

Birth Choices

This presentation accompanies the Birth Choices video produced by Chelsea and Westminster Hospital NHS Trust which can be found on this website page

The "Padlets" mentioned in the presentation are also available on the same page of the website







In this series of videos we will discuss:

- Your birth place options at Chelsea & Westminster Hospital and West Middlesex Hospital
- Is the Birth Centre right for you?
- Is the Labour Ward right for you?
- Birth anxiety and how to manage it
- Common fears about birth
- Vaginal birth or caesarean section what's best for you and your baby?
- IVF pregnancy and birth
- Aged over 40 and birth
- Where to find more information





We recommend that you consider planning to give birth on a midwife-led Birth Centre

UK research has shown that women having their <u>first baby with a straightforward pregnancy</u> have the best outcomes when they plan to give birth on a Birth Centre located alongside a doctor-led unit:

- Best chance of achieving a normal birth
- Least chance of having an emergency caesarean section or instrumental birth
- Least chance of needing an epidural
- Least chance of having an episiotomy
- Just as safe for your baby
- More likely to have optimal cord clamping and skin-to-skin contact after the birth







Midwifery or Consultant Led?

You may want to consider giving birth in a Midwifery Led Unit ('Birth Centre') if:

- You are between the ages of 16 and 44 years old
- You are having a straightforward singleton pregnancy (i.e. without medical complications)
- You are hoping to manage labour without the need for an Epidural

It may be recommended that you give birth in the Consultant Led unit ('Labour Ward') if:

- You are under 16 or over 44 years of age
- You are expecting more than one baby
- You are experiencing certain medical conditions
- Your labour is being induced for medical reasons
- You have decided that you definitely want to use an epidural for pain relief





How to manage anxiety symptoms:

- Make sure you eat healthily and take regular gentle exercise
- Try a pregnancy yoga class
- Use online videos and Apps for mindfulness e.g Calm, Headspace,
 Sleepio
- Mind the Bump App is specific to mindfulness in pregnancy (please see the Padlet for the link to a helpful video)

It's OK to say that you're not OK and ask for help!

Your midwife or doctor can refer you for extra support to:

- Your GP
- The mental health specialist midwife at your unit
- A specialist obstetrician
- Your local NHS talking therapies service
- A specialist perinatal mental health team if your anxiety is severe

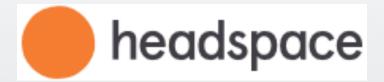




'The mind is the most important organ in birth'













Mindfulness can help

https://youtu.be/aNCB1MZDgQA





Chelsea and Westminster Hospital



Advantages of planning a vaginal birth:

- Labour and vaginal birth is the end point to your pregnancy and a natural physiological event
- Giving birth in the UK is generally a very safe event for you and your baby
- The fantastic sense of achievement afterwards!
- More likely to have skin-to-skin contact with your baby straightaway and establish breastfeeding
- More likely to achieve delayed cord clamping which has health benefits for your baby
- More likely to have a quicker physical recovery than a CS
- Less likely to have a large blood loss or infection than at a CS
- Subsequent vaginal births are usually quicker and easier





Risks of a non-medically indicated

CS:

A CS is generally a safe procedure, but like any type of surgery it does carry a risk of complications. A CS for non-medical reasons is NOT safer than a planned vaginal birth!

Increased risks include:

- Bleeding more than expected (massive haemorrhage) 1:200
- Wound infection this is common and can take several weeks to heal 6:100
- Blood clots in the legs that can travel to the lungs (deep vein thrombosis and pulmonary embolism). These risks are increased if you are overweight
- Injury to the bowel or bladder. The risk is increased if this is a repeat CS
- More pain relief required & a longer hospital stay
- Longer recovery 1 in 10 have pain 3 months later
- Implications for future pregnancies
- 8 in 1000 risk of hysterectomy
- 4 x higher risk of dying than vaginal birth





I'm really worried about pelvic floor dysfunction

https://youtu.be/LMiNq ai1hU



Myth Buster!

4 in 10 women suffer with PFD after a vaginal birth BUT
3 in 10 women suffer with PFD after a caesarean







Next steps

We hope that you have found these videos helpful!

Please have a look on the Padlet link for lots more information and resources

If you would like to discuss your birth plans or have further questions please ask your midwife to refer you to the Birth Choices team for an individual appointment



