. Some babies may go on to develop disabilities which again can vary in severity. Other babies will recover without any lasting effects. Some babies experience meconium aspiration syndrome. This is where the baby's lungs become filled with meconium (the baby's first poo) through the amniotic fluid and this can stick the lining of the lungs together. The baby will not be able to breathe on their own and will need help with breathing in the Neonatal Intensive Care Unit. Most babies will have no long term effects but a small minority may have brain damage or other long term disabilities.

Some babies experience birth related injuries during childbirth including bone fractures and Brachial Plexus injuries. The Brachial Plexus is a nerve network and injuries can happen to it if the baby's neck is stretched to one side during labour. Damaged nerves carry sensation poorly and make muscle movements weak for the baby.

In some circumstances a poor outcome will mean that the baby is stillborn or dies in the first week after birth.

For mothers, a poor outcome could mean a serious tear to the perineum (between the vagina and anus) or the need for a blood transfusion. Whilst rare, some women die as a result of complications during childbirth.

## The Birth Place Study found that:

### Giving birth is generally very safe

- out of 1000 births, around 996 would have a positive outcome

### Midwifery units appear to be safe for the baby and offer benefits for the mother

- there was no significant difference in outcomes for low risk women who planned to deliver in an obstetric unit compared to those who planned to deliver in a midwifery unit
- the low risk women who planned to deliver in a midwifery unit had significantly fewer interventions than those who planned to birth in an obstetric unit. Interventions can include episiotomy (where a cut is made between your vagina and anus), the use of forceps/ventouse (special instruments to help the midwife/doctor deliver your baby), or caesarean section (operation where a doctor makes a cut in your abdomen (above your bikini line) and womb and lifts your baby out through it).

### For women having a first baby, a planned home birth increases the risk for the baby

- Out of 1000 births, around 991 home births would have a positive outcome, compared to around 995 in an obstetric unit.

#### All births



#### Home births



#### Obstetric unit



For women having a second or subsequent baby, home births and midwifery unit births appear to be safe for the baby and offer benefits for the mother

- There were no significant differences for these women in outcomes between planned home births or midwifery unit births and planned births in obstetric units
- For these women, birth in a midwifery unit or at home significantly and substantially reduced the odds of having a caesarean section, instrumental delivery or episiotomy.

For women having a first baby, there is a fairly high probability of transferring to an obstetric unit during labour or immediately after the birth (between 36%-45%)

36-45%

10%

For women having a second or subsequent baby, the transfer rate to an obstetric unit is around 10%.

It may be helpful for you to understand what is meant by “low” and “high risk” pregnancy as this is important for you to know to help you make your choice about where your baby is born. More information is available on the National Institute for Health and Care Excellence (NICE 2020) website [www.nice.org.uk](http://www.nice.org.uk).

### Uncomplicated pregnancy - Low risk Antenatal care

An uncomplicated or low risk pregnancy is defined as a pregnancy with one baby where the mother is healthy and does not require additional care. A low risk mother delivers a live born baby at 37 to 42 weeks

of pregnancy with no intervention, is not small for gestational age and there have been no pregnancy complications. NICE recommend approximately 7- 10 antenatal appointments should be required throughout the pregnancy.

### Complicated pregnancy - High risk Antenatal care

Any pregnancy that does not fit into the category above is defined as a pregnancy with complication or a high risk pregnancy.

There are many factors that could mean your pregnancy is higher risk and each pregnancy is different, so the specific risks for one pregnancy may not be risks for another. These can include; existing health conditions, the mother's age, lifestyle choices (smoking and alcohol), and health issues that happen before or during pregnancy, if you are pregnant with more than one baby or have pregnancy related complications.

Women can cross over from an uncomplicated (low risk) care pathway to a complicated (high risk) care pathway at any time during pregnancy, where it is deemed necessary by your midwife or maternity team.

If you have any questions about your pregnancy please contact your midwife or obstetrician.





## Home Births

Home births are where you give birth to your baby at home with the support of a midwife. There are no doctors available, unless you transfer by ambulance to your nearest obstetric unit.

### Reasons to consider a home birth

- You can enjoy the comforts of your own home to help you relax. This in turn can help your labour to progress naturally
- Increased likelihood of being looked after by your named midwife or another midwife you've met during your pregnancy
- For some women, home birth can reduce the need for medical intervention
- You have the option to use alternative therapies such as aromatherapy massage, water birth, hypnobirthing and relaxation
- There are no restrictions on the number of birth partners you have
- Your birthing partner may feel more relaxed; there's no need to worry about when to go into hospital and you won't need to be separated from your family during or after the birth
- After your baby is born you can use your own bath/shower and sleep in your own bed
- We are able to complete your baby's new born checks in your home
- We will remove and dispose of everything we've used while you and your baby are snuggled up together!

### Further considerations for a home birth

- No doctors are available
- If there is any complication during birth you will be advised to transfer to your nearest obstetric unit by ambulance accompanied by your midwife.
- Pain relief that is available: Gas and Air (Entonox)
- Continuous fetal monitoring is not available. Midwives will monitor your baby's heartbeat regularly and if they have concerns you will be transferred by ambulance to the obstetric unit where your baby's heartbeat can be continuously monitored
- The time it may take for an ambulance to respond should this be needed
- The time it could take for you to get to the obstetric unit at peak traffic times or if there are e.g. road works

### What did the Birthplace Study find?

For women having a first baby, a planned home birth increases the risk for the baby, with around 991 babies per 1000 born healthy compared to 995 babies in an obstetric unit.

55% of women having their first baby at home are likely to stay at home when in labour and not need to transfer to an obstetric unit.



For second and subsequent babies, home births are just as safe as hospital births for the woman and baby. 88% of women having a second or subsequent birth at home are likely to stay at home when in labour and not need transfer to an obstetric unit.







## Freestanding Birth Centre

A freestanding birth centre is suited to women who wish to birth their baby in a home-like environment but away from their own home. Freestanding means it is on a different site to the obstetric unit. This means there are no doctors available. The level of care available is the same as it would be if you chose a home birth.

### Reasons to consider a freestanding birth centre

- You are more likely to have a birth without intervention
- In labour you will have access to additional facilities and birthing aids, helping promote natural birth which helps reduce the need for intervention
- You have the option to use alternative therapies such as massage, water birth, hypnobirthing and relaxation
- You can bring in your own aromatherapy to be infused into the room or for your partner to massage you with
- Following the birth of your baby your midwife will help you get ready to go home within a few hours. If you need additional care, you will be transferred to the postnatal ward with your baby until you are well enough to return home.

### Further considerations for a freestanding birth centre

- If there is any complication during birth you will be advised to transfer to your nearest obstetric unit by ambulance accompanied by your midwife
- Pain relief that is available: Gas and Air (Entonox), Pethidine
- Continuous fetal monitoring is not available. Midwives will monitor your baby's heartbeat regularly and if they have concerns you will be transferred by ambulance to the obstetric unit where your baby's heartbeat can be continuously monitored.
- You are allowed up to two birthing partners present
- The time it may take for an ambulance to respond should this be needed
- The time it could take for you to get to the obstetric unit at peak traffic times or if there are e.g. road works.

### What did the Birthplace Study find?

For planned births in freestanding midwifery units and alongside midwifery units there was no significant difference in the proportion of babies born healthy compared to a planned birth in an obstetric unit.

Women who planned birth in a freestanding or alongside midwifery unit had significantly fewer interventions than women who planned birth in an obstetric unit.



64% of women having their first baby at a freestanding midwifery unit are likely to stay there when in labour and not need to transfer to an obstetric unit.

91% of women having a second or subsequent birth at a freestanding midwifery unit are likely to stay there when in labour and not need transfer to an obstetric unit.





## Alongside Birth Centre

We have one Alongside Birth Centre 'Wrekin', which is at the Princess Royal Hospital in Telford.

Like a Freestanding Birth Centre, an Alongside Birth Centre is also a 'home from home' birth environment, but is situated in a hospital with an obstetric unit. 'Wrekin' offers four spacious en-suite birthing rooms. Two of these birthing rooms also have a birthing pool.

### Reasons to consider an alongside birth centre

- No need for ambulance transfer if you need care from doctors during labour/birth
- If you or your baby need medical assistance this can be called immediately and you will be taken to the obstetric unit delivery suite within the Women and Children's Centre quickly as it is on the same site
- In labour you will have access to additional facilities and birthing aids, helping promote natural birth which helps reduce the need for intervention
- You have the option to use alternative therapies such as massage, water birth, hypnobirthing and relaxation
- You can bring in your own aromatherapy to be infused into the room or for your partner to massage you with.

- Following the birth of your baby your midwife will help you get ready to go home within a few hours. If you need additional care, you will be transferred to the postnatal ward with your baby until you are well enough to return home.

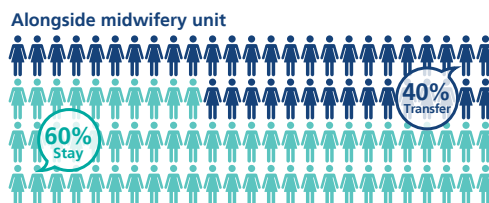
### Further considerations for an alongside birth centre

- Pain relief that is available: Gas and Air (Entonox), Pethidine
- Continuous fetal monitoring is not available. Midwives will monitor your baby's heartbeat regularly and if they have concerns you will be transferred to the obstetric unit where your baby's heartbeat can be continuously monitored
- You are allowed up to two birthing partners present.

### What did the Birthplace Study find?

For planned births in freestanding midwifery units and alongside midwifery units there was no significant difference in the proportion of babies born healthy compared to a planned birth in an obstetric unit.

Women who planned birth in a freestanding or alongside midwifery unit had significantly fewer interventions than women who planned birth in an obstetric unit.



60% of women having their first baby at an alongside midwifery unit are likely to stay there when in labour and not need to transfer to an obstetric unit.

87% of women having a second or subsequent birth at an alongside midwifery unit are likely to stay there when in labour and not need transfer to an obstetric unit.







## Consultant Led Obstetric Unit

We have one consultant Led obstetric unit, which is at the Princess Royal Hospital in Telford. Here, your care during birth is led by an obstetrician (doctor specialising in pregnancy and birth) and provided by a team of midwives and doctors. The delivery suite is made up of thirteen en-suite delivery rooms, a birthing pool room, two operating theatres and a recovery area.

### Reasons to consider an Obstetric Unit

- If you or your baby are more likely to experience complications during birth
- Epidural is available as pain relief as well as Entonox (gas and air) and Pethidine
- A team of specialist doctors are on site to care for women and their babies who require more specialist care
- In labour you will have access to additional facilities and birthing aids, helping promote natural birth which helps reduce the need for intervention
- You may have the option to use alternative therapies such as massage, water birth, hypnobirthing and relaxation
- You can bring in your own aromatherapy to be infused into the room or for your partner to massage you with.

- Continuous fetal monitoring is available.
- Following the birth of your baby your midwife will help you get ready to go home within a few hours. If you need additional care, you will be transferred to the postnatal ward with your baby until you are well enough to return home.

### Further considerations for a consultant led obstetric unit

- You are allowed up to two birthing partners present in delivery suite
- You are allowed one birthing partner with you in the operating theatre.

### What did the Birthplace Study find?

Women giving birth in an obstetric unit are more likely to have medical intervention.

For planned births in obstetric units there was no significant difference in the proportion of babies born healthy compared to a planned birth in midwifery units.





You may wish to consider and discuss with your midwife or obstetrician what you would like to happen during your pregnancy, birth and afterwards. They can then work with you to achieve your goals and personalise your care.

### **What is important to me?**



# More information and useful websites for your pregnancy

**NHS Choices** <https://www.nhs.uk/>

**NHS Choices pregnancy and baby guide** <https://www.nhs.uk/conditions/pregnancy-and-baby/>

**Pregnancy, birth and beyond for dads and partners**  
<https://www.nhs.uk/conditions/pregnancy-and-baby/dad-to-be-pregnant-partner/>

**SaTH Maternity Webpage** <https://www.sath.nhs.uk/wards-services/az-services/maternity/>

**Baby Buddy App** - Baby Buddy is your personal baby expert who will guide you through your pregnancy & your baby's first 6 months of life. Designed with parents and professionals, Baby Buddy helps you give your baby the best start in life & supports your health & wellbeing.

**Patient Advice and Liaison Service (PALS)** - We act on your behalf when handling patient and family concerns, liaising with staff, managers and where appropriate, relevant organisations to negotiate immediate or prompt solutions. We can also help you get support from other local or national agencies.

**Email :** [sath.pals@nhs.net](mailto:sath.pals@nhs.net)

Telephone PALS at Royal Shrewsbury Hospital,  
Tel: 0800 783 0057 or 01743 261691

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