

A guide to planning key points in your journey through Maternity Services



Queen Elizabeth University Hospital (QEUH)
Princess Royal Maternity (PRM)
Royal Alexandra Hospital (RAH)
Inverclyde Royal Hospital (IRH)
Vale of Leven (VOL)

Congratulations on your pregnancy.

Please find enclosed with this booklet two appointments:

- The first appointment is for your 'booking visit' with the midwife – (you must have this before your ultrasound scan)
- The second appointment is for your ultrasound scan

The 'booking visit' with the midwife normally lasts approx 60 minutes and includes -

- An assessment of your health and well-being.
- A discussion on key health messages that are important to you and your baby now and when you go home after your baby is born.
- A discussion about your options for place of birth.
- Referral to any services that you may need to support you during your pregnancy.

The midwife:

- will also ask to take some blood samples for various tests which they will explain
- check that the date for your ultrasound is appropriate and confirm if you wish a Nuchal Translucency scan (you can find more information in the Ready Steady Baby Book – page 32 your guide to screening tests during pregnancy).
- **will give you your own set of maternity notes (your hand held record) and we ask that you bring these to all appointments.** Please use your maternity notes to write down your thoughts and wishes in the appropriate places.
- will give you the Ready Steady Baby Book which is a useful source of information. You can also access an interactive APP with the same information which you can personalise to you and your baby. www.readysteadybaby.org.uk/you-and-your-pregnancy/pregnancy-mobile-app.aspx

We will arrange further appointments to meet with you regularly and give you information about:

1. Your personal plan for antenatal care (during your pregnancy)
2. Your options for parenting education
3. How to access services in an emergency
4. What to do at the onset of labour (i.e. when labour starts)
5. How to plan for taking your baby home

Antenatal Care

A midwife will normally provide your care during your pregnancy. She is there to support you and your partner and undertake an ongoing risk assessment of how well you and your baby are progressing. The midwife may refer you to the obstetrician (doctor) for advice or review during your pregnancy. In some cases your care may be led by the obstetrician but you will also see a midwife at your clinic appointments.

Who do I contact if I think I am in labour?

Your hand held record will contain a list of useful contact numbers. If you think you might be in labour, you should telephone the maternity triage or assessment unit of the hospital you have arranged to have your baby in. This is open 24 hours, 7 days a week.

The midwife will ask a number of questions to determine how best to advise you:

- They may advise you to stay at home and maintain regular contact or
- ask you to come into the hospital for further assessment.

Possible outcomes (what might happen) after further assessment:

- **Spend more time at home** - If you are not in established labour then this is the most suitable place to wait for your labour to progress.
- **Latent Phase of Labour** - This is a common stage of labour. You may experience painful contractions which do not dilate (enlarge) the neck of the womb (cervix).

We may give you moderate pain relief tablets. Many women choose to return home at this stage, while some are admitted to the antenatal ward. We will encourage you and your partner to try and rest during this phase.

- **If labour established** - we will admit you to the labour ward.

Birth Partners

Partners are welcome in the labour ward. You can have up to 2 people with you but we would ask that you limit it to the same 2 for continuity of support.

What should I bring into hospital with me, if I am in labour?

For mum

- Nightdress or pyjamas; slippers and dressing gown
- Isotonic fluids (i.e. energy drinks)
- Underwear
- Toiletries
- Sanitary Towels
- Out door clothes for going home

For baby

- Vest, babygro and cardigan
- Shawl or blanket, baby suit and hat
- Mitts and socks
- Nappies
- Clothing for going home
- Car seat (once you know you are going home)

Please do not bring in large amounts of money, valuables, jewellery or personal belongings with you. The hospital does not accept any responsibility for loss of, or damage to, personal belongings unless handed in to staff for safekeeping.

How long do I have to stay in hospital after the baby is born?

After your baby is born, if you and your baby are well you can expect to return home 6 -12 hours after your baby is born.

If your baby is born by caesarean section and there have been no complications, you should expect to return home 48 – 72 hours (2 – 3 days) after your caesarean.

If your caesarean has been planned you may have the opportunity to take part in the ERAS (Enhanced Recovery After Surgery) project which aims to get you fit for going home sooner.

Infant feeding (feeding your baby)

Regardless of the feeding method you chose for your baby the hospital and community midwives will work with you to make sure you have the knowledge, skills and confidence to feed your baby.

Signs of Sepsis (Infection)

Please see the information in your hand held record (page 36).

Medication

You should have painkillers in your house for when you go home. Usually paracetamol or ibuprofen (as long as you have no history of asthma) can help with any pain you have.

If you need any other prescribed medicines we will give you a supply until you are able to see your GP.

When can my partner be with me following the birth?

Your partner can remain with you in labour ward and on transfer to the ward. Your partner is welcome to visit at any time during the day however at certain times, to maintain the privacy and dignity of our patients, we may ask them to leave the room or ward for a short period if we need to attend to a patient in the area.

Going Home

Usually women organise their own transport when going home. Please be aware that if you are travelling with a baby in a car there are laws relating to baby seats. You should be aware of the latest legislation and have a car seat to take your baby home.

Can I go home during the night?

Yes, you can go home during the night as long as you have arranged transport and you and your baby remain well.

When will my baby be examined?

When your baby is born, the midwife will thoroughly examine your baby. This involves visually checking all limbs, eyes, mouth, head and skin.

A midwife or doctor will carry out an additional, more detailed examination of your baby before they go home.

What support will be available to me once I go home?

We will transfer your care to the community midwifery team and your GP. You may have met your community midwife during your pregnancy.

The midwife will visit you and your baby the day after you return home. If you do not receive a visit please contact the ward you were discharged home from.

The community midwives visit between 9am and 5pm. At their visit they will discuss with you how often they will visit. They will then re-assess this at each visit. If both you and your baby are well you will have a final visit with the community midwife on the 10th day following birth. For your final visit, if you are well, the midwife may ask you to attend the clinic instead. This allows you the opportunity to get out and about with your baby.

The community midwife will then transfer your care to the Health Visitor (Named Person).

Documentation

On leaving the postnatal ward we will give you your hand held record for the community midwife to document her care. We will also send a letter to your GP and Health Visitor (Named Person) to tell them of the details of your baby's birth.

Newborn Screening

When your baby is around 96 hours (4 days) old the midwife will ask for your written consent to carry out the newborn bloodspot test. You will find more information in Ready Steady Baby book or App. We will give you an information leaflet in the postnatal about the bloodspot test.

Hearing Screening

All newborn babies have their hearing tested either in hospital or in the community once they are home.

What should I do if I have any concerns once we go home?

You:

If you have any concerns about your own health, outwith midwife visiting times, please contact NHS24 on 111, your GP or and Accident and Emergency Department for further advice.

Your baby:

If you have any concerns then you should get medical advice (for example, from NHS 24, your GP, or an accident and emergency department). Especially if you are concerned that your baby:

- is showing abnormal behavior (for example, non stop crying for hours or listless),
- is unusually floppy,
- has developed difficulties with feeding or with tolerating feeds, including vomiting bile (dark green liquid) or

- has an abnormal temperature unexplained by environmental factors (lower than 36°C or higher than 38°C),
- has rapid breathing,
- has a change in skin colour

Registering your Baby

We will give you information about registering your baby's birth. This requires to be done within 21 days. (This is a legal requirement).

We would that you register your baby's birth as soon as possible in order that you can then register your baby with a GP.

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Contact Numbers

Princess Royal Maternity

Ward 68, 72 and 73

Telephone: **0141 211 5294 or 5250 or 5213**

Maternity Triage and Assessment

Telephone: 0141 211 5276

Queen Elizabeth University Hospital

Ward 47 and 50

Telephone **0141 201 2268 or 0141 232 4370**

Maternity Assessment and Triage

Telephone: **0141 232 4363**

Royal Alexandra Hospital

Ward 31

Telephone **0141 314 7031**

Maternity Triage

Telephone **0141 314 6741**

Vale of Leven Community Maternity Unit

Telephone: **01389 817 232**

Inverclyde Community Maternity Unit

Telephone: **01475 504619 or 504775**

NHS 24

Telephone: **111**

Your community midwife will give you the community contact number when they visit you at home. They will also tell you about general support opportunities available in your area and include information on how to access additional support for breastfeeding.

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