

Introduction to the Maternity Services

Department of Family Services



This booklet is designed to provide you with information for you and your family from the time you initially see a midwife, until discharge.



at Diana Princess of Wales Hospital

Introduction

The purpose of this handbook is to provide you with as much information as possible to help you and your family from the time you initially see a midwife, until discharge from the Maternity Service after the birth of your baby. If you have any worries, please ask a member of staff to help.

Team Midwifery

There are four midwifery teams. Team Midwives will be mainly responsible for your care throughout your pregnancy (including labour and delivery). The team midwives are based on one ward area, and can be contacted anytime (24 hours per day). Should you require an admission to the Maternity Unit, your stay will be on the team ward area, and care will be provided by the team midwives.

The team will also provide postnatal care and support whilst in hospital and also when you go home.

It is hoped that you will get to know your team, and be able to foster supportive relationships, enabling you to make informed choices about your care and be confident in the care provided.

There are also teams of 'expert Midwifery Practitioners' based on the maternity floor and in the Acorn Women's Outpatient Clinic and Day Unit. They provide complimentary advice, support and care in order that a quality service is achieved for those women with specific needs.

Consultants and Midwives

We have five Consultants one of which will be assigned to oversee your care until after your baby is born.

They are:

Mr Bolaji Mr Gimba Mr Mueller Mr Saha Mr Stuart

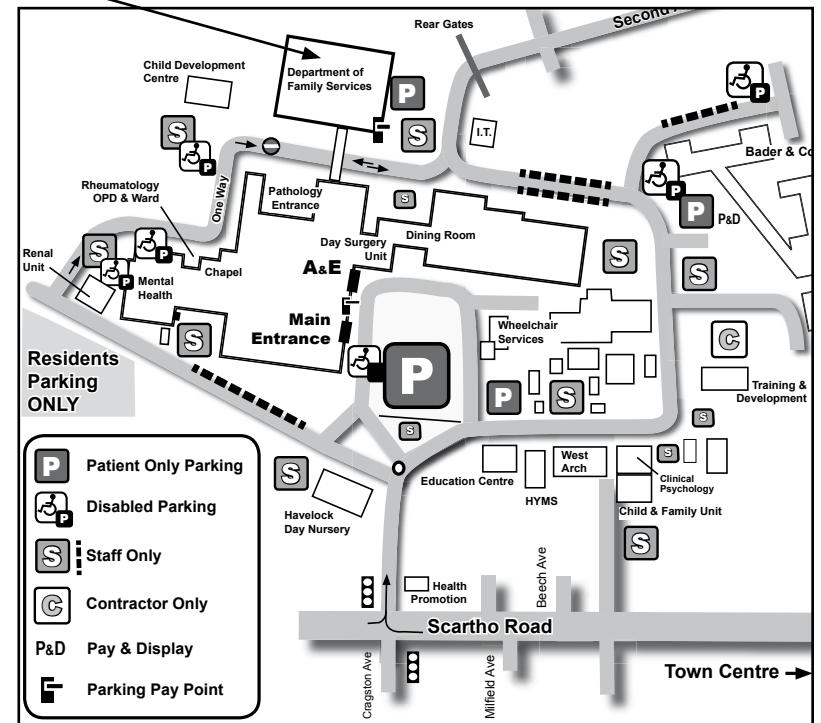
General Information

How to recognise staff

- Team managers wear navy blue uniform
- Labour team co-ordinators wear navy blue uniform.
- Advanced midwifery practitioners (AMP'S) wear pale blue uniform.
- All other midwives wear royal blue uniforms
- Student midwives wear white uniform with pale blue trousers.
- Support staff wear white uniform with epaulettes.

How To Find Us

We are here



How to contact the hospital

Ring Grimsby Hospital on 01472 874111.
The main switchboard has extensions to all areas.

Team Names	Direct Line	Ext.
Jasmine	01472 875555	7862
Blueberry	01472 875249	7864
Holly	01472 875250	7865
Honeysuckle	01472 875251	7869

Acorn Women's Outpatients

Antenatal Clinic	01472 875248	7863
Antenatal Day Unit	01472 875558	7876

Mrs S Youssef (Modern Matron)	01472 874111 sheila.youssef@nlg.nhs.uk	7884
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Visiting

Visiting hours are 2 pm till 4 pm in the afternoons, and 6.30 pm till 8 pm in the evenings.

As a visitor to the building you will be asked to identify yourself on entry, and are requested to use the alcohol hand gel as a matter of routine each time you enter or exit the department. You are requested not to allow anyone to handle your baby, unless they are a known member of staff or a close family member.

Each cot has a security alarm attached to it – a member of staff will show you how to use it. You are encouraged to use it whenever your baby is in the cot.

If any visitors have an infection, including coughs and colds, please ask them not to visit.

Smoking

Northern Lincolnshire and Goole Hospitals NHS Foundation Trust operate a no-smoking policy, this means that smoking is not allowed within any of the hospital grounds or buildings. Mothers are warned of the dangers of smoking and to comply with the hospital policy.

Seatbelts

Pregnant women must wear a seatbelt when travelling in a car. The lap strap should go across the hips, fitting comfortably under the bump while the diagonal strap should be placed between the breasts and around the bump.

Teaching

The Maternity Hospital is involved in training midwives and doctors. All students are closely supervised by qualified and experienced staff. If you have any queries or objections regarding their involvement in your care, mention this, your decision will not affect the care you receive.

Valuables

It is important to point out the Northern Lincolnshire and Goole Hospitals NHS Foundation Trust cannot accept responsibility for the loss of personal property or valuables brought into the hospital unless they are handed to the ward staff for safe-keeping. A receipt will be issued which you must retain and produce for the return of your property.

Hospital Amenities

Letters

Letters are delivered to the wards once a day. Please ask your relatives and friends to address the envelope with your full name and name of the ward. Letters for posting may be handed in at the reception office between 9 am and 9pm.

Telephone/radio/TV equipment

Patient Line, which is a telephone/radio/TV and computer access is available at each bedside if desired. There is a charge for this facility and a token machine can be accessed at the main hospital reception area. For clients under the age of 16 this service is free of charge. This service can also accept incoming calls from you family and friends.

Hospital Chaplains

If you would like a visit by a hospital chaplain please inform a member of staff.

Meals

There is a choice of menu and you will be asked to complete a menu card for meals. The hospital caters for specific diets – please inform a member of staff.

Approximate meal times are:

8.30 am - 9.30am	Breakfast
12noon - 1.00pm	Lunch
5.30pm - 6.30pm	Evening meal

Each room will have tea/coffee making facilities. Meals will NOT be provided for partners/support persons, how ever if they wish to do so partners of inpatients will be able to order meals. Catering staff will take orders and payments on an individual basis.

Antenatal Care

Antenatal care is important for the health of you and your baby, and will be provided by midwives and members of the hospital medical team.

The booking visit

This is your first antenatal visit. It may be at a choice of venues such as your home, the ward or at a community clinic and usually takes around one hour. At this booking visit your team midwife will ask you about your medical history and about any previous pregnancies you have had. These details will be entered into your records and all information given by you is confidential. There will be discussions about the place of the delivery. Blood pressure will be taken and a sample of your urine tested, your height and weight will also be checked and some blood will be taken for various reasons including:

- To find out if you are immune to rubella (German Measles)
- To find out your blood group
- To find out if you are anaemic
- To test for some sexually transmitted diseases and Hepatitis B

We also recommend that every pregnant woman is tested for HIV, the virus which causes AIDS. By testing in early pregnancy, treatment can be given and can greatly reduce the risk of your baby being infected should you be infected.

You will be given Maternity Records, which you should carry with you at all times whilst you are pregnant. You will be asked for them at every antenatal consultation you have.

You will be informed which team of midwives will be co-ordinating your care.

Choice of Place of Delivery

You may be booked under any of the following:

Consultant care

You will be looked after by midwives but under the care of a Consultant and hospital doctors. Antenatal care will be normally shared by your team midwives and hospital doctor.

Mothers with perfectly normal pregnancies as well as those requiring 'high tech' care, may be looked after under consultant care arrangements. Mothers though, with perfectly normal pregnancies can opt for 'Midwife Led Care' .

Home delivery

This is where you are delivered in your own home, usually cared for by your team midwife. If this is the place of delivery you would prefer, please discuss it with your midwife. We have an 'on call' arrangement for evenings, nights and the weekends therefore ensuring a midwife is available to care for you.

'Midwife-led care'

You will be cared for throughout your pregnancy, labour and delivery by midwives, only being referred to a doctor if the need arises.

Please discuss with your midwife at your booking visit the type of care you would prefer, although you may be able to change if you wish at a later time.

Appointments

Some or even all of your antenatal checks may take place at your family doctor's surgery or new Children's Centres, where either the doctor and/or team midwife will see you.

At each visit you will have your urine tested and your blood pressure taken. You will also have an abdominal examination, and the baby's heartbeat may be listened to. All this information will be recorded on your records. Please ask if you need anything explaining to you.

It is important that you attend all your antenatal visits. If you are unable to attend please telephone for another appointment. If you change your address, please let the hospital and your doctor know.

Approximate times to be seen for Antenatal Care

Booking by Midwife 8-10 weeks

Booking scan around 10-12 weeks

Blood test for Downs Syndrome/Spina Bifida 16-18 weeks

Antenatal Check up 16 –18 weeks

Scan for baby wellbeing 20 weeks

Antenatal check up 25 weeks for 1st time mums only

Antenatal check up 28 weeks

Antenatal check up 31 weeks for 1st time mums only

Antenatal check up 34 weeks

Antenatal check up 37 weeks

Antenatal check up 39 weeks

Antenatal check up 40 weeks for 1st time mums only

Mothers who are booked for Consultant/shared care will visit the hospital Antenatal Clinic at 41 weeks if not delivered and date given for induction around Term +10 days.

Mothers booked for Midwife led care will see their Midwife at 41 weeks if not delivered and date given for induction around Term +10 days.

Special Tests

As part of your antenatal care you will be offered two ultrasound scans. These scans are optional. To enable you to make an informed choice about whether you wish to proceed with these scans we aim to provide you with as much information as possible.

The First Scan

- This initial scan is offered at your first hospital antenatal appointment. Its main purpose is to establish how many weeks pregnant you are. This scan would also detect multiple pregnancies and is normally performed around 10 -12 weeks. If you choose to have this scan you should attend this appointment with a fairly full bladder. All scanning involves lying on a couch and applying gel to your abdomen in order that the scanner moves freely. Images are shown on the screen, which allows assessment of your baby. Occasionally it may be necessary to perform an internal scan; the sonographer will discuss this with you if needed. The hospital doctor or midwife will discuss the results of the scan with you at this first appointment.

The Second Scan

- The second scan is usually performed at around 20 weeks of pregnancy and is known as the 'morphology scan'. It aims to detect some abnormalities, although not all abnormalities can be detected on scan.

Details regarding this scan may be found in the green booklet entitled 'Having a Mid-pregnancy Ultrasound Scan?', which is included in your booking pack.

- It should be remembered that most babies are healthy, however, sadly some do have problems, which if detected earlier may result in more appropriate care and treatment.
- If you do not wish to know if your baby has an abnormality you may decide not to have this scan.
- If an abnormality is diagnosed you would be told at the time of the scan that a problem has been identified. The Antenatal Clinic

Midwife will see you and arrange for you to discuss the problem in detail with your Consultant as soon as possible.

- Not all of the major abnormalities, which may cause serious problems, will be seen on scan. This means that if your scan is seen as normal, there may still be a small chance that your baby may have a problem.
- If the afterbirth (placenta) is found to be low at this scan a repeat scan will be arranged at around 32 weeks, to determine whether or not it remains low.
- In around 15% of cases morphology scans need to be repeated. It is important that the sonographer gains good views of the baby to rule out problems, so please do not be alarmed if you are invited back for a repeat scan

Repeat Scans

Doppler

This is an additional test that measures the blood flow through the baby's blood vessels. It is carried out during an ultrasound scan and can give additional information on the wellbeing of your baby. If this test is required, your consultant will discuss the reasons for this and the results with you.

Serial scanning

It is often indicated, to assess that your baby is growing adequately, to scan your baby at intervals. Reasons for this may be previous history of problems or multiple pregnancy. Whatever the reason, the need for this will be discussed with you, by your Consultant or senior doctor in his team.

The safety of scanning

Scans are a normal and often a welcome part of pregnancy. However, as an invasive technique it is right to question the safety of the investigation for mother and baby.

There have been many studies to attempt to discover side effects of ultrasound scanning and it would appear that so far there are no major contraindications.

Should you require more advice on this particular issue your Consultant Obstetrician is the best person to discuss this and the hospital Antenatal Clinic should be contacted to arrange an appointment.

Screening for Spina Bifida and Down's Syndrome during pregnancy

The vast majority of babies are born healthy and perfectly formed.

However, occasionally something goes wrong with the development of the baby. Two of the most common abnormalities are Spina Bifida (which affects the spine and nervous system) and Down's Syndrome (which is a chromosome abnormality).

There is a simple blood test available (AFP/Triple Test) which helps identify whether or not you are at greater risk than average of having a baby affected by either of these abnormalities. This test is offered to all mothers to be and is usually carried out by your team midwife between 16 and 18 weeks of pregnancy.

The results of those identified to be in a 'low-risk' category will be posted directly to your home address. Screening tests such as this will not detect an abnormality, but merely assist in identifying some women whose babies may be at greater risk of being affected. It must also be remembered that if the result does not identify a high risk that this is not an absolute guarantee that all is well.

Those who are identified to be in a higher risk category will automatically be invited back to the Antenatal Clinic for further discussion and diagnostic testing if wished.

If your pregnancy is identified to be in a higher risk for Spina Bifida an ultrasound scan is the preferred investigation to confirm normality. An amniocentesis is offered if there is an identified higher risk of Down's Syndrome.

This test involves taking a small sample of fluid from around the

baby and sending it for detailed chromosome analysis. The risk of miscarriage following this procedure is approximately 1 in 100. The results are 99.6% accurate.

If you have any questions regarding any aspects of screening or diagnostic testing please do not hesitate in speaking to the midwives and doctor at the Antenatal Clinic.

Parent Education Group

Parentcraft classes are held in the parentcraft room at the Department of Family Services every Saturday from 10am till 2pm. A team midwife leads them. Topics covered include

- Labour, pain relief and waterbirth
- Tour of the maternity unit and complications of labour
- Baby feeding and safety in the home
- Early days with your baby.

To book your place on these days please telephone the Department of Family Services, main reception desk on 01472-874111 and ask for extension 7878. We ask you to book the date you are planning to attend early in your pregnancy as these days are very well attended and numbers are limited.

Teenagers

Help, support and advice are available with a specialist team of staff. Please contact Sarah Wise, Consultant Midwife at the hospital. Tel: 01472 874111 Ext. 2950

Smoking – Want to Stop?

Help, support and advice are available. Please contact the Acorn Women's Outpatient Suite at the Department of Family Services for details of these services including individual counselling sessions with the Maternity Services Smoking Cessation Specialist.

Admission to Hospital

When to contact your Team

Ring the hospital and ask to speak to the midwife in your own team if you are at all worried.

Contact the team for any of the following reasons:

- If your waters break
- If your contractions start
- If you have vaginal bleeding after 20 weeks of pregnancy
- If you have severe headaches, visual disturbance or vomiting
- If your baby is not moving as much as usual
- If you are worried about yourself or your baby

Antenatal admission to the ward

Some mothers feel fitter and healthier during pregnancy than they usually do. However, for a few ladies it is necessary to be admitted to the hospital during their pregnancy. There are a variety of reasons why this is so, and the reason for your admission will be explained to you at the time. By coming into hospital we are in a better position to deal with any problems which might arise before they can harm either you or your baby.

Length of stay

There is no set time, it depends on the reason for your admission, your own and your baby's health and well being, and the response to any tests carried out. However, we will keep your stay as short as possible. Midwives are on duty 24 hours a day and the hospital doctor will see you as required.

You may wish to bring in books/magazines to help pass the time. Admission is often a good opportunity to rest

Labour and Delivery

Please ring your team ward if you think you are in labour or are worried about any aspect of your pregnancy. A midwife will take your call and ask you for some information; the staff will then be fully prepared for your arrival. Please bring your maternity records with you.

Normally you will come to the hospital in your own transport. If your admission is deemed an emergency by the midwife taking your call then an ambulance can be organized.

Home deliveries

Your team midwife will have made arrangements with you, including about how to call for a midwife to attend to you. This is normally done by ringing your team ward and asking them to contact the midwife for you.

What to bring with you

For Yourself

- Toiletries
- Nightwear – including one night or large t-shirt to wear during delivery
- Bra
- Breast pads
- Disposable pants
- 2 packs of maternity sanitary towels (extra absorbent)
- Slippers
- Tissues
- Money to purchase Patientline tokens
- Pen to fill in menu cards
- Handheld Maternity record

For Baby

- Nappies
- Baby soap or bath preparation
- Baby clothes
- 2 towels
- 2 baby bonnets/hats
- 2 baby blankets
- Baby preparations as you require for your baby

If you would like to have music whilst in labour, a CD/cassette player is provided and you are welcome to bring your own CD's/tapes.

MOST IMPORTANT

Please remember to bring with you your Maternity Records and any other notes you may have.

Who can come with you?

Your husband or birth partner can remain with you throughout labour, and/or additional support person if you wish.

What happens when you get to the hospital?

On arrival, the midwife who attends you will perform an abdominal examination, take your temperature, pulse and blood pressure, and test your urine. If necessary, following discussion with you, she will perform an internal examination to assess your progress in labour. She will listen to your baby's heartbeat either with an ear trumpet, a hand held machine or with the aid of a CTG machine. The CTG machine provides information as to your baby's well being.

A birth plan

You may have some particular requests for your care during labour and delivery, and may have discussed them with your midwife or at the clinic. Now is a good time to review them as you may have changed your mind about some aspects of your care. Once again, discuss them with the midwife attending you.

The midwives will be happy to accommodate your requests whenever possible, within the realms of safety, to enable you to have the satisfaction you would wish from the birth of your baby and ensure a positive birth experience.

Vitamin K for your baby

An injection of vitamin K (Konakion) will be offered to your baby soon after birth. The midwife will discuss this with you when you are pregnant, and again when your baby is born.

Labour/Delivery/Recovery/Postnatal - LDRP

The birth of your baby is always in the privacy of a single room. You will remain in this room for the duration of your stay. The room has en-suite facilities and a reclining chair. If your partner/support person wishes to stay with you overnight they may do so.

Mobility during labour

During early labour you will be encouraged to be mobile, providing there are no problems with the labour. You can read, knit, play tapes etc. to pass the time. However, if you have had pain relief, are being continuously monitored, or have an epidural, you will be unable to walk about.

Diet during labour

This will depend on how your labour is progressing, and your midwife will advise you at the time. A café service is available in the main reception area for your partner/support person. Your partner also has the opportunity to purchase food from the main hospital canteen. If required a member of the kitchen staff visits the ward twice a day and will organise this, and your meals can be taken together.

Monitoring the baby during labour

Continuous electronic monitoring of your baby is not undertaken at home or within the unit, but if the staff are concerned about the labour or if you have an epidural this will be offered for some periods throughout your labour. Your midwife will be happy to explain this.

Induction of labour

For the majority of ladies, labour starts by itself, but some need starting artificially. This is called 'induction'. There are many reasons why this has to be, and there are several methods of induction. This will be explained to you at the time, if it is decided that this has to happen. You may also need to rest before induction of labour, and labour may not commence for some time after the induction process has started. (See 'Induction of Labour' information leaflet).

The length of labour

This we are unable to tell you. It can vary from person to person, and even in each labour for the same women. We cannot give definite times. You will, however, be examined regularly throughout your labour and kept informed of your progress.

Pain relief in labour

Your midwife will explain what types of pain relief are available and you can decide which is best for you. A number of options are available.

Delivery options

There is a birthing pool available within the unit for those who wish to use water for labour and/or delivery.

Enquiries from relatives/friends when in labour

We would request that relatives and friends do not ring the ward when you are in labour as time answering the phone for the midwives means time away from the ladies in labour. Please ask the person accompanying you to keep those interested informed of your progress.

Feeding your baby immediately after birth

All ladies who choose to breast feed their babies are encouraged to put the baby to the breast shortly after birth. For ladies who decide to bottle feed, we offer formula milk for them to give their baby.

Mobile Phones

Mobile phones are only to be used in the clearly signposted designated areas.

Any questions?

We would wish for your labour and delivery to be as normal and as fulfilling an experience as possible. If you have any questions at all about your progress or care, please do not hesitate to ask. We cannot provide answers if we don't know the questions ! Midwives are available 24 hours a day and telephone numbers are listed at the front of this book if a query arises before admission to hospital.

Postnatal Care

Soon after delivery you will be offered a bath or shower, and you will be advised to stay in bed for a few hours to rest. Baths and showers are recommended, and you will be advised by the midwives regarding these. The midwife call button will be identified to you, so that you can call a midwife if the need arises.

Length of stay

There is no set length of stay in hospital after delivery. If you and your baby are fit and well you will be able to go home on the day of delivery. Please discuss this with your midwife who will advise you.

Diet

After a normal delivery you can eat a normal diet. If you have had a general anaesthetic you may wish to have a light diet for a day or so. Any special diets will be catered for as far as possible – please inform a member of staff if you have any specific needs.

Baby safety

We advise that only the parents remove the baby from the cot. Do not let persons unknown to you take your baby away from your side. Each cot has an alarm system attached to it. This will be shown to you after delivery.

Looking after your baby

You will be encouraged to look after your baby as much as possible yourself. There is no need to clean your baby's cord in a special way however, do not be afraid to touch the cord stump, there are no nerves in the cord so the baby does not feel pain. Also, you will be shown how to change the nappy and bath your baby, before having the opportunity to do so yourself.

Demonstrations on how to make up a bottle feed and the sterilising of feeding equipment take place on the ward for mothers who require it. Your midwife will also provide you with support until you are confident in performing all of these procedures, if you wish.

Reducing the risk of cot death

- Place your baby on the back to sleep
- Reduce or preferably STOP smoking in pregnancy – fathers too!
- Do not let anyone smoke in the same room as your baby
- Do not let your baby get too hot
- Keep your baby's head uncovered – place baby in the "feet to foot" position
- If your baby is unwell, seek advice promptly

The 'Baby Blues'

This is a term used to describe how some mothers feel a few days after the birth, when tiredness and hormone changes within your body following the birth cause some ladies to feel low and weepy. Do not feel embarrassed if you feel like crying for no reason.

Regaining your figure

The midwifery staff will advise you with your daily postnatal exercises, to help your muscles regain their tone. Please continue these after going home.

The Neonatal Unit

This is the unit where babies requiring observation or specialised care are nursed by specially trained staff. Mothers can visit their babies, as early as their own condition allows. Frequent visits by parents are welcomed and they are encouraged to handle their babies and learn how to care for them whilst they are in the Neonatal Unit. Once your baby's condition improves he/she may be nursed on the ward with you and neonatal staff will visit to check on his/her progress.

When your baby is discharged home, you may be visited by the Paediatric Outreach Nurse and your Health Visitor will also give her support.

Registration and obtaining a birth certificate

You are required by law to register the birth of your baby within 6 weeks (42 days), and to do this you will need to be aware of your baby's NHS number which will be given to you after delivery.

The Registrar attends the Department of Family Services on Tuesday and Thursday afternoons at 1.30pm if staffing levels allow. If you are not an in-patient on these afternoons, or the Registrar is unable to attend you will need to see the Registrar at one of the following offices. These are by appointment only, and must be pre-arranged by telephoning 01472-324861.

Registrar Office, Town Hall Square, Grimsby. Opening hours are Monday 9 am to 6 pm, Tuesday to Friday 9 am to 4 pm.

North East Lincolnshire Council Offices, Civic Offices, Knoll Street, Cleethorpes. Tuesday to Friday mornings 9.30 am to 10.30 am only.

North East Lincolnshire Council Offices, Kennedy Way, Immingham. Mondays 1.30 pm to 3.30 pm only.

You will be given a short birth certificate free of charge. For a more detailed certificate there is a fee. If you are married to the father of your child then either of you may register the birth. If you are not married to the baby's father and you want the father's details recorded in the register then you will both need to attend. If you are not married and do not want the father's details recorded then you may register alone regardless of what surname you give your child. If you have any queries the Registrars welcome you to contact them on 01472 324861

Going home

Following delivery, both your own and the baby's condition will be assessed so that you may be transferred home as soon as you are both fit.

Please ensure you have a baby car seat and know how to use it. It is illegal as well as unsafe to carry a baby in your arms whilst travelling.

For the first few days after delivery it is important that you rest. Try to arrange for someone to look after you. You will be given your hand held records to take home and pass onto your team midwife. Please keep them safe and available.

Please let the team midwives know where to find you if you are not going to our own home. There is a midwife available 24 hours a day for you to contact if you are concerned about yourself or your baby, and you will be given information on how to contact her.

On transfer home

The team midwives will be responsible for co-ordinating care. They will see you antenatally to discuss your care and offer advice for any problems you may have, and provide support as required. Following your return home after the birth of your baby, they will visit as necessary until the 10th day (or longer if required). They will ensure you understand how to contact a midwife in case of any problem. Your GP may also visit during this period. Please provide him with the discharge letter given to you by the hospital staff.

Before transferring you to the care of the Health Visitor, your Midwife will discuss the need for your postnatal examination when your baby is 6 weeks old, and the availability of family planning services.



Useful Telephone Numbers

National Childbirth Trust	0181 922 8637
La Leche League	0181 242 1278
Association for Improvement of the Maternity Services	0181 960 5585
The Maternity Alliance	0171 588 8583
Local Breast Feeding Support Group	01472 691201
or	01472 698830
Jasmine Team	01472 875555
Blueberry Team	01472 875249
Holly Team	01472 875250
Honeysuckle Team	01472 875251
Acorn Women's Outpatient Suite	01472 875248
Antenatal Day Unit	01472 875558
Mrs S Youssef (Modern Matron) E-mail:	01472 874111 Ext. 7884 sheila.youssef@nlg.nhs.uk

Author: Dept. of Family Services

Issue: March 2008

Review Feb 2010

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IFP 258
Version 3.1