



South Eastern Health
and Social Care Trust



Your maternity guide 2007–2008

(BOHB0297)



Capture those first precious moments

For gorgeous photos of your newborn baby, the Bounty photographer is on hand every day in the maternity ward.

All you have to do is choose from our fantastic range of print sets, collections, canvas wraps and personalised items.

To find out more about Bounty photography
call 0845 766 0665 or visit www.bounty.com/photography

Maternity Services Guide

Welcome

We are delighted that you have chosen to have your baby here and we hope it will be a positive experience for you and your family. We want to help you to have a healthy, happy pregnancy and birth.

This booklet is designed to give you information about care during pregnancy, childbirth and following delivery. Our midwives and doctors are always pleased to discuss any aspect of your care, and if there is anything you do not understand or anything you wish to discuss please ask.

Contents

Our philosophy of care	4
The Maternity Unit	4
Antenatal care	6
Your ultrasound scan	7
Day Obstetric Unit	8
Healthy eating.	8
What to bring to hospital	9
Going into labour	10
Induction of labour	10
Types of pain relief	11
Caesarean section	13
Postnatal care	13
Going home	14
Your views	14
Complaints and suggestions	15
General information	15
Useful contacts	17

Useful telephone numbers	STD code (028)
Antenatal appointments	9056 1364
Day Obstetric Unit (DOU)	9055 0403
Ward	9055 0469/0470
Neonatal Unit (NNU)	9055 0471
Delivery Suite	9055 0404
Breastfeeding helpline	9056 1339
Parentcraft enquiries	9056 4836

Whilst every care has been taken in compiling this publication and the statements contained in it are believed to be correct, neither Bounty nor the hospital accept any responsibility for any inaccuracies. Advertisements do not carry the endorsement of the issuing hospital.

To advertise in this guide please contact Hospital Booklet Sales on 01379 649523

Our philosophy of care

Aims:

- To provide care, tailored to suit your needs, supporting you to make informed choices which are respected
- To provide a quality service, securing safety for you and your baby during the childbearing process
- To provide a friendly, courteous atmosphere throughout the Unit
- To ensure privacy and dignity for all mothers.

Baby Friendly Status

The Ulster Hospital Maternity Unit provides high standards of care in infant feeding and became the first hospital in Ireland to receive a Baby Friendly Award by UNICEF and the World Health Organization (WHO) in 2000. When your baby is born in a Baby Friendly Hospital you can expect a certain standard of care:

- While you are pregnant you will have a full discussion about caring for, and feeding, your baby, including the benefits of breastfeeding, so you have all the facts you need to make an informed choice
- You will be given your baby to hold against your skin straight after he or she is born, for as long as you want
- A midwife will offer to help you start breastfeeding in the first half hour or so after your baby is born
- Your baby will be kept with you at all times. At night this means that if you require help with your baby, this will be offered at your bedside. This enables you to become more confident in caring for your baby before you go home
- In order to ensure that these high standards are maintained, the Ulster Hospital undergoes rigorous assessment every three years and is audited annually.

The Maternity Unit

The multi-disciplinary team

A professional team is available to care for you during your pregnancy, labour and following the

birth of your baby. All staff wear name badges that indicate their profession.

Obstetricians – doctors who specialise in maternity care

Midwives – provide complete care during normal pregnancy and childbirth

Paediatricians – doctors who specialise in the care of babies and children

Anaesthetists – doctors who specialise in anaesthetics and are responsible for administering epidurals

Physiotherapists – provide antenatal and postnatal exercise and relaxation advice

Social worker – provides advice and support in many circumstances

Dieticians – specialise in dietary advice

Breastfeeding advisors – provide advice and support for mothers with feeding difficulties

Bereavement support midwives – available to offer support to mothers who receive bad news

Community midwives – midwives who work in your local community

Antenatal screening coordinator – responsible for the screening of all bloods taken and acting on the results, if necessary

General practitioners (GPs) – doctors who provide maternity care as part of their general practice

Supervisor of midwives – A supervisor of midwives is a practicing midwife who has been appointed to ensure that the care women receive from midwives is safe and of high quality. She does this by making sure that midwives have up-to-date information and training, and by providing them with guidance and support. You can contact a supervisor of midwives on **028 9055 0404**.

The Maternity Unit has the following departments:

- Maternity Outpatients
- One ward with antenatal and postnatal beds
- Neonatal Unit
- Delivery Suite
- Midwife-led Home-from-home Unit
- Community midwifery service.

Experienced midwives and doctors staff the Maternity Unit. We also have student midwives and medical students-in-training. If you would prefer not to have a student involved in your care, please let us know. Tell the midwife who is caring for you, or write this in your birth plan.

Interpreter service to facilitate communication

Women who do not speak English can have difficulty accessing information and health care services. We can arrange for an interpreter to facilitate at booking and antenatal visits, and parentcraft sessions. This service is also available to women who are deaf or hearing-impaired when communication is facilitated through sign language.

Maternity outpatients

Maternity outpatients provides antenatal care, with ultrasound scanning facilities, examination rooms and counselling rooms. Midwives and physiotherapists will provide antenatal classes, which include information on pregnancy, delivery, parenting and exercise and relaxation. We also offer young mums specific antenatal care and information classes in an informal setting with small groups.

Complementary therapy clinic

This is available for those mothers who are suitable for aromatherapy, reflexology and massage treatments. To find out if you are able to use this service contact the Day Obstetric Unit on **028 9055 0403**.

A midwife will take your details and pass them on to a member of the complementary therapy team who will make contact with you. We welcome donations if you wish to use this service.

The midwives clinic

This is available to women with a normal, healthy pregnancy with no risk factors or previous obstetric problems. The midwife will speak to you about this option of care when you attend your booking appointment.

The Day Obstetric Unit (DOU)

The DOU is situated within maternity outpatients. Women may be referred by GP or community midwife. Please see page 8 for further details.

Young mums clinic

We have a clinic especially for women who are pregnant and below the age of 18. This clinic runs on a Thursday afternoon and offers the opportunity to have parentcraft sessions in a small group with women of a similar age. You also have an antenatal check-up when you attend. You will be offered this option of care when you attend for your first antenatal appointment at the hospital.

Ward

There is one ward on the first floor with 32 beds. Single amenity rooms are available. These can be booked for a fee and are subject to availability. When you are admitted, please let the ward staff know if you would like an amenity room. You cannot reserve a room in advance and rooms are allocated on a first-come, first-served basis.

Delivery Suite

There are five rooms for delivery, two operating theatres and a special recovery area for ill women.

Only birth partners are allowed in the Delivery Suite.

Neonatal Unit (NNU)

The unit cares for premature babies, sick babies, any baby requiring special care and those babies who may need special attention during the first days of life.

Home-from-home Unit

This is a new unit within Ulster Maternity. It is a midwife-led unit consisting of seven spacious rooms, all with ensuite facilities and birthing pool. It is designed to give low-risk women a homely environment in which to labour, give birth and stay until discharged home within 24 hours of delivery.

Community midwifery service

The Ulster Hospital Maternity Unit provides an integrated service with the Community Midwifery Team. This means that the hospital and community midwives work together as a whole to ensure continuity of care. You will meet your community midwife in your home, an antenatal clinic, parentcraft classes, or when you have had your baby. The community midwife has an important role when you are pregnant and after you have had your baby;

she can get to know you and your family and can liaise with the hospital or GP as and when necessary. If you have decided to have a home birth or a domino delivery, the community midwives will provide your care during pregnancy and birth and after your baby is born. The community midwife will then hand over your care to the health visitor. The exact time when this occurs will depend on your individual circumstances.

Antenatal care

When you receive this booklet you will already have had your pregnancy confirmed. Antenatal care is aimed at making sure you and your baby are fit and well, to check the baby is developing properly and, where possible, to prevent anything from going wrong. It is important for you and your baby that you attend antenatal clinics regularly.

An appointment system operates at all hospital clinics to help keep waiting times to a minimum. In emergency situations where doctors may be called from the clinic to assist in another area you will be kept informed of the expected waiting times. Please ensure that we know, and have recorded, any allergies you may have to medicines, foods, latex, rubber etc.

Checkups

The number of times you visit the hospital will depend on the type of care you have chosen but you should be seen regularly either by your GP, community midwife, or at the hospital clinic. At each visit you will have your blood pressure recorded and urine tested. As your pregnancy progresses your abdomen will be examined to check the baby's position and growth and the midwife or doctor will listen to your baby's heartbeat.

At your booking visit it is important to let the midwife or obstetrician know if:

- You are taking any medication
- You have any allergies
- You are being treated for any chronic disease eg diabetes/high blood pressure/thyroid disease
- Anyone in your family has had a baby with an abnormality

- Your family has any inherited conditions
- You have had any complications in a previous pregnancy
- You have had any social or domestic problems.

Whether you have chosen shared-care or hospital care the following tests are carried out routinely, at every visit, to ensure you receive the best care during your pregnancy:

- Urine check
- Blood pressure
- Baby's heart rate.

Blood tests:

At your booking visit your blood will be taken and the following blood tests will be carried out:

- Blood group (also taken at 28 weeks if you are rhesus negative)
- Blood count (also taken at 28 weeks if you are rhesus negative, or 34 weeks if you are rhesus positive)
- Rubella
- Syphilis
- Hepatitis B
- HIV
- Any other tests required.

The results of your blood tests will be placed in your notes when you next attend the hospital (usually at your 20-week scan appointment). If any of your results are abnormal, you will be informed of this by your midwife or your GP.

We do not give out results over the telephone.

Scans

A scan will be offered to all mothers at booking (approx 12 weeks of pregnancy) and another between 20 and 22 weeks (see next page).

Further tests

The following tests are available but not offered routinely. Please ask your obstetrician or midwife if you wish to discuss these tests further.

Screening Triple Test

A screening blood test which will calculate your risk of having a baby with Down's Syndrome.

Diagnostic amniocentesis

A diagnostic test that involves taking a sample of fluid from your womb. It takes about three weeks to get the result and it can tell if your baby has Down's syndrome or any other chromosomal abnormality.

This test carries a risk of miscarriage and you should discuss any concerns with your obstetrician. There is an option to get your result within 48 hours, but you have to pay for this. Please ask for more details if this is a test that you are considering. It is important to realise that no test can guarantee that your baby will be born without abnormality.

Your ultrasound scan

Reproduced with permission of the Royal College of Obstetricians and Gynaecologists.

As part of your antenatal care, we offer to carry out scans of your baby. The first scan will be done at your first antenatal visit. It is to check how many weeks pregnant you are, that there are no twins and that the baby is doing well. Usually, the scan will be through your abdomen and you should have a full

bladder. Sometimes the scan will be done through the front passage (vagina) but the ultrasonographer will talk to you about this if it proves necessary.

A second scan, performed between 20 and 22 weeks, is to check that your baby is normal. Most babies are healthy, but sadly some have problems which could be serious. If you really do not wish to know if your baby has an abnormality, it may be best to decide not to have this scan. If you do decide to have a scan, we will assume that you wish to know about anything that we find.

The scan will involve you lying down on a couch and a trained scan operator putting scan gel and then the scan head onto your abdomen. This will display moving images on a screen, which allow measurements of the baby to be taken. These can be difficult to see clearly, but the scan operator will try to ensure that all is well. About half of the major abnormalities that cause serious difficulties will be seen on scan. This means that even if your scan is normal there is a chance that your baby will still have a problem.

Problem	Explanation of what the problem is	Chance of being seen on scan
Spina bifida	Open spinal cord	90%
Anencephaly	Absence of the top of the head	99%
Hydrocephalus (<i>many cases present late in pregnancy or even after birth</i>)	Excess fluid within the brain	60%
Major congenital heart problems		25%
Diaphragmatic hernia	A defect in the muscle which separates the chest and abdomen	60%
Exomphalos/Gastroschisis	Defect of the abdominal wall	90%
Major kidney problems	Missing or abnormal kidneys	85%
Cerebral palsy	Spasticity	Never seen
Autism		Never seen
Down's syndrome	May be associated with heart and bowel problems	About 40%

The table on page 7 lists different types of congenital abnormality, and how likely scanning is to identify each problem.

If the scan finds a problem you will be told at the time, but a full discussion of the problem may require you to come back to hospital for a further scan and discussion with a specialist. Most problems that need repeat scanning are not serious and approximately 15 per cent of scans will need to be repeated for one reason or another.

You will not be routinely offered any further scans during your pregnancy. If it is decided that you need to be scanned, the reason for this should be discussed with you.

We would like to advise you that at the Ulster Hospital it is our policy not to look for the sex of the baby. You are also advised not to laminate any scan photograph as this will destroy it.

Day Obstetric Unit (DOU)

The Day Obstetric Unit is for expectant mothers who have concerns or worries about their pregnancy. It is run by a team of experienced midwives who provide support and advice to mothers. Medical advice is sought as necessary. As there is no appointment system in the DOU, you may have to wait for a while before being seen. However, our triage system will ensure that labouring mothers and emergencies are given priority.

Any pregnant mother who has been booked into the Ulster Hospital Maternity Unit can come to the DOU. Women with the following type of problems may be referred to the Day Obstetric Unit:

- Any form of vaginal bleeding
- A reduction of the baby's movements
- Raised blood pressure
- Abdominal pain
- Early labour
- Leaking of amniotic fluid (waters breaking).

These are examples of some concerns which you may wish to contact the unit about. For most problems it would be best to contact your GP first.

Contacting the Day Obstetric Unit

The following people can refer you to the DOU:

- GP
- Community midwife
- Antenatal Clinic
- Consultant obstetrician
- Main A&E.

You are welcome to contact us directly and speak to a midwife, either to seek advice, or to arrange a time to attend. Please remember to bring your hospital notes with you if you are coming to the DOU.

Screening tests are also carried out in the DOU and outpatient care is given to mothers who have antenatal problems but do not have to be admitted to hospital, such as raised blood pressure.

DOU direct line: **028 9055 0403**

Monday to Friday, 8.30am–6pm.

Outside these hours call Delivery Suite on **028 9055 0404**.

A midwife will be available to give advice.

Healthy eating

Healthy eating is important during pregnancy for you and your growing baby. You do not need to go on a special diet but make sure you choose a variety of different foods from each of the four food groups listed below.

Bread, rice, cereals and pasta

- These are an excellent source of starch, carbohydrate, vitamins and fibre
- You should try to eat four servings from this group every day
- Try eating wholemeal bread and wholegrain cereals when you can to increase your fibre intake
- Try to cut down on sugary foods.

Meat, fish, eggs, pulses and nuts

- Meat, fish and well-cooked eggs are a good source of protein for growth and iron
- Try to include meat, fish or eggs in your diet daily
- Use lean sources of meat and try to grill, bake or stew. Make sure any meat is well cooked
- Try to eat red meat two or three times each week

- Avoid liver, liver sausage and any type of pâté as they contain large amounts of the retinol type of vitamin A which can be harmful to your baby
- It is recommended that during pregnancy you avoid eating unusual fish like shark, marlin and swordfish and limit tuna to no more than four medium cans or two fresh tuna steaks per week; these fish may contain harmful levels of mercury
- If you are vegetarian, have beans, peas, cheese or well-cooked eggs at least twice a day
- Eating peanuts in pregnancy may be linked to a peanut allergy in some children, especially if there is a family history of allergies such as asthma, eczema or food allergies. Pregnant women and breastfeeding mums may want to avoid them just to be on the safe side. Refined peanut oils are very unlikely to cause a problem.

Fruit and vegetables

- Eat plenty of fruit and vegetables as these provide vitamins and minerals as well as fibre
- You should try to have at least five servings from this group every day
- Choose fresh, frozen, tinned and dried fruit and vegetables
- Cook vegetables in small amounts of liquid and try not to overcook them as this will destroy some of their vitamins.

Milk, cheese and yoghurt

- These are important sources of calcium and protein
- Try to include at least one pint of milk each day in your diet. If this is not possible, take the equivalent in other dairy foods, for example:
 - 200ml/1 glass milk (third of a pint) or
 - 1 yoghurt or
 - 30g (1oz) cheese
- Choose lower fat versions as they contain just as much calcium and protein, without unnecessary fat
- Avoid soft cheese like Brie, Camembert, Stilton and Danish blue as these can be sources of listeria. Although rare, listeria can cause miscarriage, stillbirth and severe illness in the newborn.

It is important to drink sufficient fluid. Aim for six cups per day.

What to bring into hospital

Try and pack at 34 weeks or before.

For you:

- Your hospital maternity notes
- Small change for the telephone
- Nightdress, pyjamas or comfortable loose casual clothes (at least 3 changes)
- Lightweight dressing gown
- Slippers
- Pants (at least 5 pairs) disposable or old pants are useful
- 2 supportive, or nursing, bras
- 3 packs of maternity sanitary towels
- Breast pads
- 2 bath towels
- Soap bag with toiletries
- 2 face flannels
- Toothbrush and toothpaste
- Any medication you are taking.

For baby:

- Newborn nappies
- 4 baby vests
- Cotton scratch mitts
- 4 baby sleepsuits
- Socks.

For your birth partner:

- Change for the phone (20p, 50p, £1)
- List of phone numbers
- Drinks and snacks
- Book/magazine
- Wear light comfortable clothing – the Delivery Suite is warm
- Camera and film.

Money and valuables

Please do not bring large sums of money or expensive jewellery or valuables into the ward. The Trust cannot accept responsibility for loss of valuables.

Going into labour

If you are not sure if you are in labour or are unsure whether you need to be seen at the hospital, your GP or community midwife can provide advice and support in the first instance. If they are unavailable you can contact the DOU (see page 8).

Arrange for your birth partner, a family member or friend to take you to hospital. If you have no transport, ambulance control may be contacted on **028 9040 2222**. However, emergency calls take priority and you may have to wait for an ambulance to be available.

In an emergency use **999**.

If you are arriving at the Maternity Unit after 9pm at weekends or bank holidays please press the intercom bell at the side of the door to speak with a Delivery Suite midwife. The doors will be locked for security reasons after 10pm. To get into the Unit after this time use the intercom bell at the left side of the door; a midwife from Delivery Suite will answer and ask you to come in; she will come downstairs to meet you.

If you are hearing-impaired, and coming in to be admitted in labour outside hours, please press the doorbell to let us know you are there. You will be seen on the security camera and then a midwife will also come down to meet you in outpatients.

Pain relief

Childbirth is rarely a pain-free experience. Your labour will be painful and it is important that you learn how you and your birth partner can help you cope with your contractions. Discuss with your midwife, GP or obstetrician what your options are. Write your wishes in your birth plan and remember it is important to keep your options open as childbirth is different for each mother and effective pain relief is different for each individual. Please read and discuss with your partner the pain relief information on pages 11 and 12 of this booklet. You will be able to discuss methods of pain relief with your midwife in the Delivery Suite, the Antenatal Clinic and at parentcraft sessions.

Labour

When you are in early labour you may remain in the Antenatal Ward. Your husband/partner or a friend of

your choice may also stay with you as a birth partner. As labour progresses you will move from the ward to the Delivery Suite where a midwife will provide all your care and assist with delivering your baby. If there are any problems the doctor will be consulted.

Monitoring your baby's heartbeat

Every baby's heart is monitored throughout labour. The staff are watching for a change in the heart rate that would indicate that attention is required. There are different ways of monitoring the heartbeat, either with a hand-held instrument called a Pinnard's stethoscope, or a hand held monitor called a sonicaid. If it becomes necessary to monitor the baby's heartbeat more closely you may be attached to a monitor using a strap around your tummy. Sometimes it is also necessary in labour to monitor the heartbeat more exactly and you will be asked permission to attach a clip to your baby's head. The midwife or obstetrician will discuss the best way to monitor your baby during labour.

Induction of labour

You may need to have your labour induced. This is usually carried out because you are 10 days past your due date or there is a medical problem with you or your baby. Your midwife or doctor will explain what will happen if you need your labour induced.

If you are going to be admitted to the Maternity Unit to have your labour induced you may find this information helpful. If you have any further questions or concerns please discuss these with your midwife or doctor.

Spontaneous labour

During pregnancy the neck of the womb is firm and closed. At the start of labour the body produces hormones which help to soften the cervix. Tightenings or crampy pains in the womb help to soften the cervix. When labour commences and you start having regular painful contractions the cervix will start to dilate (open).

Why induce labour?

Labour is induced if there is a problem with either you or your baby or you are 10 days past your expected due date. If labour has to be induced a doctor will explain the reason why.

How is labour induced?

A vaginal examination will be performed by a doctor and if your cervix has softened and started to dilate you will be given a date and time to come into either Mitchell or Rea Ward. When you come in, you will be admitted to the ward and later taken to the Delivery Suite when suitable. Here, your waters will be broken and a drip inserted. This drip will have a drug added to it called syntocinon which will make contractions start. The drip starts slowly and is gradually increased, this will, in turn, increase the frequency of your contractions.

If your cervix is unfavourable (closed and to the back) you will be given a date and time to come into hospital - usually in the evening. You will be given a prostaglandin tablet into your vagina. This helps soften the cervix and makes labour easier to start.

After you are given this tablet you must stay in bed for one hour to allow the tablet to dissolve. During this time the midwife will record your baby's heartbeat regularly and note if you are having any contractions. You will have a monitor applied for at least 30 minutes to listen continuously to your baby's heartbeat.

Possible difficulties with induced labour:

- If your cervix is very unfavourable it will take more than one prostaglandin tablet to make it suitable to have your waters broken. There is a limit to the number of tablets you can be given in one day so you may be in hospital more than one day before labour begins
- A small number of women have failed inductions, do not establish or progress in labour and may therefore need a caesarean section
- Labour is usually longer when it is induced and you may need more pain relief
- You are more likely to have a vacuum or forceps delivery, or a caesarean section, if your labour is induced
- If you are not full term, your baby is more likely to develop breathing problems which may mean that your baby has to be admitted to the Neonatal Unit.

Types of pain relief

Self help

Having confidence in your own body will assist you through labour. While you are in the early stages of labour you may like to try some ways of helping yourself cope with the pain. For example, a warm bath can be very relaxing, or your birth partner could massage your back. Some women find keeping active by walking about helpful and adopting positions of ease during contractions. Breathing and relaxation techniques can be beneficial. Complementary therapies such as aromatherapy, massage and reflexology may also help.

If you would like to use complementary therapy methods of pain relief in labour please discuss this with a midwife from the complementary therapy team (see page 5).

Water pool

The benefits of using water for labour are now widely recognised. There is a pool available in Delivery Suite for use by women in labour when the pregnancy and labour is problem-free. If you want to use the pool there are guidelines that your midwife can make you aware of; these will achieve the maximum benefits, ensuring the safety of you and your baby.

TENS (Transcutaneous Electrical Nerve Stimulation)

TENS produces a massage effect through the application of small pads placed on your back which stimulates the release of endorphins, the natural pain-relieving chemicals found in the body.

TENS can also be used with other forms of pain relief such as gas and air and Pethidine injection. The advantages are that this form of pain relief has no side effects for you or your baby, you can still walk about, and you can operate the strength of the electrical massage so it is very easy to use.

If you are interested in using TENS please ask your midwife for a TENS form at the Antenatal Clinic, or contact the Physiotherapy Department at the Ulster Hospital to book a session on how to use TENS.

Alternatively, you may like to hire your own TENS machine, if so ask a midwife or contact the physiotherapy department on **028 9048 4511, ext 2353.**

Entonox (gas and air)

This is a mixture of oxygen and nitrous oxide similar to what you may have used at the dentist. It is breathed through a mouthpiece or mask and you are in complete control of how much you want to take in. As soon as a contraction begins you need to start breathing the gas to maximise the effect as it takes 15 to 20 seconds to take effect.

Some women find gas and air is all they require for pain relief during labour and it has no side effects for the baby as the gas is expelled quickly when it is breathed out. However, gas and air may make you feel temporarily light-headed, sick, or sleepy.

Pethidine and Omnopon injection

These are sedatives which can be given to help you cope with your contractions by helping you to relax and some women find they lessen the pain.

Pethidine

Pethidine takes approximately 20 minutes to work; the injection is given into your hip and the effect of the injection usually lasts between two and four hours.

Omnopon

Omnopon is usually used in the early stages of labour with your first baby. Its pain-relieving effects can last up to six hours.

However, the side effects are:

- It can make you feel very woozy, sick and forgetful
- You may find it difficult to push in second stage
- It may affect the baby's breathing and if this happens the baby will be given medication to reverse the effects.

Epidural

An epidural is an injection which is given into the lower back by an anaesthetist. It is a mixture of local anaesthetic and a pain-relieving drug. It takes about 20 minutes to set up the procedure and another 15 to 20 minutes to begin to work or take effect. A fine tube is left in your back so that further doses can be given. An epidural can be very helpful for those women who are having a long and particularly painful labour. However, you need to be aware that approximately 1:20 epidurals do not work well and

may need to be put in again.

Things to consider when choosing epidural as a method of pain relief are:

Advantages:

- Greatly reduces pain of labour
- If the obstetrician decides you need forceps or a vacuum delivery it provides good pain relief
- If the obstetrician decides you need a caesarean delivery the epidural can be 'topped up', avoiding the need for general anaesthesia
- With raised blood pressure (pre-eclampsia) the epidural helps stabilise the swings in blood pressure.

Disadvantages:

- You will need a drip in your arm and a catheter in your bladder
- Sometimes the epidural can cause a fall in blood pressure which can make you feel sick or dizzy
- The epidural drugs may cause your skin to itch and you may experience episodes of shivering
- Sometimes the epidural works on one side only and may need to be put in again
- Sometimes after epidural you may get a severe headache. This occurs in around one per cent of epidurals. It may require further treatment
- Your legs may become slightly heavy and your ability to push will be affected. The second stage of labour is usually longer and a forceps or vacuum delivery may be more likely
- Serious side effects, such as nerve damage, are rare. For example, prolonged patches of numbness are said to occur in about 1:13,000 epidurals.

Do feel free to discuss any concerns you may have about epidurals with your midwife and if necessary she will arrange for you to speak with an anaesthetist antenatally.

Remifentanyl

Remifentanyl is a very short-acting, pain-relieving drug like pethidine. Its pain-relieving effect comes on very rapidly and also wears off very quickly. It is self-administered through a hand-held pump.

Advantages

- You are in control
- You are more alert throughout your labour
- There is a safety feature built into the pump so you can only get a safe amount of the drug
- Some women can still get sleepy between contractions but remifentanyl has been shown to be safe for babies.

Caesarean section

A caesarean section is a major operation. It is only performed if there is a clinical need.

Emergency caesarean section

During labour if any complications develop the midwife and doctor will discuss with you why a caesarean delivery is needed and the operation can usually be done by either spinal anaesthesia or by topping up an existing epidural. This means you can usually be awake during your operation and can see and hold your baby as soon as possible. Your partner will be able to stay at your side during your operation.

Elective (planned) caesarean section

Your obstetric consultant usually discusses and plans with you for an elective caesarean section if labour is judged to be inappropriate for you or your baby. Current recommendations are that the baby is at least 39 weeks as there is evidence that babies born before 39 weeks may have breathing problems and need special care. However, there will be circumstances clinically indicated where your baby might need to be delivered early. The reasons for early delivery would be discussed with you.

A paediatrician would be present at your delivery and your baby may require being cared for in our Neonatal Unit for a period of time.

If you have been booked for an elective caesarean section you will either be admitted the evening before your operation or early in the morning to

prepare you for theatre. You will need to have fasted (no food or drink) from midnight. You will be prepared for theatre on the ward and then transferred to Delivery Suite. Please ask your midwife or obstetrician any questions you may have about procedures.

The anaesthesia for caesarean section

The majority of women have their caesarean section under regional anaesthesia (spinal or epidural). This is because:

- You and your partner can participate in the birth
- It is safer than a general anaesthetic
- A general anaesthetic can also make the baby sleepy at delivery.

Types of anaesthesia that can be offered:

- Spinal – used most commonly for elective caesarean section
- Epidural – usually used for women who already have an epidural sited for labour
- Combined epidural/spinal – used in special circumstances where the anaesthetist needs more control of the situation such as raised blood pressure
- General anaesthesia – always an option if the above are insufficient but usually reserved for certain emergency situations where there is not time to site a spinal or epidural.

The anaesthetist will always discuss options with you. If you have had a baby by caesarean section this will not necessarily mean you cannot have a vaginal birth for a future baby.

Postnatal care

Enquiries

It is usual for friends and family to be anxious to find out if baby has been born and what sex the baby is. However, we have a policy where we do not give out information without the permission of you or your husband/partner. We would very much appreciate it if your relatives and friends would telephone a nominated person, for example a grandparent, so as to keep telephone enquiries to a minimum.

Length of stay

This is flexible and, if prearranged with your community midwife providing both mother and baby are well, you can go home as soon as six hours following delivery. First time mothers usually stay in hospital for 48 hours. Mothers who have had a caesarean section usually stay for three days.

Rooming in

We are a baby-friendly unit and encourage good infant feeding practices, therefore your baby will be beside you night and day. However, if you need help at any time please ask a midwife.

Security

Your baby's safety is a priority. 24-hour security cameras operate at all exits in the Maternity Unit; these record 24 hours a day.

All wards are fitted with secure access and restricted access to these areas is in operation.

Mothers and partners are advised to challenge any individual unknown to them and to alert a member of staff if there is anyone who wishes to remove their baby for any reason or if they see anyone acting suspiciously.

You are advised to check for the presence of staff identification badges. These state the name and grade of staff and contain a photograph.

It is the policy of this unit that you keep your baby beside you at all times while you are in hospital. If your baby is taken from you at any time for tests or treatments, you or your partner should accompany your baby. We have a rooming-in policy for the 24-hour period and do not take babies away at night. However, we do offer assistance at your bedside if you need help with caring for your baby.

Baby tagging

For extra security, an electronic band will be placed around your baby's ankle.

Going home

Car seats

Babies and young children must always travel in an appropriate car seat. Never use a rear-facing baby seat in the front of a car where an airbag is fitted (unless it is switched off). If using a

front-facing seat, position the car seat as far back as possible. Should the car have airbags in the rear, check the car manual or contact the manufacturer to see if it has been tested with a car seat fitted and get a copy of the research results before fitting the seat.

Your views

Here at the Ulster Maternity Unit, we are dedicated to ensuring that you have the highest quality care. With this in mind, we would like to inform you of your rights and responsibilities.

As a pregnant woman, you have the right to:

- Be treated politely by all staff in a professional and caring way
- Be given clear, understandable information
- Have your privacy respected and all information about you kept confidential
- Be informed of the choices which are available to you
- Be treated with dignity, cultural sensitivity and respect at all times.

As a pregnant woman, you are responsible for:

- Taking care of your hand-held notes and bringing them with you to each appointment
- Ensuring that staff are treated with courtesy and respect
- Refraining from violence and abuse towards staff
- Letting your carer know of any health or medical problems
- Letting your carer know of any special needs or preferences or cultural requirements.

(Adapted from: The Ulster Community and Hospitals Trust Charter for Patients and Clients, 2002)

We are constantly trying to improve our service and welcome any comments that you have about your care before you gave birth, during labour and after birth. Please feel free to write to:

Elaine Madden
Lead Midwife
(address on page 3).

Maternity Services Group – ‘One Voice’

This unit has regular meetings with mothers, users of our service, midwives, obstetricians, anaesthetists, paediatricians and other agencies to discuss our maternity services. We welcome new members and invite you to join us at our meetings which take place four times a year. To find out the date of the next meeting please telephone: **028 9048 4511** ext **3372** or email: onevoice@setrust.hscni.net

Complaints and suggestions

If you are unhappy about any aspect of your care, please ask to speak to the ward manager.

Alternatively, you may wish to write directly to:

Complaints/Patient Liaison Officer
The Ulster Hospital
Dundonald, Belfast BT16 1RH

General information

Meal times for mothers

Breakfast	8.30am–10am
Coffee/tea	10am
Lunch	12 noon–1.30pm
Evening meal	5.30pm–6.30pm
Evening drink	9pm

Special meals are available on request, for example vegetarian. If you require a special diet for medical reasons, this can be arranged in consultation with the hospital dietitian.

Restaurant service

The Oasis Restaurant, situated in the main hospital ground floor, is open every day for meals and snacks. The closing time is 7.15pm.

A coffee shop is situated on the ground floor and is open from 9am–5pm.

There is also a vending machine in the Maternity Unit, opposite the DOU.

Toilets for visitors

These are situated on the ground floor of the main hospital, opposite the reception area.

Visiting

It is important for new mothers to rest and not become overtired. We advise that you organise your visitors so they do not all visit together or stay too long. Visiting outside specified times disturbs other mothers and, as requested by previous users of our service, we have set visiting times.

There is no access outside these hours.

Visiting times:

Partners: 2pm–9pm

Other visitors: 2pm–4pm and 6.30pm–8pm.

At the request of new mums we have a rest hour from 1pm–2pm. This designated time is for new mums and those who have problems in their pregnancy can have a rest without interruptions. Visitors are asked to respect this time for new parents.

Outside these hours visitors will not be admitted to the wards.

The safety of babies is a priority. To protect newborn babies, only children over 10 years old or the mother's own children can visit and must be accompanied by an adult. It is requested that persons with coughs and colds, or anyone who has been in contact, directly or indirectly, with infectious diseases, should not visit the department due to the risk of infection.

Visiting in Delivery Suite

Your partner or chosen birth companion is welcome at all times in Labour Ward. No other visiting is permitted as privacy and dignity for all mothers must be maintained.

Telephones

These are situated on the ground floor. You will need 20p, 50p or £1 coins for the telephone. The phones are available for outgoing calls only. It is not possible for inpatients to accept incoming calls except in an emergency. **Please note mobile phones can affect clinical equipment and must not be used in the Maternity Unit.**

Car parking facilities

A pay-and-display system operates within the hospital grounds. You will need to bring change for the machine which is situated in the main reception area of the general hospital. There is no pay machine situated within the Maternity Unit.

There is a designated space outside the main door for use by emergency ambulances. It is essential that you do not park in this area. There is a drop off point beside the emergency ambulance bay. If you need to use this area please inform staff at the Outpatients Reception so that you can be contacted to remove your car if necessary. As soon as possible, move your car to a designated pay-and-display car park.

Toilets for visitors

These are situated on the ground floor of the main hospital, opposite the reception area.

Telephones

These are situated on the ground floor. You will need 20p, 50p or £1 coins for the telephone. The phones are available for outgoing calls only. It is not possible for inpatients to accept incoming calls except in an emergency. **Please note mobile phones can affect clinical equipment and must not be used in the Maternity Unit.**

Smoking

This unit has a policy that smoking is not permitted within the Maternity Unit by staff, patients relatives or visitors. There are no facilities within the unit for smoking. This is for the protection of all our health and particularly newborn babies.

Smoke alarms are situated in all areas of the unit and these are sensitive to cigarette smoke. Midwives and a smoking cessation advisor are available to provide help and support for mothers and their partners who wish to stop smoking.

Electrical appliances

Appliances such as hairdryers and curling tongs must carry a CE mark. For your convenience hairdryers are available in each ward.

Registration of births

It is the legal duty of the parent to register the birth of the baby within 42 days of birth. If you are married, either you or your husband can register your baby's birth. If you are not married and you want your baby's father's name on the birth certificate, he must be present when you register your baby. If you do not have a partner, you can register your baby yourself. This can be done either in hospital or at your local registration office. To facilitate registration, the registrar visits the wards three times weekly with the exception of bank holidays.

Hospital chaplains

Chaplains visit the wards regularly, and can, if you wish, inform your own spiritual advisor you are in hospital. Each ward also has contact numbers of local priests and ministers who you may like to be contacted in special circumstances.

Social worker

If you require advice or help during your pregnancy you can access social work support by asking a midwife or by contacting Lynn O'Neill, Maternity Social Worker direct on: **028 9056 1309.**

Stress in pregnancy

It is now widely recognised that pregnancy can be a stressful time. This can sometimes have a huge impact on relationships and, in some cases, may result in physical, sexual or emotional violence. The effect of this on the pregnancy, the relationship and the family can be traumatic and so we have support which we can offer in these circumstances. If you disclose that there is a problem, this will be taken seriously and will be dealt with the utmost sensitivity and confidence. There are help lines and groups which you can be put in touch with. These can give you access to specially-trained people who can give you practical advice, help and support. Please refer to the support groups below for further details:

Womens Aid: **028 9033 1818**

Victim Support: **028 9024 4039**

The mental health team

If you require advice or would like support from a member of the mental health team please ask your midwife or obstetrician to refer you to the appropriate professional. The Team can offer support if you suffer from eating disorders, drug and alcohol problems or any other psychiatric disorders.

Unexpected outcomes

Grief is not usually associated with pregnancy, but not all pregnancies progress smoothly. Unfortunately, miscarriages, stillbirths and babies born with abnormalities, do happen. If unexpected problems occur, the hospital has staff and services to support you. A team of midwives, doctors, social workers, chaplains and a bereavement counsellor are available. There are also support groups which can be contacted.

Bounty services

Bounty Photography operates in the wards; a photographer visits every day of the week. You will have the opportunity at the bedside to view the photos and to place an order. your Maternity Unit benefits from the revenue from this service. For further information, ring **0845 766 0665**.

A Bounty Distributor visits this hospital on a regular basis to distribute packs containing FREE samples and the Child Benefits Claim Pack. The Bounty Customer Care Line is **0800 316 9341**.

Home-Start

Home-Start volunteers offer support, friendship and practical help to young families who are experiencing stress, and who have at least one child under the age of five. Home-Start provides an independent, confidential service.

Further information is available:

Tel: **028 9045 9429**

www.home-start.org.uk

Freephone information line: **0800 068 6368**

Useful contacts

Breastfeeding Helpline

Tel: **028 9056 1339**

Citizens Advice Bureau

Tel: **028 9073 9447**

National Childbirth Trust (NCT)

Tel: **0870 4448 707**

www.nct.org.uk

Local NCT Breastfeeding Counsellor

Catherine – Tel: **028 9084 1565**

NCT Breastfeeding Helpline

Tel: **0870 444 8708**

Manned by breastfeeding counsellors.

Open 7 days a week 8am–10pm

Northern Ireland Childminding Association

Tel: **028 9181 1015**

Northern Ireland Mother and Baby Action (NIMBA)

Support for parents of ill or premature babies.

Tel: **028 9081 5050**

Parent Advice Centre

Tel: **028 9023 8800**

Parentline Plus

Tel: **020 7284 5500**

Stillbirth and Neonatal Death Society (SANDS)

Tel: **020 7436 5881**

Smoking in Pregnancy Quitline

Tel: **0800 169 9169**

www.givingupsmoking.co.uk

Twins and Multiple Birth Association (TAMBA)

Tel: **028 9023 9050**

Women's Aid

Tel: **028 9033 1818** (24-hour helpline)

Join the Bounty Club

the essential club for growing families



Joining couldn't be easier

The sooner you join us, the sooner we can start supporting and rewarding you.



Just fill in the application form at the front of 'Your pregnancy' guide and take it to your nearest Boots or Asda store to become a member of the Bounty Club and receive your first reward immediately – the Mum-To-Be Essentials bag.



There are even more club benefits online at **www.bounty.com**. Don't forget if you register online, you will still need to collect your Mum-To-Be Essentials bag from one of the stores.



Join today

£5

Collect your Mum-To-Be Essentials bag at any **ASDA** Customer Service Counter and you will receive a voucher worth £5 to spend on any baby products within Asda, including **GEORGE** baby clothing.

Bounty Club benefits:



www.bounty.com

Shop online at
the UK's largest
Independent
baby store



kiddicare.com
The UK's Favourite Baby Website

- Top Brands • Lowest Prices • 24hr delivery

kiddicare.com Hampton Peterborough
Baby Store



Open Spring 2008

For Store Information Directions & Opening Times
Log onto www.kiddicare.com