



Supporting your choices: Information on opting out of some elements of care


At Private Midwives, we treat every client and as individual and we will do all we can to respect your choices. We find a lot of our clients are unsure about a particular aspect of the care on offer. They may decline scans or blood tests for example. This leaflet is designed to help you make informed decisions by explaining how we use the information. It is not a detailed, in-depth review of the advantages or disadvantages, but rather a starting point so you can explore your thoughts in more detail with your midwife.

Please also refer to the other leaflets and videos in our website resource library for more detailed information on some of these topics.


What we offer	Why is it offered?	How does your decision impact on your care?
Ultrasound scans		
	<p>A scan is a screening test. It tells us how many babies are in your uterus, where the placenta is and looks to see if baby is healthy. Also, it can measure and estimate gestation. Later in pregnancy, a scan can estimate baby's weight or check position (for example if baby is breech).</p>	<p>If you decline scans, we rely on clinical skill/examination by your midwife. Whilst our midwives are highly skilled, this is not as accurate and being able to physically see inside your uterus. She cannot know if the baby's structures and internal organs are developing normally.</p> <p>If baby's head does not engage, or you have any blood loss in pregnancy, the midwife is unable to rule out a low placenta as the reason, and so is more likely to recommend a medical review.</p> <p>If you want to have NIPT screening, a scan is usually required as part of the test.</p>
Blood tests and Anti-D		
	<p>A number of blood tests are offered in pregnancy. Some screen for infection. Some are screening tests to look at baby's DNA. We also look at your blood group and antibodies to check you and baby are living together harmoniously during pregnancy. Later in pregnancy, we offer you a full blood count. This checks for</p>	<p>Sometimes, you can be quite anaemic in pregnancy and not feel unwell. Your midwife can offer you advice on diet and supplements to address this before it becomes a problem.</p> <p>Platelets help your blood to clot. If your platelets are very low, treatment may be offered to prevent excessive blood loss at birth. On rare occasions, with very low platelets, the risk of bleeding is high and a hospital birth may be recommended.</p>

	<p>anaemia and measures your platelets. If you are rhesus negative, you may also choose to have a test to see what blood group baby is.</p>	<p>If you are Rhesus negative, you will be offered Anti-D in pregnancy. If baby is also rhesus negative, this is not required. You may also be offered anti-D after baby is born. The dose is calculated based on a blood test taken from you after birth. You will also be offered testing of baby's blood via a sample from the cord. This can alert us to any potential problems resulting from you and baby having different rhesus factors.</p> <p>If you decline Anti-D your body may make antibodies that can attack a future pregnancy.</p>
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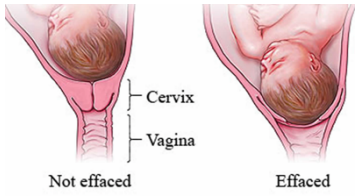
Fundal Height measurement

	<p>Your midwife will offer you measurement of your abdomen and plotting this on a GROW chart that is customised just for you. To generate the chart, she needs to know your weight and ethnicity.</p>	<p>The grow chart estimates the pattern of growth we could expect for you and alerts us to any change away from that pattern that may suggest baby needs additional monitoring. This is typically a growth scan. It does not necessarily mean you can no longer have a homebirth – just that we need to check in more detail that baby is coping well.</p>
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Pregnancy Observations

	<p>During pregnancy and labour, your midwife will offer to test your urine and measure your blood pressure. This is to enable earlier detection of problems developing such as gestational diabetes, urine infection or hypertension.</p>	<p>If you decline this monitoring, your midwife may not be able to detect these conditions early and they may develop and become more severe, making you quite unwell.</p>
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Vaginal Examinations

	<p>Vaginal examinations aim to assess a number of factors including:</p> <ul style="list-style-type: none"> • Your cervix – are you in labour, is progress as expected? • What is presenting – is baby in a good position for birth? • Liquor – what is leaking and is it normal? • Progress – what is changing? 	<p>Your midwife may offer a vaginal examination 4-6hrly in labour. The information obtained can help to advise you on the best course of action to achieve the safe and positive birth experience you are planning. This may include advice to change positions, exit a pool, mobilise, rest, or consider medical intervention. Without this knowledge, the advice your midwife gives will be more generic and not as tailored to your individual situation as a lot of the information is missing. It may also mean that a change or intervention that could have helped you, is not offered as your midwife was unaware it was needed.</p>
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Monitoring baby's heart rate



Listening to baby's heart rate gives your midwife an indication of how they are coping. She will listen to the rate and the pattern and compare this over time. Also, she is listening for how baby responds to their environment – such as after a contraction or during movements.

At a home birth, your midwife will use a hand held doppler, fetoscope or pinard stethoscope. Please tell her if you have a preference. We do not offer CTG monitoring at home.

If there are any concerns about your baby's heart rate, your midwife may recommend a full assessment and then advise you on the most appropriate options for you. This may be to continue at home, it may be to transfer to hospital, or it may be an intervention such as a change in position.

We fully respect your individual choice, and it is important to us that you can make informed decisions. However, our midwives are not comfortable providing care to clients who decline all fetal monitoring. Baby could be born in a very poor state of health and your midwife would have to do her best to manage this at home with minimal equipment and assistance. This could be very traumatic for all those involved. You matter to us, so does your baby and so do our midwives. As an organisation we have taken the decision to ask women who wish to decline all fetal monitoring, to seek care from an alternative provider.

Being present during birth



Once labour is established and advancing, your midwife will offer to be with you to support you. She will aim to be unobtrusive, listening to baby's heart rate at convenient times that do not disturb you. During this time your midwife will be attentive to your needs, any changes in your condition and she can update you (if you wish) on any visible progress such as signs of baby descending, and their head being born. She will watch closely for any indication that a problem may be starting to develop and advise you on options. Her continued presence is there for your safety. It is what she is trained to do.

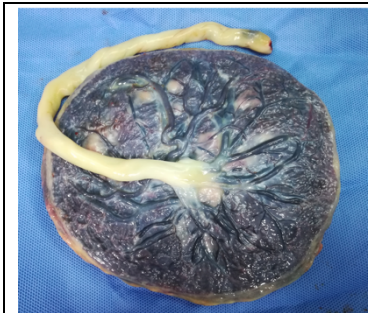
Your midwife will do all she can to respect your privacy and dignity, but for your safety she needs to be in the same room as you, paying close attention to you, during advanced labour and birth. She will be happy to remain quiet, not speak to you, and not touch you if that is your wish.

Some women do not want their midwife in the same room as them and we respect this choice. This is called free birthing. Private Midwives do not offer this type of care.


The third stage of labour

There are lots of decisions to make around the third stage of labour. These may include

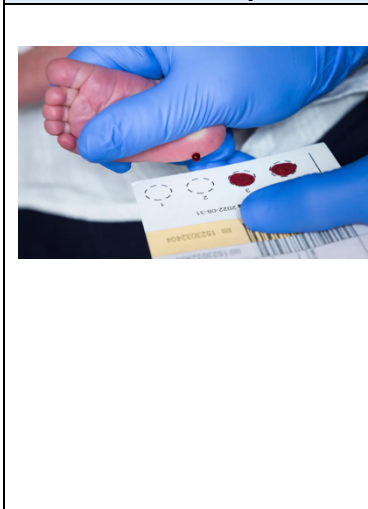
We are aware that some women, who have a higher risk of bleeding, may be refused a homebirth by other care providers. At

	<p>where the placenta is delivered, if drugs are used, do you wait for the cord to stop pulsating, do you cut the cord and who cuts it etc. We fully support delayed cord clamping and physiological third stage. Most of our clients choose this option. On some occasions, based on your previous history or your medical conditions, your midwife may advise you to have an injection of an Oxytocic drug to reduce bleeding as part of the third stage of labour.</p>	<p>Private Midwives we are keen to work with you whenever we can to facilitate your choices. This occasionally means a compromise or a plan to mitigate the risks. Our aim is to work with you to meet your choices in the safest way possible. This may include having an injection of an Oxytocic drug to help your uterus to contract to reduce bleeding.</p> <p>In an emergency, Oxytocic drugs may be administered to you without a detailed explanation at the time. This would be in a life-threatening situation.</p>
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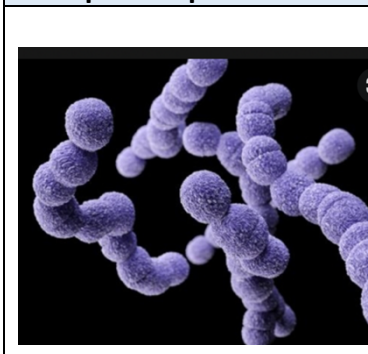
Vitamin K

	<p>Vitamin K helps our blood to clot and stops bleeding. Most adults have adequate vitamin K in their diet. Most babies are a little deficient in vitamin K when they are born and so are offered a vitamin K injection.</p>	<p>Some babies are more prone to bleeding due to their size, genetics or the way they were born. A lack of vitamin K could mean that any bleeding gets worse, and they become severely unwell. This is very rare. Vitamin K can be given orally in 3 doses over the first month of life. This is not as effective as the injection but may be a more acceptable option for you.</p>
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Newborn blood spot screening (PKU)


	<p>Your midwife will offer to take a blood sample from baby via a small heel prick (typically towards the end of the first week after birth). This is a routine screening test that looks for a large range of illness that whilst rare, can often be easily treated.</p>	<p>Whilst the conditions are rare, left untreated some of the conditions screened for can lead to long term, serious complications for baby. Detecting them early and providing treatment or adjustments for baby can often prevent long term complications or serious illness.</p> <p>Whilst we will fully support your choice to decline, please consider the long term implications for your baby (and your family) if one of these conditions is undetected and untreated.</p>
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Group B Strep


	<p>Group B strep is a bacterium that lives harmlessly in the intestine and vagina of up to 40% of women. Normally there are no symptoms. Occasionally in pregnancy it can become problematic for baby and can lead to severe infection that may be life</p>	<p>We know that GBS is very common, and problems are very rare. For this reason, if you make an informed choice not to birth in hospital with IV antibiotics, we will work with you to put a plan in place so that baby can be closely monitored at home in the first few days after birth. This normally involves teaching you how to undertake some measurements and observations on</p>
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	<p>threatening. For this reason, some women will be advised to birth in hospital with IV antibiotics.</p>	<p>baby – such as their temperature, heart rate and some aspects of their behaviour. Your midwife will visit frequently during this time and work with you to mitigate the risks as much as possible.</p> <p>We cannot give you IV antibiotics at home.</p>
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Jaundice

	<p>Jaundice is when the skin has a yellow colour. Before birth, babies get their oxygen second hand via the placenta. For this reason, they need a lot of haemoglobin in their blood to carry the oxygen. After birth, they are breathing in oxygen directly for themselves, so they need less haemoglobin. The excess is broken down and a by-product is bilirubin. Normally this flushes out in their wee and poo. Sometimes it can make their skin yellow. On very rare occasions, the levels are high and can lead to brain damage. For this reason, most care providers advise a blood test to measure the bilirubin level.</p>	<p>We know that jaundice is common and the risk of illness from it is low. We are keen to work with you to make informed decisions.</p> <p>If your baby is feeding well, alert, active and behaving normally, and you wish to decline this blood test, we will fully support you with a plan to mitigate any risks.</p> <p>If your baby is very jaundice and also unwell, not waking, not feeding, very sleepy and there are signs of a potentially life-threatening illness; or is your baby develops significant jaundice within the first 24hrs of life, your midwife will arrange an immediate medical review for your baby where a paediatrician will take blood samples.</p>
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Declining routine care

	<p>Our care packages are designed to give to maximum support and care. If you don't see exactly what you want, please ask us to tailor make a package of care for you.</p>	<p>You may choose to decline any aspect of care, routine visits, investigations, or referral to other health care providers. Your midwife has a duty to explain all your options to you and ensure you understand the pros and cons of each choice. Normally, by working together, a plan of care can be agreed on that you are happy with, that also mitigates any clinical concerns.</p> <p>You may also decline aspects of baby care, screening, weighing etc. As long as baby does not have a potentially life-threatening illness, your choices will be respected.</p>
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<p>Confidentiality</p>	<p>We will fully respect your personal and confidential information.</p> <p>We have a professional duty to keep information about you confidential.</p>	<p>In some circumstances we have a professional and/or legal duty to share information even if it is against your will. This may include instances relating to safeguarding, or criminal activity.</p> <p>In signing your care contract with us, you are agreeing that we can share clinical</p>
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		<p>information that is necessary for your safety and well-being, with other health professionals who are involved in your care.</p> <p>Once born, your baby has a right to any urgent medical treatment required, even if you do not consent.</p>
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