



Agencia Sanitaria Costa del Sol
CONSEJERÍA DE SALUD Y FAMILIAS



Guidelines & practice for women who choose to have a natural birth at the Hospital Costa del Sol.

**Dirección de Área Integrada de Gestión de Obstetricia y Ginecología.
Dirección de Enfermería.**



The Hospital Costa del Sol now offers women, categorised as low risk in pregnancy, the possibility of having a normal/natural birth with minimal intervention in line with the recommendations of the Junta de Andalucía in its 'Care during Pregnancy, Birth & the Puerperium' document. These issues are also addressed in:-

- Article 3 of the law 41/2002 of November 14th, the autonomy of a patient and the rights and obligations in relation to information and clinical documents.
- The Decree 101/1995 of April 18th, from the Department of Health of the Junta de Andalucía about the rights of the father and the newborn baby, in hospitals.
- The Decree 246/2005 which regulates the rights of minors to receive health care in correctly adapted surroundings for their age & development with the creation of an appropriate department to look after children, under age.
- On the 20th December 2007 a resolution was passed confirming the co-operation between The Ministries of Health and Consumer Affairs and the department of Health of the Regional Government of Andalucía to develop the, now established, guidelines on the Strategy for care during Normal Birth in Public Health Care System.

DEFINITIONS

Normal Birth

- The labour of a woman who has had a risk free pregnancy, which starts spontaneously between weeks 37-42, and after normal progress of cervical dilatation, a healthy newborn infant is born who adapts well to life outside the womb.
- Normal Birth can also be defined as “a normal and unique physiological process in which a woman’s pregnancy ends at term, in which psychological, social and cultural factors have a part to play. Labour starts spontaneously, progresses well and concludes without complications. It culminates in a normal birth with no necessary intervention required apart from holistic support for the woman and a respect of the process”.

The Recommendations are

- The pregnant woman will be treated as a healthy person capable of taking decisions as, unlike when ill, this will allow her to take a leading role in her own care.
- She will be treated with the maximum respect and understanding in an individual and personalised manner. The staff in the hospital will guarantee intimacy throughout the whole process respecting the confidentiality in relation to her personal & health information
- She may be accompanied by one person she chooses throughout labour except in certain situations (e.g. assisted delivery with vacuum, forceps or caesarian section or during the procedure to site an epidural, should that be required))

- The woman and her partner will be appropriately informed of progress in labour and of any actions taken whilst caring for them
- With the exception of emergency situations, no interventions will be taken without the woman's consent. Individualised care, respecting her decisions will be offered based on the needs of the woman without putting her or her baby's wellbeing at risk. Good professional practice in relation to aseptic techniques must always be maintained.
- The use of personal clothes (including underwear) and any personal effects e.g.; music is allowed. There is music available in all rooms in the labour ward.
- Only the minimal number of professional staff required will be present, depending on the clinical situation at any given time (midwife, student midwife, general nurse and nursing auxiliary, then if & when required, porters, obstetrician, student obstetrician and anaesthetist). At normal births there will usually be just a midwife, nurse and auxiliary.
- Under normal circumstances, sole responsibility for care and decisions from the moment of admission lies with the professional staff in the hospital. These decisions will be shared with the couple. No other healthcare professional, even those who may have been involved in the care of the woman's pregnancy, have a say in the ensuing care.
- In general, admitting women into hospital who do not fulfil the criteria of being 'in labour' will be avoided.
- Only the minimal number of vaginal examinations will be carried out, according to the discretion of the midwife caring for the woman. The same midwife should be the one to perform the examinations during a 'shift' and, if not possible, an explanation should be given
- No routine admission protocols exist. Enemas or perineal shaving, would only be carried out at the express wish of the woman
- No unnecessary procedures e.g.; Hamilton ('sweeping' of the membranes) or Amniotomia (rupturing of membranes/breaking of waters) will be carried out
- A routine fetal heart monitoring (external CTG) will be done at admission and following the up-to-date guidelines of the society of Obstetrics and Gynaecology, in the absence of abnormalities, intermittent monitoring will be undertaken if the woman so wishes
- Increased mobility, moving around and changing position will be encouraged if the woman desires. Special adapting beds, gym balls, birthing stools and mattresses are available so the woman adopts the most comfortable position she can
- A shower is available in all the labour delivery rooms and can be used as often as the woman chooses. There is also a labouring pool/bath that may be used as a method of pain relief in the first stage of labour
- If the woman is streptococcus B positive (or any other cause requiring one) an intravenous canula will be sited on admission. This will be used for the administration of medications and for obtaining blood for analysis if required. No routine administration of intravenous fluids ('drips') is necessary and the use of oxytocin is reserved for when there is no progress in labour
- In early labour a normal diet is to be encouraged – eating and drinking as desired. In established labour, drinking fluids is allowed (water, sweetened teas, juices, but not dairy products)

- Keeping the urinary bladder empty is good practice in labour - the use of a urinary catheter will be reserved only for when that is not possible spontaneously

The use of pharmaceutical drugs and epidural anaesthesia are not considered appropriate in a normal, natural labour and birth. However the possibility of using either is always open to the woman.

A woman can choose the most comfortable position during the second stage of labour – the pushing phase. The options include standing, squatting, kneeling and she can opt to use the bed, birthing stool or floor mattresses as desired.

Pushing will not be directed by staff allowing the woman to find her spontaneous rhythm in pushing to give birth naturally. The time allowed in this phase of labour will always be determined by the wellbeing of mother & baby. After two hours for a first time mother, and one for those having subsequent babies, the likelihood of a normal birth decreases.

Episiotomy will only be carried out under restrictive guidelines i.e.; it is not routine practice. This would include when extensive perineal damage from a tear is thought imminent.

Once examined and checked the placenta and membranes will be treated as any other biological waste material.

AFTER BABY IS BORN

Providing there are no problems, the newborn baby will be lifted and placed onto Mum's abdomen immediately after being born. Time will be allowed for the cord to stop pulsating whilst baby will be dried and covered with a warm towel. If the woman's partner wishes he may cut the cord. The couple may choose to donate cord blood for stem cell donation - anonymously. The department of Health in Andalusia who governs the hospital, does not allow collection of cord blood for storage in private cord blood banks.

If the mother has decided to breastfeed now is the moment to start. It is advisable that breastfeeding is initiated in the first of hour. The staff will help and advise without unnecessary interfering in the process.

Skin-to-skin contact is the most important need a new baby has at this stage – everything else can wait. If mother & baby are well they will be allowed quiet time together to help breastfeeding to begin. The baby usually finds the breast and knows what to do himself.

The ethos of the hospital is one of 'rooming-in' of mother & baby together, 24 hr/day, apart from in exceptional circumstances. They will normally be transferred together from their room in the labour ward to the postnatal ward 2 hours after baby's arrival.



If your baby is born by caesarian section mother & baby will be apart for at least 2 hours. The mother will stay in the care of recovery staff in theatre whilst the father remains with the baby maintaining the possibility of having skin-to-skin contact.

When mother & baby are re-united breastfeeding can be initiated and assistance will be given from the staff.

The staff should be consulted with any doubts or questions you have in relation to feeding. A full feed should be observed by a member of staff caring for you in order to make sure baby is attaching correctly.

Bottles of glucose water or formula are not used if you breastfeeding is planned (nor are pacifiers/dummies).

Until breastfeeding is established it is not advisable to give bottles or dummies to newborn infants. These cause nipple confusion and interfere with feeding and establishing a good milk supply. A baby's only requirement is breastmilk and the more frequently the baby feeds the more milk will be produced.

The staff will always take appropriate measures to treat changes in a mother or baby's condition in order to prevent emergencies. Information will be given, in a clear and concise manner to the woman and her partner, of any necessary procedures undertaken and the outcome of such situations

There is a breastfeeding support group in the hospital which can be consulted with questions or suggestions.

There is information about times of meetings available