

Choosing where to have your baby

This leaflet tells you about the options of where to give birth in this area.

Making your choice

Our philosophy is to support you making an informed choice about your place of birth

The two main factors that women usually think about are the safety of their baby and their own wellbeing, and your midwives (and obstetricians for women with certain health or previous pregnancy issues) have the same goals in mind.

We recommend that you look at the information available on the following NHS website alongside this leaflet to help you with making your choice

https://www.nhs.uk/conditions/pregnancy-and-baby/documents/birth_place_decision_support_generic_2_.pdf .

Reasons for changing place of birth once labour has started

These are listed in the table at the end of this information sheet, with your '1 in a number' chance of this happening

- Problems being detected by your midwife during admission or labour.
- If you request an epidural in labour as this option cannot be given at home or in Rushey.
- There is no capacity to look after you at your preferred birth place... such as all of the Home Birth Team on duty being out with another birthing woman, all the rooms in Rushey being occupied when you want to come in, or very rarely, there being no space at all on the Delivery Suite.

If this happens we will advise you of the current alternatives at the Royal Berkshire Hospital if you are at home or in Rushey Midwifery-led Unit and if necessary, which hospital in the local area will be able to look after you because we have communication plans in place to support you and will arrange your admission there. The hospitals we are likely to suggest you go to are North Hampshire Hospitals NHS Trust, Frimley Health (Slough or Frimley), the John Radcliffe Hospital or Buckingham Health Care Trust. We know this can be a difficult time but hope that if this does occur it will not have a negative effect on your birth experience.

When you think you are in labour please call 0118 322 7304 to speak to the triage midwife who will be able to help and support you.

References

1. Perinatal and maternal outcomes by planned place of birth for healthy women with low risk pregnancies: the Birthplace in England national prospective cohort study BMJ 2011;343:d7400
2. National Collaborating Centre for Women and Child's Health (2017) Intrapartum care for healthy women and babies: RCOG Press: London

Perinatal and maternal outcomes by planned place of birth for healthy women with low risk pregnancies (Birthplace in England national prospective cohort study 2011)

	Total number of women = 16,619			
	Nulliparous (first baby)		Multiparous (second, third, fourth etc. baby)	
	Number of women	What is my 1 in 'how many' chance of this happening?	Number of women	What is my 1 in 'how many' chance of this happening?
Women not transferred, i.e. stayed in their original choice place of birth	2481	56 in 100	10682	88 in 100
Women transferred to an Obstetric Unit for birth or with complications after birth	2008	44 in 100	1448	12 in 100
Primary (main) reason for transfer				
Malposition (awkward position of the baby's head, which can slow or stop labour from progressing)	11	1 in 300	15	1 in 1000
Malpresentation (baby not head down for birth)	34	1 in 125	35	1 in 300
Failure to progress 1st stage (slower than the expected rate of progress)	521	1 in 9	206	1 in 58
Fetal distress 1st stage	95	1 in 50	85	1 in 140
Meconium staining (baby poo in the waters)	246	1 in 20	178	1 in 70
Epidural request	131	1 in 30	44	1 in 250
Hypertension (high blood pressure)	41	1 in 110	32	1 in 500
Antepartum haemorrhage (heavy bleeding)	34	1 in 120	26	1 in 500
Failure to progress 2nd stage (stuck in the pushing stage of labour and birth)	300	1 in 14	78	1 in 167
Fetal distress 2nd stage	30	1 in 180	11	1 in 1000
Postpartum haemorrhage (heavy bleeding after the birth of the baby)	53	1 in 95	88	1 in 142
Retained placenta (placenta not separating from the womb)	85	1 in 50	161	1 in 83
Repair of perineal trauma (tears needing stitches beyond what can be done in a midwifery setting, mum may need anaesthetic or theatre to be stitched)	203	1 in 23	180	1 in 70

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Other before birth ³	149	1 in 17	110	1 in 110
Other after birth, maternal reasons	9	1 in 500	18	1 in 1000
Other after birth, neonatal reasons	42	1 in 110	141	1 in 90
Not known	24	1 in 160	40	1 in 250
Timing of transfer²				
During labour (before birth)	1563	1 in 3	764	1 in 16
Immediately after birth	401	1 in 12	633	1 in 20
Not known	44	1 in 77	51	1 in 160
Urgency of reason for transfer				
Potentially urgent (before birth) reasons such as fetal distress (1st or 2nd stage or stage not specified), failure to progress in the 2nd stage or antepartum haemorrhage. Typically completed in about forty minutes from home, less from MLUs, but depends on distance to Obs Unit	462	1 in 10	206	1 in 63
Non-urgent (before birth) such as for failure to progress in the 1st stage or epidural request. Typically around an hour from decision to arrival, again depends on distance to travel.	640	1 in 7	244	1 in 50
Potentially urgent (after birth), usually around an hour but again depends on distance to travel	53	1 in 85	88	1 in 142
Not classified	853	1 in 5	910	1 in 14

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Consultant Midwife, July 2004

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