West Middlesex University Hospital  NHS Trust

Safe in our hands
Your Maternity Service guide
2014-2015
Welcome to the West Middlesex Maternity Service.
We are delighted that you have chosen to have your baby here.

Please see the maternity website at www.westmidmaternity.org.uk for a virtual guided tour.

We aim to make your pregnancy, the birth of your baby and care after the birth a healthy and happy experience for you and your family. During this time you will be cared for by your team of midwives and obstetricians, and by your general practitioner (GP). The midwives and the GP usually share responsibility for planning normal care, and the consultant obstetrician will plan your care if any problems arise.

The lead professional is usually the midwife who will take responsibility for coordinating your care. If, at any time, you wish to change your midwife or consultant, this can easily be arranged on request. You will be assigned to a team of midwives, some of whom you will get to know during your pregnancy.

How to find us

Arriving by bus
The 117 bus from Staines, the 110 bus from Twickenham and the 481 bus from Kingston both terminate at the hospital. The 267 bus runs past the hospital; buses 237 and 235, which you can catch from Hounslow East underground station, go to the top of Amhurst Gardens, a five-minute walk from the hospital. Bus H37 also stops five minutes’ walk from the hospital.

Arriving by train
The nearest mainline train stations are Isleworth and Syon Lane, about ten minutes’ walk away. The nearest underground station is Hounslow East on the Piccadilly Line.

Arriving by car
There are car parks adjacent to the Queen Mary Maternity Unit and Women’s Health Unit. Car parking is pay-and-display or pay-on-exit.

Where to find us
The Maternity Unit is the first building on the left inside the hospital’s main gate. The Antenatal Clinic, Ultrasound Department and Day Assessment Unit are in the Queen Mary Women’s Health Unit. The Antenatal Ward, Natural Birth Centre, Labour Ward, Postnatal Ward and Special Care Baby Unit are in the Queen Mary Maternity Unit that connects to it.
Interpreter service
Thebigword telephone translation service is used to assist non-English speaking clients. An interpreter can be provided in special circumstances.

The Maternity Service

Mission statement
The Maternity Service seeks to meet the needs, rights and expectations of women and their families by providing choice and flexibility of care within the limits of safe practice.

Charter for pregnant women and their partners receiving care from the Maternity Service at West Middlesex University Hospital

- We aim to offer a service that is based in your local community
- You are welcome to bring your partner, family member or a friend to support you throughout your antenatal care and especially during childbirth
- You will have a team of midwives to offer you advice and support throughout your pregnancy
- During pregnancy you will always have 24-hour emergency midwifery or obstetric advice available
- We will offer care that is sensitive to your cultural needs
- We will offer you parent information classes, in conjunction with local community organisations, when you book at the Antenatal Clinic
- You and your partner will be offered advice on how to have a healthy lifestyle, including diet, exercise and giving up smoking
- As a Maternity Service we promote breastfeeding, but will always support you in your chosen method of feeding
- The Maternity Service will send a notification of your baby’s birth to the local health visiting service, who will contact you after you have been discharged from maternity care
### Midwifery management team

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Barbara Butler</td>
<td>Head of Midwifery</td>
<td>020 8321 2580</td>
</tr>
<tr>
<td>Fiona Ghalustians</td>
<td>Matron, Antenatal and Community</td>
<td>020 8321 6878</td>
</tr>
<tr>
<td>Marina Wingham</td>
<td>Matron, Delivery and Postnatal</td>
<td>020 8321 6878</td>
</tr>
<tr>
<td>Chantelle Winstanley</td>
<td>Consultant Midwife</td>
<td>020 8321 5990</td>
</tr>
<tr>
<td>Leanne Joyce</td>
<td>Governance and Risk Midwife</td>
<td>020 8321 5416</td>
</tr>
<tr>
<td>Katie Arneil</td>
<td>Breastfeeding Specialist Midwife</td>
<td>020 8321 6333</td>
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### Consultant obstetricians

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Suraiya Abdi</td>
<td>020 8321 5118</td>
</tr>
<tr>
<td>Maysoon Backos</td>
<td>020 8321 5117</td>
</tr>
<tr>
<td>Susan Barnes</td>
<td>020 8321 5114</td>
</tr>
<tr>
<td>Christina Cotzias</td>
<td>020 8321 5114</td>
</tr>
<tr>
<td>Archana Dixit</td>
<td>020 8321 5114</td>
</tr>
<tr>
<td>Joanna Girling</td>
<td>020 8321 5114</td>
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<tr>
<td>Sharmistha Guha</td>
<td>020 8321 5117</td>
</tr>
<tr>
<td>Yulia Gurtovaya</td>
<td>020 8321 5118</td>
</tr>
<tr>
<td>Fabian Imoh-Ita</td>
<td>020 8321 5117</td>
</tr>
<tr>
<td>Roopa Navani</td>
<td>020 8321 5117</td>
</tr>
<tr>
<td>Natalie Nunes</td>
<td>020 8321 5117</td>
</tr>
<tr>
<td>Osaeloke Osakwe</td>
<td>020 8321 5117</td>
</tr>
<tr>
<td>Elizabeth Owen</td>
<td>020 8321 5117</td>
</tr>
<tr>
<td>Louise Page</td>
<td>020 8321 5114</td>
</tr>
<tr>
<td>Philippe de Rosnay</td>
<td>020 8321 5114</td>
</tr>
</tbody>
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### Consultant paediatricians

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Anjan Chakrabarty</td>
<td>020 8321 5366</td>
</tr>
<tr>
<td>Anne Davies</td>
<td>020 8321 5365</td>
</tr>
<tr>
<td>Nour Elhadi</td>
<td>020 8321 5366</td>
</tr>
<tr>
<td>Elizabeth Eyre</td>
<td>020 8321 5365</td>
</tr>
<tr>
<td>Jayanti Rangasami</td>
<td>020 8321 5366</td>
</tr>
<tr>
<td>Damithe Ratnasinghe</td>
<td>020 8321 5365</td>
</tr>
</tbody>
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### Hospital numbers

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone</th>
</tr>
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<tbody>
<tr>
<td>Switchboard</td>
<td>020 8560 2121</td>
</tr>
<tr>
<td>Labour Ward</td>
<td>020 8321 5946/7</td>
</tr>
<tr>
<td>Community Midwifery Office</td>
<td>020 8321 2581</td>
</tr>
<tr>
<td>Antenatal Clinic</td>
<td>020 8321 5007/ 6420</td>
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Maternity Unit statistics
Currently, we care for about 5000 women each year.

Of these, around 62 per cent deliver normally and 26 per cent require caesarean sections; the others are assisted in delivery with forceps or vacuum delivery. Annually, about 100 women choose to deliver at home. 80 per cent go home breastfeeding.

Although most women give birth to healthy babies, sadly a small number of babies die each year due to prematurity, congenital abnormalities and other causes. A remembrance service is held annually to commemorate lost babies and an entry can be made in the Remembrance Book.

Teaching responsibility
West Middlesex University Hospital (WMUH) is an associated teaching hospital of the University of West London and Imperial College; as such, student midwives and student doctors train in the Queen Mary Maternity Unit.

So that the doctors and midwives of the future are properly trained to give women a high standard of care, it is necessary for them to have direct involvement in the care of mothers and babies.

If you do not wish to participate in the training of healthcare professionals, you have the right to refuse without prejudicing the care you receive, and should inform a member of staff of your wishes.

Midwifery supervision
The aim of midwifery supervision is to safeguard and enhance the quality of care for the mother and her family. Statutory supervision is an essential tool in supporting midwives to provide the best possible care for mothers and babies.

Supervisors of midwives are also advocates for women and can be a source of information as well as investigating complaints and mediating between health professionals where required. A supervisor can be contacted via the hospital's switchboard at any time.

Care during pregnancy

Continuity of care
You can expect your antenatal care to be shared between midwives from your team and your GP. Midwifery care is available at midwife clinics in your area.

If complications develop, or are suspected, you will be referred to the consultant or senior obstetrician associated with your team at the WMUH clinic. If your problem is ongoing, you may be referred to a specialist consultant clinic where the consultant has expertise in your particular condition.
<table>
<thead>
<tr>
<th>Gestation</th>
<th>Milestone</th>
<th>Location</th>
<th>Care giver</th>
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<tbody>
<tr>
<td>4-8 weeks</td>
<td>Confirmation</td>
<td>GP surgery/ANC</td>
<td>GP/midwife</td>
</tr>
<tr>
<td>Prior to week 13</td>
<td>Booking</td>
<td>ANC</td>
<td>Midwife</td>
</tr>
<tr>
<td>11-14 weeks</td>
<td>Dating scan/combined test</td>
<td>Ultrasound WMUH Sonographer</td>
<td></td>
</tr>
<tr>
<td>16 weeks</td>
<td>Routine antenatal</td>
<td>ANC</td>
<td>Midwife</td>
</tr>
<tr>
<td>20-22 weeks</td>
<td>Anomaly scan</td>
<td>Ultrasound WMUH Sonographer</td>
<td></td>
</tr>
<tr>
<td>25 weeks (first baby only)</td>
<td>Routine antenatal</td>
<td>GP surgery</td>
<td>GP</td>
</tr>
<tr>
<td>28 weeks</td>
<td>Full blood count; antibody screen; Anti-D for Rh-D negative women; glucose screen if needed</td>
<td>ANC</td>
<td>Midwife</td>
</tr>
<tr>
<td>31 weeks (first baby only)</td>
<td>Routine antenatal</td>
<td>GP surgery</td>
<td>GP</td>
</tr>
<tr>
<td>34 weeks</td>
<td>Routine antenatal; Alternative therapy clinic for breech position</td>
<td>ANC</td>
<td>Midwife</td>
</tr>
<tr>
<td>36 weeks</td>
<td>Routine antenatal; Refer persistent breech for ECV</td>
<td>ANC</td>
<td>Midwife</td>
</tr>
<tr>
<td>38 weeks</td>
<td>Routine antenatal</td>
<td>GP surgery</td>
<td>GP</td>
</tr>
<tr>
<td>40 weeks (first baby only)</td>
<td>Routine antenatal</td>
<td>ANC</td>
<td>Midwife</td>
</tr>
<tr>
<td>41 weeks</td>
<td>Offer sweep; Induction discussed; date booked</td>
<td>ANC</td>
<td>Midwife</td>
</tr>
</tbody>
</table>
Pattern of antenatal care for uncomplicated pregnancies
A pattern of antenatal care for women who have uncomplicated pregnancies can be found opposite; those with pregnancies complicated by obstetric or medical problems will have their care planned on an individual basis.

Women with their first pregnancy will be seen more often than those with subsequent pregnancies.

At your regular appointments your midwife will give you the necessary information to prepare you for pregnancy, labour and the early days as a parent, and will answer your specific queries.

Your antenatal booking appointment
The details of your appointment for booking with a midwife are enclosed with this booklet. You should allow at least an hour for this visit. Please arrive punctually, otherwise your appointment will need to be rescheduled.
You should make your follow-up appointment at the desk at the end of your booking appointment, before you leave the clinic.

The purpose of your booking visit is to:
• Meet your named midwife and possibly your obstetrician
• Record a history of your previous pregnancies, illnesses and operations
• Plan care suitable for your needs
• Plan your parenting needs
• Check your height, weight, urine and blood pressure.

If you have had a previous caesarean section you will have an opportunity to discuss the benefits and risks of trying for a vaginal delivery.

We also offer blood tests for the following:
• Haemoglobin – to detect anaemia, which is common in pregnancy
• Haemoglobinopathies – to test for abnormal haemoglobins such as sickle cell disorder and thalassaemia
• Rubella antibodies – to see whether you are immune to German measles. If you have no immunity, vaccination will be recommended to you after your baby is born
• Syphilis – to detect it in early pregnancy so that antibiotic treatment can prevent babies being affected
• Hepatitis B – to protect the baby by vaccination at birth
• HIV – to offer women treatment which will improve their health and greatly reduce the risk of the infection being passed on to the
baby. A counsellor is available to discuss this in the clinic

- Diabetes – to detect it early in pregnancy by a finger prick blood test

Your midwife will let you know if any of your blood test results are abnormal.

**Screening for Down’s syndrome**
Depending on your gestation at booking, you will be offered either the Combined Test at the time of your dating scan (nuchal translucency measurement plus blood test) or a blood test called the quadruple test between 15 and 21 weeks of pregnancy.

These tests assess the risk of you having a baby with Down’s syndrome. The specialist screening midwife will contact you with the results of the tests.

Your maternity notes will be given to you at your 16 week visit. You should carry them with you at all times, particularly when attending your antenatal appointments.

**Subsequent visits**
During your pregnancy it is important that you attend regular checkups with your GP, midwife or obstetrician. If you cannot keep an appointment, please let us know. Also, please let us know in writing if you change your address or contact details so that we can contact you if necessary.

We try to keep waiting times in clinics to a minimum, which you can help with by coming to your appointment on time. If you have to wait more than 30 minutes the staff should explain the reason for the delay.

At each subsequent visit you will need to bring a sample of urine. We will check your blood pressure, assess your baby’s growth by abdominal examination and test your blood occasionally.

You will have an opportunity to discuss any aspects of your pregnancy.

There is a space in your notes for you to record any questions you would like answered. There is also a space for you to write your birth plan, which tells us how you would like to be cared for in labour. If a caesarean section or induction is necessary, a date will be agreed with you to come into hospital.

**Choices for the place of birth**
The Home birth team offers a full package of care to women whose pregnancies are uncomplicated and who would like to labour in the comfort, convenience and privacy of their own home. The team can be contacted on 020 8321 5359, or ask
a midwife or the clinic receptionist for details.

As an alternative, the Natural Birth Centre offers a home-from-home environment for women whose pregnancies are uncomplicated and whose preference is for natural childbirth.

The Labour Ward has additional facilities for women who have medical or obstetric problems or who require an epidural for pain relief. Women are supported to have as normal a labour and delivery as possible and intervention is kept to a safe minimum.

The midwife will explain the relative advantages and disadvantages of giving birth at home, in the Natural Birth Centre or Labour Ward, and help you choose which is the most appropriate for you.

**Breech position**

If your baby is in a breech position, your midwife will suggest trying to turn the baby to a head-down position near term, either using alternative therapy or by manipulation. Women whose babies persistently present by the breech will be offered the option of vaginal breech birth or caesarean section.

**Consultant Anaesthetist**

A consultant anaesthetist is available to discuss any worries you may have about pain relief during labour, and assesses all women for whom an anaesthetic might pose a particular risk.

**Teenage mums**

The Young Mums’ Antenatal Group (YMAG) offers support, continuity of care and companionship to younger mothers.

**Consultant Midwife**

The Consultant Midwife is available by appointment to discuss specific anxieties about any aspects of pregnancy and birth.

**Complementary therapies clinic**

This is a weekly clinic which offers relaxation, pain relief, induction of labour and turning of breech babies to head down position.
Ultrasound scanning
We recommend that you are accompanied by your partner or a companion and suggest that you do not bring children with you, especially to the anomaly scan as it may take some time.

Dating scan (11–14 weeks)
An ultrasound scan will be carried out to establish how far pregnant you are. As your expected due date (EDD), which is calculated from the first day of your last period, is just a rough guide to when your baby will be born, your EDD may be adjusted on the basis of this scan. Only a small percentage of babies arrive on their EDD.

The scan also shows how many babies you are expecting and shows the baby’s heart beating. It is too early at this stage for the sonographer to see if the baby has a problem.

The Combined Test for Down’s syndrome may be done at the same time as the scan.

You should have a full bladder for the dating scan to make it easier for the sonographer to see the baby’s details. This scan will not be repeated if you have been scanned elsewhere.

Anomaly scan (20-22 weeks)
The second scan is to confirm that the baby is growing normally, to exclude any abnormalities, and to determine the position of the placenta.

Most babies are healthy, but sadly some have problems that can be serious. If you do not wish to know whether the baby has an abnormality, it may be best not to have this scan.

If you do decide to have the scan, we will assume that you wish to know about anything that we find.

Scanning procedure
The sonographer applies warm scan gel then rubs a probe gently over the lower abdomen. This displays moving images of the baby on the screen that allow measurements to be taken.

Sometimes the images can be difficult to see, either because the baby is very active or lying in an awkward position, or because the mother has a lot of fat on her abdomen. The larger the mother is, the more difficult it is for the sonographer to see the baby and detect any problems.

Ultrasound scanning is not able to detect all major abnormalities, and many minor variations do not show up. This means that, although a scan reported as normal is reassuring, it does not guarantee that your baby has no problems.

Some conditions such as major bony defects are relatively obvious and
are rarely missed. Others involving internal organs and external features are much harder to detect and are often not identified by scan.

The sex of the baby
If you wish to know, the sonographer will reveal the sex of the baby if it can be determined as part of a routine scan. It is not always possible, due to the baby’s position, to determine the sex and we cannot guarantee 100 per cent accuracy.

Results of the scan
If the sonographer finds a problem you will be told at the end of the scan. You may be asked to come back to the hospital for a further scan and discussion with a consultant obstetrician or paediatrician.

Alternatively, you may be referred to a hospital with a fetal medicine unit for specialist scanning and advice.

Most problems that need a repeat scan are not serious and approximately 15 per cent of scans will need to be repeated for one reason or another.

Growth scans
For some conditions we recommend several scans during pregnancy to monitor the baby’s growth regularly. In some cases we monitor the baby’s condition by measuring the blood flow to the baby using an ultrasound Doppler technique. We measure the baby’s size and the amount of fluid surrounding the baby.

What are the benefits?
By learning as much as possible about your pregnancy and your growing baby, we can plan the safest care for you and your baby during pregnancy and birth. If any problems are identified we can discuss with you the likely implications and take whatever action may be most appropriate.

If abnormalities are identified in your baby, we will want to discuss their significance with you so that you can make a decision about whether or not to continue with the pregnancy.

Seeing your baby on scan can be exciting, and the information you gain will help you to make choices.

Parent education
Parent education classes are provided and should be booked at your first antenatal appointment.

Alternatively, you may wish to attend other groups such as those offered by the National Childbirth Trust. At these classes you will be able to meet other mothers and obtain information.

Breastfeeding workshops are also available to all; please book at Maternity Reception.
Stem cell collection
Parents wishing to save stem cells should contact one of the Matrons to discuss the procedure.

Day Assessment Unit (DAU)
Women who need frequent monitoring due to pregnancy complications are seen by appointment in the DAU by a specialist midwife.

Health advice

Smoking
Smoking is harmful to babies. Pregnant women who smoke are more likely to deliver their babies prematurely; their babies are more likely to grow poorly during pregnancy and are more at risk of breathing difficulties.

Smoking is an identified risk factor in cot death. If you would like to give up smoking for the health of you and your baby, counsellors are available in the clinic to give you advice and support.
NHS Pregnancy Smoking Helpline: 0800 169 0169.

Toxoplasmosis
If you need to deal with cat litter whilst pregnant, you should wear rubber gloves at all times to avoid contracting toxoplasmosis.

Alcohol
It is recommended that, whilst pregnant, you should not drink more than one to two units of alcohol, once or twice a week.

Chickenpox
If you come into contact with chickenpox please phone your GP or midwife for advice. Do not attend any clinic or surgery or visit the Maternity Unit unless advised to do so.

Exercise
Moderate exercise is beneficial. However, contact sports, high-impact sports and vigorous racquet sports may risk injury.

Healthy eating
We recommend that you eat a well-balanced diet, including at least five helpings of fruit and vegetables a day.
It is important to:
• Limit the amount of sugary foods and drinks you consume. High sugar intake leads to excess weight gain and gestational diabetes, and increases the risk of many other serious complications for mother and baby
• Have regular meals and eat plenty of fibre (potatoes, wholemeal bread, brown cereals etc)
• Carefully wash all fruit, vegetables and salads
• Avoid unpasteurised, blue-veined, mould-ripened or soft...
cheeses and food containing liver, such as patés

- Avoid deep-sea fish such as shark, marlin and swordfish as they may contain mercury, and limit yourself to two fresh tuna steaks or four cans of tuna per week
- Avoid raw or partially cooked eggs and meat.

**Coming in to have your baby**

You should contact the Labour Ward immediately if at any time during your pregnancy you:

- Start to bleed vaginally
- Your waters break
- Your baby is moving less than usual.

**The start of labour**

Labour starts with one or more of the following signs:

- Regular contractions
- A ‘show’ of mucus and blood
- Your waters breaking – this can be a trickle or a gush of watery fluid.

Your midwife will discuss these with you during your pregnancy, so you will know what to look for. If you think you are in labour, telephone the Labour Ward on 020 8321 5946/7.

A midwife will attend you if you are having your baby at home. If you are planning to give birth in the Natural Birth Centre or the Labour Ward, you will be advised when to come into hospital.

You will be seen in Triage by a midwife who will assess your progress in labour, review your birth plan with you and discuss pain relief. If you are in established labour you will be cared for in the Natural Birth Centre or the Labour Ward. Alternatively, you may be asked to return home or be admitted to the Antenatal Ward.

A supportive partner, relative or friend is a great help and will be welcomed to accompany you during labour.

**What to bring in to hospital**

**For you:**

- Your maternity notes
- Towel
- Washing things
- Clean nightdress
- Old or disposable pants
- Pack of maternity pads
- Dressing gown and slippers
- Maternity bras
- Breast pads
- Tissues
- Pen
- Change for the telephone, or a mobile phone.

**For your baby:**

- Formula if formula feeding
- Pack of disposable nappies
• Cotton wool balls
• Towel
• Cardigan
• Hat
• Sleep suits or equivalent
• Warm outdoor clothing for going home
• Car seat in which to transport your baby home (please read the text on car seats on page 17).

Please do not bring valuables into hospital as we cannot be responsible if they are lost. Any electrical appliances that you bring into hospital must be checked by the hospital electrician before they are used.

Pain relief
During labour you may benefit from frequent changes of position, from labouring in water, or from a variety of distraction techniques. Several methods of relieving pain are available to help you cope with labour:
• Transcutaneous Electrical Nerve Stimulation (TENS) – availability of hospital TENS units is limited
• Water – deep baths and birthing pools are available for labour and delivery
• Complementary therapies offered by specially trained midwives
• Entonox (nitrous oxide and oxygen inhaled through a mouthpiece)
• Meptid or pethidine – given by injection
• Mobile epidural – this is an option in Labour Ward only.

Monitoring
We will monitor your well-being and that of your baby throughout labour. The midwife will discuss the appropriate level of monitoring with you, and will keep you constantly informed of your progress. She will also discuss an oxytocin injection, which may be given at delivery to reduce blood loss.

Caesarean section
If a caesarean section is needed, the reason will be explained to you and your consent sought. The operation will be carried out in the obstetric theatre. If it is performed under epidural or spinal anaesthesia, your partner, friend or relative will be invited to accompany you. You will remain in the recovery area for a short time before being transferred to the ward with your baby.

The Maternity Service does not support requests for caesarean section which are not clinically justified.

Security
Immediately after birth your baby will have an identity band, which you will have checked yourself, attached round each ankle.

Vitamin K
Your midwife will discuss with you the
reasons for giving your baby a dose of vitamin K which we recommend is given by injection soon after birth. There is an oral alternative available, but if you are breastfeeding, the dose will need to be repeated at seven to ten days and again at four to six weeks.

Meningitis research
The placenta (afterbirth) is sent for incineration. With your permission we would like to send a section of the umbilical cord for use in meningitis research.

Transfer after delivery
Once you have fed your baby, had any necessary stitches and had a wash and something to eat, you will either go straight home or be transferred upstairs to the Postnatal Ward.

Postnatal care
During your stay in the Postnatal Ward, you and your baby will be cared for by a team of midwives and obstetricians aided by obstetric nurses and maternity assistants. Your baby will be examined by a paediatrician or a specially trained midwife within the first three days of life.

Your baby’s cot will be next to your bed at all times so that you can learn to care for your baby with help from the midwife. There is no nursery facility on the ward. Your baby will not be moved from your bedside without an explanation from one of the midwives. Please do not let anyone else take your baby at any time.

Amenity rooms
If you would prefer to be accommodated in a single room after delivery, amenity rooms are charged at £85 per night, subject to availability.

Special Care Baby Unit (SCBU)
SCBU has additional facilities and specially trained staff to care for babies who are born prematurely or who need more specialised care. Babies who are very sick or very premature are transferred to the nearest available neonatal intensive care unit. Ideally the mother is transferred for the baby to be born there. Mother and baby are transferred back to the West Middlesex SCBU once the baby’s condition is stable.

Routine tests for your baby
Your baby’s hearing will be tested while you are in hospital. Your baby will be given a blood-spot screening test for several inherited diseases: phenylketonuria, hypothyroidism, thalassaemia major, sickle cell anaemia, MCADD and cystic fibrosis.

All these conditions are rare, but if your baby is affected it is important to know early so that appropriate
preventive treatment can be started as soon as possible.

All tests are done on four drops of blood taken from your baby’s heel by a midwife when the baby is five days old. You will be contacted if the test needs to be repeated.

Your baby will be offered protection against tuberculosis by a BCG vaccination in the upper arm before you go home.

**Feeding your baby**
The staff of the Maternity Service promote breastfeeding because of the many health benefits known to exist for mothers and babies.

You will be given information to enable you to make a fully informed choice on how to feed your baby. The staff will support you in your chosen method of feeding without discrimination. The midwifery staff will support you at home until your baby is 10 days old, when the health visitor will take over.

You will be given the contact numbers of breastfeeding support groups for any additional advice you may need and there are regular drop-in breastfeeding clinics.

There are facilities for mothers to room-in with their babies whilst they are in SCBU. Breastfeeding of premature babies is supported and encouraged as these babies particularly benefit from the special qualities of breastmilk. You will receive an information booklet about breastfeeding.

The Maternity Service does not provide formula milk for babies. If you choose to bottle feed you will be asked to bring liquid ready-to-feed infant formula milk into hospital. We provide bottles and teats.

**Follow-up**
A midwife or doctor will answer any questions you may have about your labour or delivery before you go home.

**Going home**
You can expect to go home between
three hours and a day or two after a normal or assisted delivery and two to three days after a caesarean birth, provided you and your baby are well and your baby is feeding properly.

Please provide a car seat to take your baby home in order to comply with the law. Never use a rear facing baby seat in the front seat of the car.

A midwife from your team will visit you the day after you go home. Thereafter, one of the team will visit you on agreed days, phone you to enquire about your progress or arrange to see you in a postnatal clinic.

You can speak to a midwife at any time if you have concerns about yourself or your baby. A midwife can be contacted via the Community Midwifery Office on 020 8321 2581 during office hours, and via the Labour Ward on 020 8321 5946/7 overnight and at weekends.

The midwife will discharge you from her care on or around the tenth postnatal day, provided you and your baby are well. The health visitor, who is a nurse specialising in childcare, will make contact with you after this. You should arrange to see your GP for a check up six weeks after delivery unless a hospital appointment has been made for you.

Comments, complaints and donations
We are always pleased to receive suggestions as to how we can improve our service, and we conduct regular client satisfaction surveys. From the information obtained, we can raise standards to ensure that we deliver a quality service that meets people’s needs. An audit committee monitors our effectiveness in meeting our standards, and incorporates users’ suggestions to plan and refine the service that we offer.

Comments and complaints are welcomed as they help us to improve the service. If you are dissatisfied with your care please speak to a midwife, who will advise you how to refer your complaint to the appropriate authority if she is unable to resolve the problem. Complaints are acknowledged within two days and responded to within four weeks under the complaints procedure.

Donations
If you feel you would like to support the Maternity Unit by donating money to the Stork Fund, your gift will be used to improve amenities for mothers and staff.
General information

Visiting
Partners and your own children only are welcome to visit at any time from 8am to 8pm. No other children are allowed in the Unit.

Visiting times for all other visitors are from 3pm to 8pm. Only two additional visitors are allowed per bed.

Partners can be accommodated overnight in the antenatal ward whilst you are in early labour.

Visiting is restricted to help us keep your baby safe from abduction and infection. Please inform your visitors of these restrictions and ask them to respect the regulations.

Telephones
There are two pay telephones in the unit which take coins. Mobile phones may be used in restricted areas.

Violence and abuse
The Trust does not tolerate violence or verbal abuse towards staff, or damage to property by patients or visitors.

Help with social problems
If you have social problems, your midwife can arrange for you to see a social worker, and the Safeguarding Midwife can arrange additional support for you and your family.

Financial hardship
If you suffer financial hardship, you may be entitled to reimbursement of the cost of public transport to and from the hospital. Please enquire in the Patient Affairs office in the main atrium for further information.

Hospicom service
Each bed is fitted with a Hospicom terminal offering TV, telephone, radio, internet, e-mail, text messaging, games and information. Hospicom cards can be purchased in the Maternity Unit, with a minimum purchase of £3.

Bounty portrait and distributor
A newborn portrait service is available to mums (seven days a week) and offers the opportunity to capture your newborn’s first moments, so you can treasure it forever and share it with your family and friends. A range of portrait prints and gifts are available. For further information please visit the Bounty Portrait website at www.bounty.com/portrait

The Bounty Distributor visits this hospital on a regular basis to distribute packs containing free samples and educational literature. Packs for expectant mothers are distributed via Antenatal Clinics.
Packs for new mothers are delivered to the bedside after the baby is born; these packs also contain the Child Benefit Claim Pack.

Once you have left hospital, if you have any problems acquiring your Bounty Packs, please telephone the Bounty Customer Care Line on 0800 316 9341.
If you would like to receive this leaflet in a language or format of your choice please contact pals.service@wmuh.nhs.uk or call 020 8321 6261

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