

# Maternity Service Guide



# Maternity Services Guide

## Welcome

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We are delighted that you have chosen to have your baby in the Western Trust 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 your care during pregnancy, childbirth and after the birth of your baby. Our midwives and doctors are always pleased to discuss any aspect of your care; if there is anything you do not understand or anything you wish to discuss further please ask.

### Useful Telephone Numbers:

#### Altnagelvin Hospital:

Maternity Unit (appointments)	028 7134 5171 ext 213007
Maternal and Fetal Assessment Unit	028 7161 1412

#### For routine enquiries:

City Side	028 7137 8512
Waterside	028 7132 1723
Strabane	028 7138 4120
Limavady	028 7776 1148

#### Community midwives (urgent only, 9am–5pm)

City Side	07985 873502
Waterside	07958 790536
Strabane	07841 101783
Limavady	07841 101779
Omagh Community Midwives	07764 162051
Fermanagh Community Midwives	07901 688374

#### Omagh Hospital

Women's Centre	028 8283 3816
Maternal and Fetal Assessment Unit	Ext. 234257

#### South West Acute Hospital

Maternal and Fetal Assessment Unit	02866 382000 Ext. 255055
Maternity Inpatients	02866 382531

## Our philosophy of care in the Western Trust

We aim to provide:

- Care that is tailored to suit your needs, supporting you to make informed choices.
- A quality service that will secure safety for you and your baby during pregnancy and birth.
- A friendly and courteous atmosphere throughout the unit, ensuring privacy and dignity for all mothers.

## The Maternity Units at South West Acute Hospital and Altnagelvin Hospital

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The following wards and services are available:

- Maternity Outpatients Department
- Antenatal/postnatal wards
- Neonatal Intensive Care Unit (NICU)
- Delivery Suite
- Midwife Led Unit
- Maternal and Fetal Assessment Unit
- Community midwifery services
- Amenities beds for £30 per night, located in the Postnatal Ward.

## The Multi-disciplinary team

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A professional team is available to care for you during your pregnancy and labour and following the birth of your baby. All staff wear name badges that indicate their profession.

We also have student midwives and medical students-in-training, who work under staff supervision.

**Obstetricians** are doctors who specialise in maternity care.

**Midwives** provide complete care during normal pregnancy and childbirth

**Community midwives** are midwives who work in your local community providing your antenatal care, homebirth and postnatal care of you and your baby(s)

**General Practitioners (GPs)** are doctors who provide maternity care as part of their general practice.

**Clinical risk midwife** is trained to identify and assess all real and potential risks that may affect clinical care within maternity services in order to minimise the number of adverse incidents and improve both the quality of patient care and the safety of the staff.

**Paediatricians** are doctors who specialise in the care of babies and children.

**Health Care assistants and Maternity Support Workers** are employees who work within the team supporting midwives in delivering care to you and your baby.

**Sonographer** is a radiographer who is trained to carry out the fetal anomaly scan.

**Anaesthetists** are doctors who specialise in medical pain relief and are responsible for administering epidurals.

**Physiotherapists** provide antenatal and postnatal exercise and relaxation advice.

**Social workers** provide advice and support in many circumstances.

**Dieticians** specialise in dietary advice.

**Breastfeeding advisor** provides advice and support for mothers who are breastfeeding.

**Parentcraft Coordinator** provides antenatal education.

**Antenatal Screening Coordinator** is responsible for the screening of all bloods taken and acting on the results, if necessary.

**Supervisor of Midwives** is a practising midwife who has been appointed by the Midwifery officer at the Public Health authority. Her role is to ensure that maternity services meet the needs of the local community through reviewing services annually, ensuring midwives are receiving relevant training and support and that user involvement is encouraged within the maternity services.

You can contact the supervisor of midwives by telephoning switch board (Altnagelvin: 028 7134 5171 / SWAH: 0286638200) if you have any concerns regarding your care.

### **Interpreter service to facilitate communication**

Women who do not speak English can have difficulty accessing healthcare services and information. We can arrange for an interpreter to facilitate communication at booking 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.

### **Domestic Violence**

Some women are victims of domestic violence, which for many women can begin in pregnancy. All midwives are sensitive to the special needs of these women. If you are a victim of domestic violence speak to your midwife who will offer support and advice on the help available.

### **Mental Health Problems**

Women who have mental health disorder or develop one during pregnancy and the postnatal period face extra difficulties. Midwives are sensitive to the special needs of these women. If you feel you need or want any help speak to your midwife.

# Choices for place of birth

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## Midwifery led Unit

Women who have had a low risk pregnancy with no risk factors are encouraged to give birth in the Midwifery led Unit.

The midwifery led unit is located alongside the delivery suite. It is staffed by midwives only. The concept of the midwifery led unit is to offer women and their partners a home from home environment. Women who give birth there will stay with their baby in the midwifery led unit until they are discharged home.

## Hospital birth

Our team of midwives will care for you in labour and birth. A doctor will be available if necessary.

## Home birth

When you have a healthy pregnancy and expect a normal birth with no known risks, you might prefer to have your baby at home, under the care of your community midwife.

If any problems do arise you will be transferred into hospital. If you are considering a home birth, please discuss it with your midwife well in advance.

## Water birth

The benefits of using water for labour are now widely recognised. There are pools available in the Midwife Led unit for use by women in labour. If you are considering a waterbirth please discuss this with your community midwife.

## Parentcraft classes

We provide 'Birth and Beyond' parentcraft classes for all mothers and their birthing partners, providing information on pregnancy, labour, parenting, exercise and relaxation.

You will either receive an invitation through the post for your classes when you are about 30 to 32 weeks pregnant or your Community Midwife will advise you.

Hypnobirthing and aquanatal classes are also available at some venues within the Trust. There is also a reflexology service, though it is limited ask for details from your community midwife.

## Antenatal care

Your antenatal care (care that is given during pregnancy) is important for the health of you and your baby. We want to make sure that you and your baby are well, and to check that the baby is developing as it should. Your antenatal appointments also give you a chance to discuss topics such as diet, your choices for childbirth, infant feeding or other concerns you may have. So please make sure you keep all your appointments.

Antenatal clinics are held at your local health centre.

Consultant antenatal clinics are held at Altnagelvin Area Hospital, South West Acute Hospital, Strabane Health Centre, Roe Valley Outpatients Department and Omagh Womens Centre in the Tyrone County Hospital.

## Birth choice clinic

A birth choice clinic is held in Altnagelvin Hospital and South West Acute Hospital. This aims to discuss choice of birth with women who have either had a previous caesarean section or who have had problems following a previous birth.

## Choices of care

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### Midwifery led care

This is care for low risk women in the antenatal period. If any complications arise, care is then transferred to Consultant led care.

### Shared care

Your community midwife, GP and hospital obstetrician look after you. Most of your checkups will be at your local surgery with your midwife, but you will also have appointments at the hospital clinic.

### Consultant care

If you are expecting more than one baby, have certain medical conditions, develop a problem during pregnancy or otherwise require extra attention, your care will be led by a consultant obstetrician.

### Your first consultant appointment

When you arrive at the Outpatients Department at Altnagelvin, Roe Valley Hospital or Strabane Health Centre, South West Acute Hospital or Tyrone County Hospital the receptionist will direct you to your clinic. Delays do happen from time to time, but we will try our best to keep your appointment time. If, for any reason, you cannot keep your appointment please let us know as soon as possible by telephoning the number on your appointments letter. We can make another appointment that may be more suitable for you.

You will need to bring:

- Your appointment letter
- A sample of urine in a small, clean bottle.

At this antenatal visit we will:

- Check your blood pressure and urine sample
- Perform an ultrasonic scan
- Take a note of your medical and obstetric history.

A further, more detailed ultrasound scan (anomaly scan) will be arranged at this appointment; this usually takes place when you are around 21 weeks' pregnant (see below).

## Maternity notes / Hand held records

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At this visit you will be given a set of notes contained in a wallet. These are your maternity notes which, with your help, we will use to define your plan of care.

These are the only complete record of your pregnancy so we ask you to keep them safe. Please bring them to every antenatal appointment and every time you come to the hospital for any reason, including for childbirth. Your routine schedule of antenatal visits is included within the notes to remind you when you need to attend.

PLEASE READ YOUR NOTES AS IT CONTAINS LOTS OF HELPFUL ADVICE AND INFORMATION.

## Subsequent visits

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All subsequent antenatal visits to your midwife, GP or hospital include blood pressure and urine examinations. An abdominal examination will be carried out in order to assess your baby's growth, development and wellbeing. Your midwife will plan your care to meet your individual needs, and

we will discuss any concerns or questions you may have. If problems are detected or anticipated, all of your care may be undertaken at the hospital.

## Having an anomaly scan

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This ultrasound scan is usually carried out around 21 weeks of pregnancy. If you do not receive your postal appointment for your Fetal Anomaly scan within 4 weeks of your booking scan, please contact your midwife, see number on the front of your notes. The scan will:

- Check that your pregnancy seems to be progressing normally
- Confirm your pregnancy dates
- Show the baby's development
- Detect any major problems.

The scan is performed by a sonographer (a radiographer who is trained to do these types of scans). It usually takes about 20 minutes.

Images of your baby will show up on a screen, which allows the sonographer to measure your baby and to take pictures of him/her.

The sonographer will look at the baby's brain, heart, stomach, kidneys, bladder, spine, upper and lower limbs and umbilical cord, and will check the amount of fluid around the baby and the position of the placenta.

Sometimes the baby may be lying in a way that makes it hard to see everything we want to see. The sonographer may also ask for advice from your consultant. Try not to worry if this happens. Most problems that require another scan are not serious and about 1:6 scans need to be repeated for one reason or another.

### Who interprets the results and how do I get them?

The sonographer will explain the findings of the scan at the time. A written report will be added to your maternity notes for your consultant to review at your next antenatal appointment.

The sonographer will also let your consultant or one of the medical team know if they have any concerns about your scan. You may have to come back to the hospital for a further scan and discussion with your consultant.

### Who can come with me for my scan?

Only one person can come with you for your scan, and that person can be any person you choose. We do not allow children into the scan room. They can distract the sonographer and result in the scan taking much longer than the allocated time.

### Can you tell the sex of my baby from the scan?

The scan can sometimes tell what sex your baby is but not always. If the scan does show the sex of the baby, it is right in about 95 per cent of cases. The sonographer will only tell you the sex of the baby if you ask.

### Can I have a picture of my baby?

Yes. Duplicates cannot be given if the picture is lost. Please note that laminating these photos will destroy them.

## What are the benefits of having a scan?

The benefits of using ultrasound screening as a routine part of antenatal care are shown below.

- The scan is considered to be a safe procedure for mother and baby and gives a detailed image of the whole baby and how it is developing
- The doctor and midwife can use information from the scan and, if necessary change your antenatal care
- Our paediatricians can be forewarned about any problems a baby may have, meaning the appropriate care can be started as early as possible
- A healthy scan helps to reassure most parents.

## What are the risks?

Ultrasound has been used to evaluate pregnancy for nearly 40 years, and there has been no evidence of harmful effects to the baby or mother. The biggest risk of ultrasound is missed diagnosis, or diagnosing conditions the baby does not have.

## What are the limitations of obstetric ultrasound imaging?

Obstetric ultrasound cannot show all problems. About two thirds of the major problems will be seen on a scan. The ability to detect a problem in the baby at an ultrasound scan depends on a number of factors, such as the:

- Size and position of the baby
- Size of the mother
- Amount of amniotic fluid around the baby
- Type of equipment used.

## Important points to remember

- Ultrasound scans are voluntary. The choice of whether or not to have the scan is a personal decision for you and your partner.
- When making your decision, think carefully about how you would feel if a serious problem was found.
- A healthy scan does not give a 100 per cent guarantee of a baby's condition.
- Mobile phones are not permitted at this appointment (in the scanning room) or any other recording devices.



# Maternal and Fetal Assessment Unit

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The Maternal and Fetal Assessment Unit in Altnagelvin is opened 24 hours, seven days a week. Telephone 028 7161 1412

The Maternal and Fetal Assessment Unit in South West Acute Hospital is opened from 09.00 – 17.00hrs, Monday to Friday. Telephone 02866 382000 and ask for Fetal Assessment.

The Maternal and Fetal Assessment Unit in Omagh's Womens centre, TCH is opened Monday – Friday 09.00 – 17.00hrs Telephone 02882 833816 and ask for extension 234257

The Maternal and Fetal Assessment Unit provides outpatient care to expectant mothers who have antenatal problems that may not require admission to hospital, such as raised blood pressure.

The unit is run by a team of experienced midwives who provide antenatal care, support and advice to mothers. Medical advice is sought as necessary. There is an appointment system, but the triage system ensures that labouring mothers and emergencies are given priority.

You may wish to contact the unit about any of the following:

- Vaginal bleeding
- Reduced baby movements
- Raised blood pressure
- Abdominal pain
- Early labour
- Leaking of amniotic fluid (waters breaking).

For most problems it would be best to contact your community midwife or GP between the hours of 9am and 5pm so that he/she can refer you if necessary.

Referrals to the unit should be made by:

- GP
- Community midwife
- Antenatal Clinic
- Consultant
- Accident and Emergency (A & E)
- Self (labouring mothers)

# What to bring into hospital

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Try and pack at 34 weeks or before. You might find it helpful to bring some of these things below:

## For you

- Your hospital maternity notes
- Nightdress, pyjamas or comfortable, loose, casual clothes (at least three changes)
- Lightweight dressing gown
- Slippers
- Pants (at least five pairs) disposable or old pants are useful
- Two supportive, or nursing, bras (avoid underwired bras)
- Three packs of maternity sanitary towels
- Breast pads
- Two bath towels
- Soap bag with toiletries
- Two face flannels
- Toothbrush and toothpaste
- Any medication you are taking.

## For labour

- Socks
- Water spray (to keep you cool)
- Favourite CD
- Massage oil
- Your own pillow
- Lip balm/Vaseline.

## For baby

- Newborn nappies
- Baby vests
- Cotton scratch mitts
- Baby sleep suits
- Socks
- Coloured baby blankets
- Hat

## For your birth partner

- Drinks and snacks
- Book/magazine
- Wear light, comfortable clothing – the Maternity unit is warm
- Camera.

## Money and valuables

You will have a bedside locker, but please do not bring large amounts of money or expensive jewellery. We cannot accept responsibility for loss or damage to your valuables. If it is absolutely necessary, we can put items in storage during your stay. If you give us money, we will give it back to you in the form of a cheque. We would prefer that you do not bring portable televisions or hairdryers into the hospital. There are hairdryers on the wards for your convenience.

# Birth plan

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A birth plan is your opportunity to tell us your preferences for labour and birth.

Labour and the birth of your baby is a very special time. By writing a birth plan, you will let the midwife know what you would like, which will help her to make it a positive experience for you both. It is important, however, that you keep your options open and flexible as every birth is different. Complications may arise that may make it difficult to meet your requests. If this happens a midwife or doctor will discuss this with you.

- Please make sure you discuss your birth plan with your midwife at 32 to 36 weeks of pregnancy
- Please keep your completed birth plan with your obstetric notes, ready for labour. (There is a birth plan in your maternity notes)
- Please see The Pregnancy Book for an example of a birth plan.

## Concerns

Please contact your midwife for advice (phone number on front of chart) if, during your pregnancy:

- You have vaginal bleeding or abdominal pain
- You have a severe headache or visual disturbance
- There is a change in the number of movements of your baby
- Your waters break (this is an uncontrolled loss of water from around the baby)
- Your contractions start and become regular.

Any of these may mean you need to stay in hospital.

# Going into labour

## **Altnagelvin Hospital**

When you go into labour, contact your community midwife if it is between 9am and 5pm. Outside these hours please contact the Maternal and Fetal Assessment Unit for any advice required on 028 7161 1412. In an emergency dial 999

## **South West Acute Hospital**

When you go into labour, contact your community midwife if it is between 9am and 5pm. Outside these hours please contact the Maternal and Fetal Assessment Unit for any advice required on 02866 382000. In an emergency dial 999.

## Planned admission

### **Altnagelvin Hospital**

When you arrive at the hospital, please make your way to the Admissions Office in the front hall; for all other admissions go directly to Maternity Unit, First Floor, South Wing. Please note, from 9pm to 6.30am you must go through A&E for admission.

### **South West Acute Hospital**

When you arrive at the hospital please make your way to the Admissions Office in the front hall between 09.00 – 17.00hrs. Outside of these hours please make your way to the Maternal and Fetal assessment unit within the maternity ward.

Please note, from 9pm to 6:30am you must go through A&E for admission

## Induction of labour

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An alternative option to medical induction, called a 'stretch and sweep', may be considered. This makes spontaneous labour more likely and reduces the need for induction of labour. It consists of a vaginal examination where the doctor/ midwife stretches the cervix with his/her fingers and separates the membranes from the cervix. There may be a small amount of blood loss. When this works it may induce labour within 24 hours. This procedure is offered at the Antenatal Clinic in the hospital and can be repeated by the midwife at your local health centre.

Sometimes labour must be started artificially, either for medical reasons or if your pregnancy continues past your due date. This is called induction and is usually planned beforehand. Induction of labour is usually offered between 41 and 42 weeks of pregnancy.

When possible please check in to the admission office when you arrive at the hospital then make your way to the antenatal ward (Altnagelvin)/maternity inpatients (South West Acute Hospital) between 2-3 pm. On the day of admission for induction, please bring only your partner/companion as other visitors are not permitted during the induction procedure.

You will be introduced to the ward layout and staff. Later that day a midwife or doctor will do a vaginal examination to assess the suitability of your cervix (the neck of the womb) for induction. A pessary to help soften the cervix may be used at this time. Following this procedure, you and your baby will be monitored. The cervix will be assessed again six hours later, and another pessary is usually given.

When your cervix is ready and a birthing room is available in the Delivery Suite, you will be transferred to the birthing room for labour. Induction of labour involves breaking the waters, which is done via vaginal examination. A hormone drip is placed in your arm to help start your contractions.

Once you are transferred to the Delivery Suite your birthing partner will be able to stay with you.

Induction of labour is necessary in 20 to 30 per cent of pregnancies in this hospital. The most common reason for induction is pregnancy going past the due date; however not all inductions are successful. If this happens a doctor will review your care.

If you have any concerns about induction please discuss this with the medical staff at your last Antenatal Clinic visit.

Some women may wish to wait for spontaneous labour and choose not to be induced. Advice will be available at your last antenatal appointment.

Your husband/partner, a relative or friend of your choice may stay with you as a birth partner in the Delivery Suite, where a midwife will provide all your care and assist with the birth of your baby. If there are any problems a doctor will be consulted.

## Monitoring your baby's heartbeat

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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 Pinard's stethoscope, or a hand-held monitor called a sonicaid.

If it becomes necessary to monitor your 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 for permission to attach a clip to your baby's head. The midwife or obstetrician will discuss with you the best way to monitor your baby during labour.

## Types of pain relief

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There are many ways to relieve labour contractions: self help relaxation (massage, aromatherapy, acupuncture), Entonox (gas and air), and painkillers such as diamorphine and epidural.

### Self help

If you would like to use complementary therapies for pain relief in labour, such as aromatherapy, massage and reflexology, please discuss this with a parentcraft midwife. Women who use hypnobirthing techniques find this very helpful also.

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 it helpful to keep active by walking about and adopting positions of ease during contractions. Breathing and relaxation techniques can also be beneficial.

### Water

The benefits of using water for labour are now widely recognised. There are birthing pools available in Midwife Led Unit for use by women in labour whose 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. Entonox can be used while labouring in the pool.

### Transcutaneous Electrical Nerve Stimulation (TENS)

TENS produces a massage effect through small pads placed on mum's back, which stimulate 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 Entonox and diamorphine 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 it is very easy to use so you can adjust the strength of the electrical massage yourself. You can buy or hire these privately, there are only a few for use in the unit.

### Entonox (gas and air)

This is a mixture of oxygen and nitrous oxide similar to that used by dentists. It is breathed through a mouthpiece or mask and you are in complete control of how much you 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 this 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.

### Diamorphine injection

Diamorphine is a sedative which can help you cope with your contractions by helping you to relax; some women find it lessens the pain. It 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.

### Epidurals in labour – what you need to know

There is an epidural service 24 hours a day however there will be times when an epidural will not be available i.e. in the event of an emergency situation within the hospital

Setting up your epidural

- You will need to have an intravenous cannula and a drip
- While the epidural is being put in, it is important that you keep still and let the anaesthetist know if you are having a contraction
- It usually takes 20 minutes to set up and 20 minutes to take effect
- Some epidurals do not work fully and need to be adjusted or replaced.

### Advantages of an epidural

- It usually provides excellent pain relief
- Sometimes a spinal is given first for quicker effect
- The dose or type of local anaesthetic can sometimes be altered to allow you to move around the bed. This is called low-dose (or mobile) epidural
- In general, epidurals do not affect your baby
- Epidural can be topped up for a caesarean section if required.

### Possible problems with an epidural

- Repeated top-ups with stronger local anaesthetic may cause temporary leg weakness and increase the risk of forceps or ventouse delivery
- The epidural may slightly slow down the second stage of labour
- You may develop low blood pressure, itching or a fever during the epidural
- The epidural site may be tender but usually only for a few days. Backache is NOT caused by epidurals but is common after any pregnancy.

For more information about the types of relief available, please see the 'Coping with the very early stage of labour' leaflet available on our website.

# Caesarean section

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## What is a caesarean section?

A caesarean section is an operation to deliver a baby through a cut in the abdomen. Most caesarean sections are planned but some are not.

An unplanned caesarean may be needed if problems arise during labour that could put the mother or baby at risk if the labour continued.

## Preparing for a caesarean

**DO NOT wax or shave the bikini line during pregnancy or in preparation for the birth as this increases the risk of a wound infection after surgery, and any woman could potentially need a caesarean section.**

If the caesarean is planned, you will be given a date to come to the Maternal and Fetal Assessment Unit 48 hours before surgery to be seen by a midwife, obstetrician and anaesthetist, and to have any necessary blood samples taken. You will have an opportunity to discuss consent for surgery. You will be given two antacid (ranitidine) tablets to take, one at midnight and the second at 7am. You will need to fast from midnight until after surgery. The midwives will assist you with removing hair from the bikini line area on the morning of your surgery if required. Please shower on the morning of your surgery.

You will be advised to return to the Maternal and Fetal Assessment Unit 48 hours later, in the morning at an appointed time. You will usually walk to the operating theatre with your birthing partner, who will be able to come in when the operation is about to start.

We will put a needle in your arm for a drip through which we can give fluids and medication during your operation, and will insert a catheter (drainage tube) in your bladder to help keep it empty during your operation. Antibiotics are given prior to surgery.

## Caesarean section under spinal anaesthetic

Spinal anaesthetic is the safest option for both you and baby. The spinal anaesthetic involves a single injection into the base of your spine that will make your abdomen numb. When the anaesthetist has checked that your abdomen is adequately numb, the operation will begin. Your birthing partner can usually stay with you. As soon as possible after your caesarean section, you are usually able to hold and cuddle your baby, skin-to-skin.

## Caesarean section under general anaesthetic

A small proportion of mothers require a general anaesthetic. The reason will be explained to you by the anaesthetist.

You will be given the anaesthetic through a fine plastic tube in your hand. It will put you to sleep. Your birthing partner will not be able to stay with you but can wait in the recovery room and see your baby soon after it is born, if that is what you want. Usually you will be able to hold and cuddle your baby skin-to-skin as soon as you are awake.

## During the operation

During the operation, you will have to wear lower-leg appliances called Flowtrons. They are also worn after surgery while you recover, until you are mobile. These help to reduce the risk of blood clots in your legs.

You will be covered with sterile sheets. Your baby will be delivered through a cut in your abdomen, usually made at the bikini line.

It will take a short time to deliver the baby but the whole operation takes about an hour from the time you are given the anaesthetic until the time your cut is fully closed.

### After the operation

After the operation, a midwife or doctor will check your baby and, if all is well, will give you the baby to hold. You will stay in the recovery room for up to one hour before going to the Postnatal Ward.

### Postnatal Ward

You may have been given a suppository of painkilling drugs into your bottom in the operating theatre. These drugs may also be given in the Postnatal Ward.

You will be prescribed regular painkilling drugs on the ward. We recommend that you take these for the first few days.

You will get an injection called clexane (to help prevent blood clots) approx 6 hours after your operation and then daily for a total of 7 doses, you will be taught how to give these injections prior to discharge (these will be given to you along with your home medication for self administration at home).

If you are feeling well and drinking normally, we usually remove the intravenous drip on your first evening in the Postnatal Ward. You should be able to eat a light meal. The catheter usually remains in place until the following morning.

A physiotherapist may visit you on the ward to advise you about postnatal exercises.

We will assist you to care for your baby until you feel able to manage yourself. Your partner will be very welcome to come and help you and your baby within ward visiting times.

### Following caesarean section

Most women go home after two/three days. When you go home, it is important to give yourself time to recover. You may need some help for several weeks. Avoid heavy lifting and remember to do your postnatal exercises.

Your community midwife will visit and will be happy to answer any questions about yourself or your baby. A health visitor will also call to make sure everything is going well. After six to eight weeks, you should go to your GP for a check up.

You should not drive for six weeks after the operation. You should check with your car insurance company whether you are insured to drive after a caesarean section.

### Further information

If you have any worries or concerns about your operation, your recovery or your baby please talk them over with the hospital staff, community midwife or health visitor. Finally, and very importantly, do make time to rest and enjoy your baby.



## Feeding your baby

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Altnagelvin Hospital, the South West Acute Hospital and the Trust community sectors are all UNICEF Baby Friendly UK Accredited which means we work within their guidelines and encourages a high standard of infant feeding. We believe that breast-feeding gives your baby the best possible start in life. We support all parents in their feeding choice by providing informed choice and support with their decision making .

You can expect the following standard of care from a Baby Friendly Accredited Unit:

- During pregnancy you will have a full discussion about caring for and feeding your baby, including the benefits of breastfeeding. This will provide you with all the facts you need to make an informed choice.
- You will be given your baby to hold against your skin straight after they are born.
- A midwife will offer to help you to start breastfeeding in the first half hour or so after your baby is born.
- Your baby will be kept with you at all times.

If you decide to breastfeed:

- A midwife or maternity support worker will show you how to hold your baby and how to correctly attach your baby to the breast – this will make sure they get enough milk and that feeding is not painful.
- You will be given advice about how to breastfeed and how to make enough milk for your baby.
- A midwife will offer to show you how to express your milk by hand.
- Your baby will not be given formula milk unless there is a medical reason or you have made a fully informed choice to do this.
- You will receive information about the support available for breastfeeding once you leave hospital.

If you decide to bottle feed:

We will encourage mothers to give the first bottle feed in skin contact after birth so baby learns her bottle-feeding technique

A midwife or maternity support worker will support you as you learn to bottle feed your baby. They will ask if you want to be taught to make up a bottle properly and will answer any questions you have.

Feeding time is an important time for a cuddle and getting to feel close to your baby. At the start, try and limit the number of people that are involved in feeding as this can be confusing and frightening for your baby.

Always start your baby with the first milk of which ever range of formula milk you choose as this is right milk for a new born baby.

Your community midwife and health visitor will continue to provide you with advice and support once you leave hospital.

# Postnatal care

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During your stay in hospital, your baby will remain in a cot by your bed unless any special treatment is required. On the ward, the midwives will continue to help to plan your care and that of your baby.

## Rooming-in

We have a rooming-in policy on our wards. Each mother has her baby by her bedside throughout her stay.

## 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 access to these areas is restricted.

Mothers and partners are advised to challenge any individual unknown to them who wish to remove their baby for any reason, or they see anyone acting suspiciously and to alert a member of staff. You are advised to check for the presence of staff identification badges, which every member of staff must wear. 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.

## Identity bands

The Maternity Unit is extremely security-conscious, which is obviously in the interests of the babies. During your hospital stay you will be asked to wear an identity bracelet. For security reasons, it is important that this not be removed until you have gone home.

Two name bands will be put on your baby in the delivery room while he/she is still in full view of you. You will also be given an identity band with a number on it that corresponds with the number on your baby's name bands, (these armbands must have the mothers surname on while in hospital). Please check these frequently. If one or both fall off, it is important that you tell the midwife looking after you so that it can be replaced immediately. Please do not remove these until you and your baby are at home. Your baby should remain with you at all times. Do not carry your baby along the corridor but wheel him/her along in the cot.

## Examination of the newborn

At birth a general examination of all babies is undertaken by the attending midwife. A further examination is conducted by a paediatrician or specially trained midwife within 72 hours. Vitamin K is an essential vitamin for all babies

## What is vitamin K?

Vitamin K helps the blood to clot. A newborn baby has a low level of vitamin K. An injection of vitamin K is recommended following birth.

What happens if your baby does not get vitamin K?

A baby who is not given vitamin K has a very small risk of serious bleeding. This disorder is called vitamin K deficiency bleeding and can cause bleeding into the brain, which may result in brain damage or even death. This can occur at any time in the first six months of life.

### How is vitamin K given?

The easiest and most reliable way to give babies vitamin K is by injection. One injection just after birth will protect a baby for many months. By the age of about six months, babies have built up their own supply. It is also the method recommended by national guidelines. ([www.nice.org/cg037](http://www.nice.org/cg037))

### What happens if I do not want my baby to have the injection?

Vitamin K can be given by mouth, although this is a less effective way of giving vitamin K as three doses are essential to give enough protection.

### Does my baby have to have vitamin K?

This is your choice. However, giving vitamin K to your newborn baby is a simple way of preventing a very serious disorder. Parents who decide against giving vitamin K will need to speak to a senior paediatrician to discuss this and to alert you to the possible danger signs.

### Neonatal Intensive Care Unit (NNICU)

Some babies, because of their prematurity, size or other problems, may need to be looked after in the NNICU. We encourage parents to visit and to help care for their baby. Parents must tell the staff on the Postnatal Ward when they are going to visit their baby. The midwife or doctor in NNICU will keep parents up to date on their baby's progress. A separate information booklet is available to parents whose baby is admitted. Because of the infection risk, visitors to the NICU are very limited; staff discuss this with parents as necessary.

## Going home

You may transfer home as soon as you feel well enough, which can be facilitated from 6hrs after birth of your baby.

If you have had a more complicated labour or delivery, or a caesarean section birth, your postnatal stay may be longer. In this case, your transfer home will be planned following discussion between the doctor, the midwives and yourself.

Your community midwife will visit you at home within 24 hours to agree a plan of care and schedule further visits. (If you have not had a visit by 4pm please contact your community midwife; the phone number is at the front of your maternity notes.)

The midwife will check both you and your baby at each visit, and offer support and advice. The neonatal blood spot screening test (heel prick) will be performed when your baby is five days old. If you have any difficulties prior to her arrival please contact the community midwife using the phone no on the front of your maternity notes.

Women benefit from extra help and support at home following childbirth and it is advisable to plan beforehand who will provide this for you, be it your partner, family or friends. This support may need to be prolonged following a caesarean birth.

## Car safety

As a parent, you will want to do what you can to protect your new baby from danger. Many young babies are hurt in road accidents because, as passengers in cars, they are not carried in child safety seats. Please ensure that you are familiar with the instructions for installation and use of your car seat before taking your baby home.

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.

# General information

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## Parking and transport – Altnagelvin Hospital

There are several paying car parks on site. One is the new multi-storey car park, the other is the car park located at the front of the Emergency Department. All other car parking is free of charge. Any cars parked in unauthorised areas may be clamped.

Ulsterbus provides a bus service to the hospital grounds from the city centre. Altnagelvin Hospital has a bus stop in the hospital grounds, which is serviced by the Foyle Street to Altnagelvin Service FY04 and FY05. Other buses also stop at the bus stop on the main road outside the hospital.

## Parking – South West Acute Hospital

There are a number of car parks on the hospital site close to the main entrance to the hospital. There are a number of parking spaces for registered disabled drivers close to the entrance. The South West Acute Hospital has two paying car parks. The multi-storey car park and the Emergency Department car park are both paid, the rest of car parking spaces on site are free.

Ulsterbus provide a bus service within the local area and the bus drops passengers right off the main entrance. The 397A route offers 10 services, Monday - Saturday.

## Meal times

The hospital's menus are designed to help you make healthy food choices. If you have any special diet needs or any problems about your meals, please let the nursing staff know. On the Maternity Ward meal times are protected and no visitors whatsoever are permitted on the ward from 12 noon to 1pm or 5pm to 6pm. Meals are served at the following times:

- Breakfast 8am
- Lunch 12 noon
- Evening tea 5pm

We also serve coffee and tea in the morning and afternoon.

A tea bay is also situated on Neonatal Intensive Care Unit, Antenatal Ward and Postnatal Ward in Altnagelvin Hospital for Patient Use.

## Chaplains

Hospital chaplains of all religions are available. Please ask your midwife if you would like him/her to visit you. Your own spiritual advisor is welcome to visit you if you wish.

## No-smoking policy

**The Western Trust's Smoke Free Policy means that smoking is not permitted anywhere on its grounds or premises. This includes buildings, entrances, doorways, pavements, internal roads, bus / bicycle shelters, cars and car parks. Smoking is not allowed on site for patients, service users, staff, members of the public and contracted workers. Nicotine replacement therapy is available at ward level.**

## Mobile phones

For information or advice about the use of mobile phones, please speak to your midwife. Please keep your phone on silent or vibrate when you are an inpatient so not to disturb others.

## Visiting Maternity Department

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To ensure our patients have adequate rest and recuperation, receive timely care and treatment, and help maintain hospital hygiene, the maximum number of visitors is two per patient at any one time.

### Daily visiting:

- 3pm – 4pm and 7pm – 8.30pm (only patients own children can visit)
- 1pm – 9.30pm (partners only)
- Children's Ward: anytime (parents and carers only)
- Neonatal Unit: anytime (Parents, grandparents and siblings only).
- For infection control purposes children are not permitted to visit from October to April.

### Exceptional arrangements

Relatives/carers of critically ill patients, and relatives involved in direct care of patients, can agree visiting arrangements with the Ward Sister.

Please ask people NOT to visit if they have:

- Vomiting, diarrhoea
- Coughs, cold or flu
- Any other infectious conditions. Please ask visitors to wash their hands or use alcohol hand rub before and after visiting.
- Keep to the allocated visiting times
- Limit visits to two people for each patient at any one time – please do not visit more than one ward
- Do not let visitors sit on the bed or touch your wounds, drips or drains
- Visitors are permitted to bring washed fruit and soft drinks for patients – no other food or drink is permitted
- Camera phones, cameras and camcorders should not be used by visitors within the ward area, except in Maternity Department where special guidance is available
- Children under 12 must be accompanied by an adult – children should only visit close relatives
- Children under two should not visit.

## Shops

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**Altnagelvin** - There is a shop and a snack bar in the front hall of the hospital.

The opening times are shown below.

Newsagent: daily, 7.30am – 9pm

Snack bar: daily, 8am – 9pm

There are also two Ground Floor coffee shops situated at Outpatients and entrance to South Wing block. There is also a cash dispenser on the ground floor.

**South West Acute Hospital** - There is a shop in the front hall of the hospital and a small coffee shop. This is open 9am-6pm. There is a restaurant based on the first floor and is open everyday at various times. ATM facilities are also available on the ground floor nearby to the convenience shop.

## Registration of births

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By law you have to register the baby's birth within 42 days. You can do this at your local register office. When the parents are married, either one may register the birth. When the parents are unmarried they should go together to the register office to register the birth.

## Your views matter

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Are you happy or unhappy with your treatment? We want to know. Tell us what you were pleased about and give your ideas for improvement.

Please complete the evaluation of care questionnaire provided on the ward before you leave, shared by your Community Midwife or complete our online Evaluation of Care by scanning the QR code below, or going to [www.surveymonkey.com/s/MaternityCareEval](http://www.surveymonkey.com/s/MaternityCareEval)



If for any reason you feel that either you, or a member of your family, has not been treated well, please tell us. We want to know so that we can make your stay and other patients' stays at Altnagelvin and South West Acute Hospital better. You can tell us either while you are at hospital by discussing your concerns with the ward sister or your named midwife, or by phoning or writing to:

The Patients Advocate  
Altnagelvin Area Hospital  
Glenshane Road  
Londonderry  
BT47 6SB

Tel: 028 7161 1226

Instead you may wish to contact the local Maternity Services Liaison Committees (MLSC), which aims to represent the views of the women using the services at Altnagelvin Hospital and South West Acute Hospital.

Please write to (marking 'Private and confidential')

Mothers' Voice  
Beibhinn House  
5 Guildhall Street  
Derry  
T: 028 7126 7672  
E: mothersvoice@hotmail.com  
Website: www.mothersvoice-mslc.com

Mums the Word  
Enniskillen  
T: 028 8167 9208  
E: mumstheword@outlook.com  
Tweet @mumsthewordmslc  
Facebook: mumsthewordcommittee

## Useful contacts

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### Breastfeeding Helpline

Altnagelvin Hospital Postnatal Ward / SWAH Maternity ward  
Tel: 028 7134 5171 / 028 66 38 2531

### NCT Breastfeeding Helpline

Seven days a week, 8am –10pm  
Tel: 0300 330 0771

### Twins and Multiple Births Association (Tamba)

Tel: 07525 117010

### Foyle Women's Aid Refuge

Tel: 028 7141 6800  
24 hour Regional Helpline 0808 802 1414

### Police

999 for emergencies or  
101 for non-emergencies

### Stillbirth and Neonatal Death Society (Sands)

Tel: 020743 65881

### Parent Advice Centre

Tel: 028 7126 6663

### Northern Ireland Childminding Association (NICMA)

Tel: www.familysupportni.gov.uk

### Western Trust Early Years Team

Tel: 02871 320950

### Out-of-hours duty social worker

Tel: 028 7134 5171

### Samaritans

Tel: 028 7126 5511

### Citizens Advice Bureau

Tel: 028 7136 2444 - Derry/Londonderry

### Family Planning Clinic

Brae clinic Derry/Londonderry.  
Tel: 028 7132 1758  
Erne Health Centre Tel: 02866382693

### Hypnobirthing

Amanda Lafferty, Hypnobirthing Practitioner  
Home tel: 028 7188 2285  
Mobile tel: 07792 460168  
Email: laffertyamanda@btopenworld.com

Also provided at Altnagelvin, South West Acute Hospital and Tyrone County Hospital as well as some Surestart venues, please check with your Midwife.

### Sure Start

Ask your midwife for information on Sure Start services in your area.

Useful leaflets can be downloaded from our website [www.westernrust.hscni.net](http://www.westernrust.hscni.net)

- Alcohol and Pregnancy
- Coping with very early stages of labour
- Having a baby in Altnagelvin/South West Acute Hospital
- Induction of Labour
- Breastfeeding Support contacts
- Getting to know your baby
- Infant mental health
- Or information can be downloaded from the Public Health Agency NI website.



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