

Women are invariably told, in detail, the perceived risks of a home birth, but it is extremely rare for women to be told the risks of a hospital birth. The following are some of the risks, and you may wish to consider printing this out and asking your consultant or midwife to read, sign, and date the following to be included in your maternity notes.

INFORMED CONSENT FOR GIVING BIRTH IN HOSPITAL

PLEASE READ, SIGN and DATE

Name.....
Hospital.....
Midwife/Consultant.....

Dear Mrs/Ms/Miss

This Trust supports the view that women have choice and in order properly to exercise that choice they need to be fully informed of the risks in association with childbirth. You will already have had information about the risks of home birth. The following are the risks of a hospital delivery

This hospital operates a shift system which means it is unlikely that you will be attended by the same midwife throughout your labour

Because we are short of staff you are unlikely to have the continuous support of a midwife as she will probably be trying to attend to at least two other women.

As this hospital has a 25% caesarean section rate this means that you have at least a 1 in 4 chance of having a caesarean section. Please be aware that this is major abdominal surgery that doubles the risks of maternal mortality, increases the risk of damage to other internal organs and blood vessels, carries a risk of infection, which may prolong a hospital stay, interferes with the establishment of breastfeeding and delays post operative recovery. Research has also shown that this type of surgery produces harmful side effects according to which anaesthetic is used; lowers fertility rates in women; increases the incidence of post natal depression; may adversely affect the baby because of the anaesthetic used; can accidentally cut the baby as the incisions are made; produces babies who are less likely to breastfeed; results in more babies with breathing difficulties because they haven't received the benefits of being squeezed through the vaginal canal; increases the risk of miscarriage; produces a greater risk of childhood asthma and results in a greater risk of Sudden Infant Death Syndrome.

If born via caesarean, your baby will not receive the benefit of the bacteria that it needs to acquire from your birth canal in order to achieve optimal

health; although we should note that hospital birth, by or of itself, can interfere with this process, as your baby is more likely to be handled by people other than yourself in the crucial first hour after birth.

As the World Health Organisation has stated that there is no improvement to maternal or infant health when the caesarean section rates exceeds 10% you should understand that we are trying to reduce this.

This hospital is a medical training centre, so in March and September we have a new intake of junior doctors and the caesarean section and forceps delivery rates increase at that time. But please be aware that doctors have to be trained and you may be the person especially selected as a training subject.

As a first time mother you may wish to stay in hospital a day or so after the birth in order to establish breast feeding. We are, however, short of staff and as the postnatal wards are grossly understaffed you are unlikely to receive consistent advice and you will be vigorously encouraged to leave as soon as possible as we need the bed.

At one time the midwives were required to visit a postnatal woman for at least 10 days. We have introduced a system that allows the midwives to make a judgement about your needs in this respect, so you are unlikely to be visited on more than a couple of occasions. When you are visited, you may find that you are seen by a person who does not have a registrable qualification. The advice you will receive from both medically qualified and support staff will be extremely variable. Some people find that the women who serve tea are an excellent source of feeding advice. We need to warn you, however, that their suggestions may not always be evidence based.

You should understand that in this hospital, which is a high technology obstetric unit, at best, only 1 in 6 women expecting their first baby will have a normal, straightforward, birth and only 1 in 3 women expecting their subsequent babies will have a normal birth.

This hospital applies a time limit on the second stage of labour. There is evidence that this may benefit you and/or your baby, although this evidence is highly debatable. What is not debatable is that it helps us ensure that you deliver as quickly as possible, so that we can use your bed for another woman.

At this hospital some midwives will cut the cord very soon after the baby is born, despite the research showing the advantages of leaving the cord alone until it has stopped pulsating, this has adverse effects on the baby, but you need not worry we have resuscitation equipment at hand to help the baby breathe.

At this hospital many women will give birth on their backs, or in a semi-sitting position, despite the research indicating how this position increases the

difficulty in pushing the baby out and can lead to trauma to both mother and baby.

During your labour you may find that your room is visited by multiple members of staff many of whom will fail to introduce themselves or justify their reasons for being there. This can be very off putting when you are in labour, but we trust you understand that the staff are primarily there to ensure that the system runs smoothly.

This hospital prefers women to be quiet when they are in labour as shouting or screaming may upset others in the ward, especially the doctors. Therefore, in order to maintain a more subdued atmosphere, you will regularly be offered a range of opiate-based drugs – either in the form of pethidine or diamorphine (also known as heroin). Please be aware that this can lead to an increased chance of your child becoming a drug addict in later life and if administered at the wrong time during labour, may result in your baby being born in a dangerously stupefied state. Do not worry, as the medical staff will inject the baby with an antidote as soon as it is born.

Visiting hours for husbands or partners are between 11am – 3pm and 6pm – 9pm. Although postnatal ward midwives will be on hand for advice, they are extremely busy and therefore you will be expected to cope on your own with your new baby in between these times and overnight.

Wherever possible, this hospital likes to use electronic foetal monitoring. This has not been shown to improve outcomes for mother or baby, however, it will lead to an increased likelihood of a caesarean section.

At this hospital, our philosophy is 'one size fits all', therefore, we would prefer it if you did not write a detailed birth plan as this interferes greatly with our ability to make decisions about your care without your knowledge or consent. If you feel a birth plan must be undertaken, a simple 'I would like a natural birth with gas and air' will suffice.

A hospital birth involves a much higher risk of serious infection. In the event that this happens to you, this hospital will bear no responsibility, however, you are welcome to utilise NHS facilities for your recuperation. The intensive care department can be found on another floor and the good news is that it has more open visiting hours. The bad news is that your husband/partner will not be allowed to go there, so s/he will be expected to divide their time between visiting you in the intensive care unit or postnatal ward or the baby in the neonatal unit.

If you would like an epidural or spinal block during your labour, please note that this may interfere with your body's natural production of oxytocin hormones and may therefore impair the bonding between you and your baby. In turn, this may lead to a higher chance of postnatal depression and unsuccessful breastfeeding.

If your baby is presenting by the breech research has shown that more damage is caused when the doctors attempt a medically managed vaginal delivery than if they do a caesarean section, so they will invariably recommend a caesarean section. Skilled midwives trained in attending physiological breech birth (for example, using the Cronk/Evans approach to breech birth) are able to assist a woman to birth the breech baby with excellent outcomes. Unfortunately, the midwives in this hospital have not been encouraged and/or allowed to practice these lost skills so you will need to do your own research to locate appropriately skilled midwives if you want a physiological breech birth.

DATE:.....

SIGNED:.....