



Homebirth to Midwife Led Unit transfer

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By Leanne Sumner

Due to Covid-19 we weren't sure whether our homebirth would be going ahead. During all the worry and uncertainty, my husband Jamie and I intensified our hypnobirthing practice to deal with the anxiety of the unknown after having a positive hypnobirthing experience with our first baby. I am very lucky that Jamie was involved in every aspect and took his birth partner role very seriously as he was such an immense source of support.

We had been continuously checking Sheffield's Jessops Maternity Wing website for updates. Thankfully, birth partners were encouraged to attend births during the active labour stage but would not be allowed up to the post-natal wards if our homebirth could not go ahead due to staffing issues. I went through a period of a few days of distress at the prospect of not being able to birth at home, however we processed the situation as best we could and made alternative plans.

We revisited our birth preferences and discussed every possible outcome so Jamie was aware of my choices and he could advocate for me where necessary. All I needed to do was concentrate on a calm birth for myself and our daughter. On 7th April at 40 +4 weeks, we decided to go ahead with a sweep. Our community midwife, who was part of the homebirth team, was very supportive and listened to all our concerns and answered our questions as best she could with the up to date information she had available to her. Twenty four hours later at 1:30pm, I began feeling my usual intense Braxton Hicks but radiating

through my back. After a couple of hours we were sure they were real surges and began to prepare our birth space at home until we knew otherwise. Jamie set up candles, oils, made it dark and warm and began to time the surges while we watched films. I bounced on my ball and had a bath whilst listening to some guided meditations. It was so lovely and calm and at 8:30pm we called the midwife. Thankfully homebirth midwives were available and one was on her way to us, and we were advised to begin filling up the pool.

Our midwife arrived at 9:30pm and observed me breathing and swaying through my surges and was unobtrusive and quiet as she checked through our birth preferences. She asked if I'd like an examination and I agreed as I was curious as to where I was. I was 3cm and she suggested some gentle walking up the stairs or labouring on the loo. We did both and I rocked and breathed through my surges on the toilet when we heard an audible pop. My waters had gone and my midwife asked to check the colour, my waters were a green/brown colour telling us that meconium was present. She chatted through what this meant, that potentially baby's gut was mature as she was over 40 weeks or that she was in some distress. If the meconium was minimal and thin and I was progressing then our homebirth could continue however, if the meconium was thick and I still had a long way to go, then it would be best to transfer to hospital. We knew about meconium from our previous birth research and Jamie discussed everything with our midwife using the BRAIN acronym¹.

I was offered an examination and I agreed. I was still 3cm and when I stood up, lots of meconium came out and it was thick and dark. We immediately opted for a hospital transfer as we felt that this that was safest for our baby and our midwife phoned for an ambulance. It arrived quickly and the paramedics were respectful and quietly supportive. I was offered gas and air and as I was to be sitting and strapped in rather than the mobile positions I had been labouring in so far, I decided to try it. I didn't like it during my first birth as it made me nauseous and woozy but this time it had no real affect and I could use it to support my up breathing² on the uncomfortable, if short journey.

When we arrived at the Jessops Maternity Wing at 11pm we were transferred to a room. Our plan B was a water birth, but we were told that this was not a safe option due to the meconium, so it was plan C which was to make our hospital birth as much like a land homebirth as possible. Jamie had followed in his car and struggled to actually get into the hospital as it was on lockdown due to Covid-19, but he arrived relatively soon after and set about making the room on the Midwife Led Unit (MLU) comfortable, dimming the lights, setting up LED candles, oils and swapped the radio for our chosen guided meditations. We said goodbye to our homebirth midwife and met our new midwife, who was wearing PPE and explained why. She read our birth preferences and set me up to be monitored while she watched and assessed me. Unfortunately, there was no wireless monitoring available so the continuous monitor with cables was placed around my tummy. This did not hinder my birth at all, I stood leaning on the bed swaying and rocking, and using the gas and air to up breathe throughout my surges which were quickly increasing in intensity while Jamie used soft touch massage and rubbed my back.

It was at this point that our midwife told us we would need to move to the labour ward to be under

obstetric care. Initially, we were told that it was due to our baby's heart rate not fluctuating enough and we were shown on the monitor what this looked like. Jamie asked our midwife to discuss this outside so I could labour quietly, and she agreed but was very clear that any final consent needed would have to come from me. When they returned, I was told that everything was fine and that baby's heart rate had begun to fluctuate normally. As I had settled in our room we would continue to labour on the Midwife Led Unit and assess my progress in an hour.

An hour later and I was labouring on the loo again and finding the surges increasingly difficult to up breathe through. When we were alone it was then that Jamie told me that we had initially been asked to move to the obstetric unit so baby's heart rate could be closely monitored by the doctor on the ward. Jamie used BRAIN again to consider whether moving me was in my best interests, if my monitoring would be any different and also asked about possible exposure to Covid-19. Jamie had asked if there were any cases on the MLU and was told there were not, however when he enquired as to whether there were any cases on the obstetric labour ward he was told that they were not at liberty to discuss it. It then transpired that we had accidentally been placed in the MLU in the first place and we should have been taken straight to the obstetric unit! Jamie is unsure as to whether the lack of heart-rate fluctuations were exaggerated in order to encourage us to move as at this point as I had only been continuously monitored for around five minutes. This did turn out to be a very happy accident, however. The only real difference between continuing on the MLU as opposed to the labour ward was that the doctors would be closer on the labour ward, but Jamie also knew that I did not want anyone else in my birthing space unless absolutely medically necessary and so he refused to move me and they agreed to continue.

I was so happy and proud of Jamie for advocating so brilliantly for us and our baby and how involved he had been in our hypnobirthing process. I then suddenly had a big wobble, I told Jamie that actually I wanted pain relief and a caesarean and I would go there now. Jamie told me to think about our birth preferences and repeated my favourite affirmations to me, telling me how strong and capable I was and that he thought I was going through transition. He mentioned this to our midwife who asked if I'd like to be examined and I agreed. She said I was 4cm but that second babies liked to surprise us and asked if I was feeling pressure in my bottom. I was and it was coming quickly. My surges did not fit with what my cervix was apparently doing so I went back to my standing position at the bed.

I soon felt the urge to bear down and was becoming increasingly loud and primal. Our midwife suggested I get on all fours on the bed and she rang for a second midwife. I clambered on the bed and leaned up against the head of it. My body completely took over, it was the most intense yet amazing feeling. One big surge and I could feel our baby crowning, I switched quickly to down breathing² using the gas and air to help me through the ring of fire sensation which thankfully lasted a few seconds. Another big surge and her head was born. I could hear our midwife telling me to trust my body and go with what it was telling me to do, she was completely hands off and let me do it myself which is what I had wanted from a homebirth and I loved how much my birth preferences were respected. Jamie kept popping up to tell me details about our daughter's hair and face and encouraging me, I honestly felt like I had a dream team cheering me on. Another big surge and I could feel baby getting ready, I slowed my breathing, one more

big surge and baby Ida Grey was born at 1:10am on the 9th April. I quickly removed my top and baby was passed through my legs and up to my chest. I have never felt so strong and elated in all my life and couldn't believe how I had gone from 4cm to birth in one hour.

We had skin to skin, and baby latched within ten minutes and didn't come off for almost three hours. I had opted for a physiological third stage and birthed the placenta 50 minutes after Ida was born whilst sat on the loo, breastfeeding. Jamie was allowed to stay with us until 6am when Ida and I would be moved upstairs. We were given lots of time to bond and be alone before I was checked over. I had a small first degree tear and graze that required no stitches. We all got some rest and the next morning I was moved to private room upstairs which I was very lucky to have. I spent the day snuggling Ida and snoozing, with staff members coming to check on me or Ida and do all the health checks before Jamie collected us in the afternoon. Our midwife came to see me before her shift ended and we had a lovely chat about how wonderful and positive our birth was and how grateful we were to her for respecting our wishes and taking our birth choices seriously. All the staff who took care of us were so reassuring and wonderful and put so much effort into making us feel safe and secure, I really can't praise the Sheffield Jessops Wing staff enough.

We may not have had the homebirth or water birth we had originally hoped for but we feel we could not have had a more empowering and positive birth.

AIMS Comment

1) The 'BRAIN' acronym is a way to help with decision making. It stands for:

- What are the **B**enefits (of this course of action)
- What are the **R**isks
- What are the **A**lternatives
- What does my **I**ntuition say?
- What if we did **N**othing?

2) Leanne explains what 'Up' and 'Down' breathing mean to her: *"The up and down breathing are hypnobirthing breathing techniques that I used to support my birth. Up breathing during the earlier stages of labour means using a longer, slower exhale to stay calm and reduce adrenaline in the body and down breathing entails shorter inhales and exhales - like blowing out candles - during the pushing or baby ejection reflex stage. I found they really helped me to focus, remain calm and were effective pain relief techniques."*