



Birmingham and Solihull United
Maternity and Newborn Partnership



Birmingham Women's
and Children's
NHS Foundation Trust




University Hospitals
Birmingham
NHS Foundation Trust

Keeping your baby safe during pregnancy and birth

A parents'
guide to the
Saving Babies'
Lives care
bundle



www.yourbump.nhs.uk



Keeping you and your baby safe is our number one priority

In Birmingham and Solihull we are working together to ensure that the care provided across our Local Maternity System is driven by best practice, and that every step is taken to ensure the best possible outcomes for you and your baby.

As a partner in your care we also want to encourage you to ensure that you are doing everything possible to keep yourself and your baby as safe as possible during your pregnancy too.

This leaflet tells you more about what we are doing to implement the national Saving Babies' Lives Care Bundle Version 2 and what this could mean for how we care for you and your baby.

Maternity services across the country are also working to implement this maternity initiative, but this leaflet reflects the care provided across Birmingham and Solihull by Birmingham Women's and Children's and University Hospitals Birmingham. Whether you are being cared for at Birmingham Women's Hospital, Good Hope Hospital, Heartlands Hospital or Solihull Hospital you can expect the same standard of care.



Keeping you as fit and well as possible helps to keep your baby fit and well too. In addition to the elements outlined in this leaflet, we encourage all women to:

- ♥ Take a daily supplement of folic acid (until 12 weeks of pregnancy)
- ♥ Ensure you are getting enough vitamin D a day
- ♥ Have the seasonal flu vaccination and pertussis vaccination
- ♥ Attend all antenatal appointments
- ♥ Inform your midwife of any concerns that you have

Your midwife and obstetrician (if you are booked under one), are here to support you throughout your pregnancy and you will also find more information and advice on the Maternity Notes App.



Element 1: Reducing smoking in pregnancy

How we can work together to improve your chances of having a healthy baby

Smoking in pregnancy has been identified as the biggest factor influencing poor outcomes. Stopping smoking will help your baby to receive all of the necessary nutrients from the placenta to optimise their growth and development.

Each cigarette deprives your baby of oxygen for up to 20 minutes, so your baby's heart has to beat harder and faster because of this.

Carbon monoxide (CO) testing is offered to all pregnant women at the antenatal booking appointment and 36 week appointment. Smoking is not the only cause of raised CO levels, which is why this test is offered to all pregnant women.

Additional CO testing is also offered as appropriate throughout pregnancy and after birth.

It is part of our routine antenatal care to refer all pregnant women who smoke and those with elevated levels of CO for non-judgmental support from a trained stop smoking specialist.

Specialist trained advisors can provide you with one to one support and encouragement, to help you stop smoking, throughout your pregnancy. If you need treatment to help you stop, they can also advise you on which Nicotine Replacement Therapy (NRT) products would work best for you, which you can receive free of charge.



What does this mean for you?

- ♥ You will be asked at your booking appointment and at 36 weeks if you have smoked and are currently smoking.
- ♥ You will be asked to take part in carbon monoxide (CO) testing, which will involve blowing into a small tube. The CO test tells us how much CO is in your system. As smoking is not the only cause of raised CO levels we will ask you to do this even if you do not smoke, and we encourage all pregnant women to take this test if it is offered to you.
- ♥ If you smoke you will be given advice about the importance of stopping smoking in pregnancy, and a referral will also be made by your midwife to our Stop Smoking Service for pregnant women, with support including the first six weeks after your baby is born. Advice and signposting to support is also offered to other members of your household who smoke due to the risk of second hand smoke.
- ♥ Raised CO levels can sometimes be due to faulty gas equipment in the home. If we pick up raised levels and you do not smoke or live with someone who smokes then we will advise you to get all of your gas equipment checked.



Element 2:

Assessment, prevention and monitoring of pregnancies at risk of restricted growth

Checking your baby's growth

Babies who are small for gestational age (SGA) and very small (sometimes referred to as fetal growth restriction or FGR) appear to do less well in pregnancy and labour. This is because their body weight is low and they do not have the energy reserves to cope with any stress they may encounter.

Your midwife and doctor will closely monitor the growth of your baby throughout your pregnancy. They will do this to see if:

- ♥ We need to prescribe aspirin for you to help your placenta function well.
- ♥ You need to have more appointments to monitor both you and your baby e.g. If you are having

twins, you have previously had a small baby or you have a medical or pregnancy related concern.

We will use the measurements taken during your ultrasound scans or from measuring your stomach to plot the growth of your baby on your unique growth chart, which we generate at the start of your pregnancy.

If your baby is identified as measuring very small, the doctor may advise you to start the labour early through a planned induction or discuss delivering your baby by caesarean section.

If you smoke, we will also support you to stop, as we know that this is linked to restricting babies' growth.



What does this mean for you?

- ♥ You may require a prescription for aspirin in pregnancy; this is not harmful **but must not be taken without medical advice.**
- ♥ If you are identified as a smoker at booking, you will be referred to the Stop Smoking Service and will be given advice around smoking cessation in pregnancy.
- ♥ It is important you have a **correct** customised growth chart in your pregnancy records by 20 weeks gestation, taking into account your ethnicity, height and weight (and any previous babies you may have had).
- ♥ If you are advised to have additional scans; these are an opportunity for us to assess the growth of your baby in more detail and doesn't mean that you have anything to worry about.



Element 3:

Raising awareness of reduced fetal movement

Being aware of your baby's movements

Monitoring your baby's movements is really important because we know that when babies are not well their movements can slow down or even stop.

By around 20 weeks you should notice your baby moving. Your midwife and doctors will discuss your baby's movements with you at every appointment. This will help you to understand what to look out for, including signs of when your baby may be unwell and you need to attend hospital.

If you are concerned about your baby's movements, you will be invited into the hospital so we can monitor your baby's heart rate pattern. You may also be recommended to have an additional ultrasound scan.

These checks will help the midwives and doctors to monitor how your baby is doing.

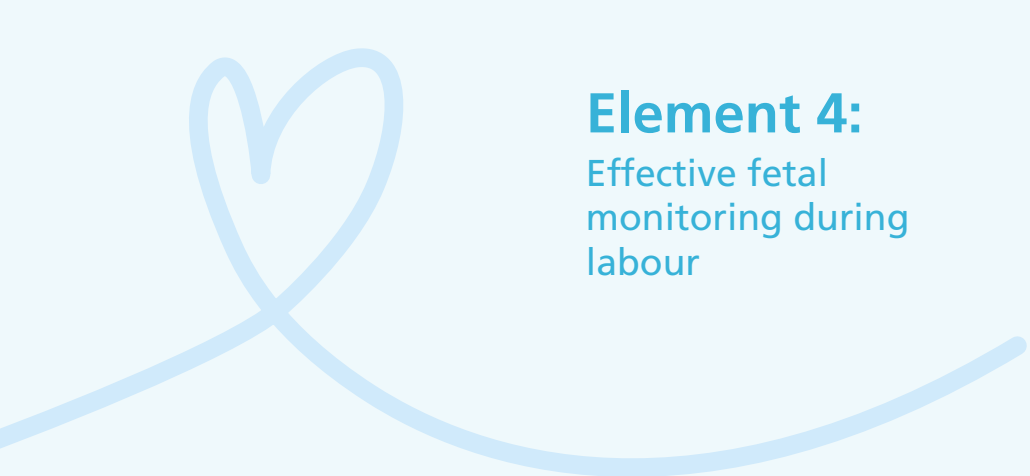
On some occasions the doctor may advise that we start your labour early, through a process called induction of labour, or deliver your baby by caesarean section. This decision is not one that would be taken lightly and will be discussed in detail with you so that you have the information you need to make an informed choice.



What does this mean for you?

- ♥ You will be given a leaflet by 28 weeks about your baby's movements. It's important that you follow the advice in this leaflet.
- ♥ If you have the Maternity Notes App you can access leaflets and a video about reduced fetal movements. You will also receive notifications in the app signposting you to this leaflet during your pregnancy.
- ♥ Any concerns about your baby's movements must be reported **immediately** by calling the number provided to you by your midwife.
- ♥ You may experience this more than once and you must come to get checked **every time**. Midwives and doctors are at the hospital 24 hours a day 7 days a week and it is their job to care for you and your baby.





Element 4: Effective fetal monitoring during labour

Listening to your baby's heartbeat in labour

When you are in labour your midwife will need to monitor your baby's heartbeat. The way they carry out this monitoring will be personalised to you.

If you are well and have no medical or pregnancy related concerns then it is likely they will use a handheld machine to regularly monitor your baby's heartbeat. If we need to monitor you more closely, a larger machine will be used for continuous recording of your baby's heartbeat.

Your midwife will assess the most appropriate way of monitoring your baby's heartbeat, and this may change as your labour progresses.

All staff who care for women in labour are required to undertake annual training and assessment

on the use of heartbeat monitoring equipment, including interpretation of your baby's heartbeat.

Regular (at least hourly) review of your baby's wellbeing in labour will also involve support from other members of the team to provide independent reviews. This will include escalation if any concerns are raised through the process.



What does this mean for you?

- ♥ If you have no medical or pregnancy related concerns your baby's heart rate will be listened to every 15 minutes in the first stages of labour and every 5 minutes in the second stage of labour with a handheld machine called a sonicaid.
- ♥ If we need to monitor your baby's heart rate more closely, we will attach you to a monitor that will produce a continuous recording of your baby's heart rate. Where possible we will use a wireless monitor so that you can continue to stay mobile.
- ♥ A second midwife or doctor may come to see you to do a second check every hour. This is something that is done in all maternity units to ensure that the way your baby's heart rate is being interpreted is correct. It doesn't mean there is anything to worry about.
- ♥ Each labour is unique and as it progresses it may be necessary to change the method of listening to your baby's heart rate. We will discuss this with you and answer any questions you have.
- ♥ Never use over the counter machines to listen to your baby's heartbeat; these machines are not accurate and can make you think that your baby is well when there may be concerns.



Element 5: Reducing preterm birth

If your baby is born early (prior to 34 weeks gestation)

We assess all women at booking to see if they are at risk of having a preterm birth. This helps us to monitor you and your baby throughout your pregnancy.

At booking and each antenatal appointment you will be asked to provide a urine sample so that we can check if you have an infection or if you are developing a condition called pre-eclampsia, which can result in preterm birth. If you have any risk factors for pre-eclampsia you may be advised to take aspirin to minimise this risk.

If your initial assessment identifies factors that place you at an increased risk of having a preterm birth then you may be referred to a Preterm Prevention Clinic. At this clinic the doctor will talk to you about your options and how best to prevent a preterm birth.

If you smoke then you will be

advised to stop, with support being offered to help you.

If you go into labour before 37 weeks it's important that you birth in a hospital, and if it is before 34 weeks, then we will need to care for you and your baby at either Birmingham Women's Hospital or Heartlands Hospital, where we have the expertise and equipment to care for the more premature babies. If you are booked to birth at another location then we discuss this with you and provide any support you need.

In the event you go into labour before 30 weeks you will be offered magnesium sulphate to help protect your baby's brain against cerebral palsy.

If your labour starts between 24 and 33+6 weeks you will be offered antenatal steroids to help mature your baby's lungs for birth.



What does this mean for you?

- ♥ A risk assessment will be completed at your booking appointment and if appropriate, a referral made to a preterm prevention clinic.
- ♥ Assessment will be completed regarding administration of aspirin and this will be prescribed **if required**.
- ♥ Carbon monoxide screening will be performed and the results documented.
- ♥ A urine sample will be sent for testing following your booking appointment and the results will be followed up by your community midwife or GP. If you have any further symptoms, such as abdominal pain, additional urine samples may be required to exclude any infection.
- ♥ All women with a history of preterm birth will be referred to the preterm prevention clinic for management under the specialist team.
- ♥ Antenatal steroid injections may be required if we are concerned you are going to birth your baby early. This will be discussed with you.
- ♥ If you attend hospital with threatened preterm labour you will be offered a magnesium sulphate drip to help protect your baby's brain.



We hope you have found this information helpful. You and your pregnancy are unique, if you have any questions or concerns about your individual care please speak to your midwife.

If you'd like to know more about the Saving Babies' Lives Care Bundle please visit the NHS England website at:

www.england.nhs.uk/mat-transformation/saving-babies/



How often should my baby move?

There is no set number of normal movements.

Your baby will have their own pattern of movements that you should get to know.

From 16-24 weeks on you should feel the baby move more and more up until 32 weeks then stay roughly the same until you give birth.



It is **NOT TRUE** that babies move less towards the end of pregnancy.



You should **CONTINUE** to feel your baby move right up to the time you go into labour and whilst you are in labour too.

Get to know your baby's normal pattern of movements.

You must **NOT WAIT** until the next day to seek advice if you are worried about your baby's movements



If you think your baby's movements have slowed down or stopped, contact your midwife or maternity unit immediately (it is staffed 24 hrs, 7 days a week).

- **DO NOT** put off calling until the next day to see what happens.
- Do not worry about phoning, it is important for your doctors and midwives to know if your baby's movements have slowed down or stopped.



Why are my baby's movements important?

A reduction in a baby's movements can sometimes be an important warning sign that a baby is unwell. Around half of women who had a stillbirth noticed their baby's movements had slowed down or stopped.

For more information on baby movements talk to your midwife

Sources and acknowledgements

The information in this leaflet is based on RCOG Green-top Guideline No. 57 Reduced Fetal Movements (2011) and RCOG Patient Information Leaflet Your baby's movements in pregnancy: information for you (2012).



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It's really important that if you have any concerns during your pregnancy (such as stomach pains, bleeding, reduced/changed movements) you don't hesitate in contacting Maternity Triage at the hospital you are booked under.

Numbers for Maternity Triage at each of the hospitals can be found below:

Birmingham Women's Hospital

03000 201 201

Good Hope Hospital

0121 424 7055

Heartlands Hospital

0121 424 1514