Making a decision about…

Choosing how to have your baby

UNIVERSITY OF CAMBRIDGE
Winton Centre for Risk and Evidence Communication

What is this leaflet?

This leaflet will help you decide between vaginal birth or planned caesarean birth. These are the two main ways you can choose to have your baby. It explains what happens if you choose vaginal or caesarean birth. It can be helpful to read this leaflet early in your pregnancy.

You can make notes on this leaflet.
Pages 10-20 can help you think about your preferences. You could show these pages to your midwife or birth partner. It could help them know how to help you.

Your doctors and midwives are there to support and help you, whatever you decide.

Your feelings about how you want to give birth might change as your pregnancy progresses. It's ok to change your mind. Pregnancy and birth can be unpredictable. It is common for plans to change.

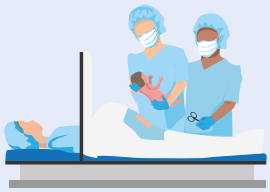
What is vaginal birth?

Vaginal birth is where your uterus (womb) contracts, and your cervix dilates. Your baby is born through your vagina.

Assisted birth is help to birth your baby with ventouse or forceps.

What is caesarean birth?

Caesarean is a surgical operation in a hospital. Your doctor makes a cut in your abdomen (tummy) and your baby is born through the cut. It is also known as a c-section.



You can read about risks and benefits of vaginal or caesarean birth on page 11

How you choose to give birth does **not** affect your chance of getting pregnant in the future or make stillbirth more likely in the future.

Recovery: How quickly you recover is variable.

You might be comfortable and mobile almost immediately. Or it might take or weeks or longer to heal, for example from tears or other damage to your pelvic floor. You can read about the risks of longer-term damage on page 7.

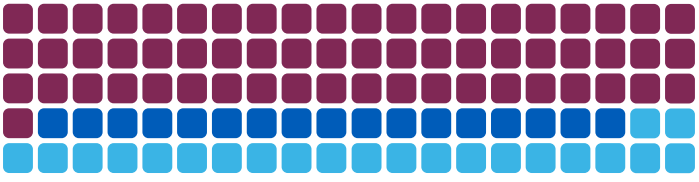
Where: You can give birth at home, midwifery-led unit (hospital) or obstetric-led unit (hospital).

Recovery: It may be 6 weeks before you can lift a toddler or drive a car (you can always lift your baby).

Advice is to wait until you are fully healed before trying to get pregnant again. This may be 6 months or longer.

Where: Always happens in a hospital.

Out of every 100 births in the NHS (2022-23), how many had...

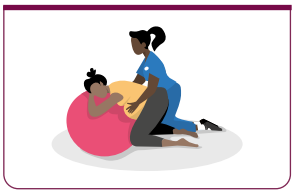


- **61** **vaginal birth** (of which 11 were assisted)
- **17** **planned caesarean**
- **22** **unplanned caesarean**

Your age affects how likely you are to have each kind of birth (page 18)

2 Vaginal birth

Early labour (Latent stage and established stage)



What is it?

Latent stage

This stage is when your body gets ready for birth. It can last hours or days. Your cervix starts to soften and open. You might feel niggles, twinges or contractions for days or even weeks. They may come and go.

Established stage

This stage is when your cervix has dilated to about 4 cm. Contractions are stronger and more regular. This stage usually lasts 8 - 18 hours (first births) or 5 -12 hours (subsequent births).

Good to know

- If labour starts at night, try to stay relaxed and sleep if you can. If labour starts during the day, advice is to stay upright and gently active. This helps your baby move down and helps your cervix to open.
- Your midwife will look at your birth preferences or PCSP (Personalised Care and Support Plan) in this stage. You can also share pages 19-22 with them. This helps them understand what is important to you. It can be helpful to share your wishes with your birth partner. They can advocate for you during labour.
- You might want to eat or drink something in this stage of labour. The next stage, when your baby is born, can be intense, and you will need energy. If you need urgent care your midwife will ask when you last ate so it can be helpful to write down what you ate and when.

What you hope or plan for, may not happen. Labour and birth are unpredictable.

What else might happen?

If your labour has started but is not progressing your midwife or doctor might offer a membrane sweep, to break your waters, or an oxytocin drip.

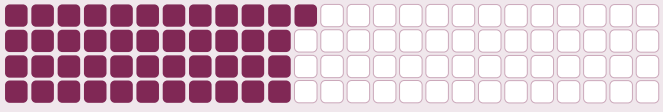
You can read about these options in our "Induction of Labour" leaflet (link on page 23). You always have time to decide. It is always your choice.

You may be offered vaginal examinations

- You can say no to any examination offered to you. Your doctors and midwife can still offer you care if you say no to a vaginal examination.
- If it is uncomfortable or painful you can ask them to stop, or pause, or ask for pain relief at any time.
- You can ask for a female doctor or midwife, but you might have to wait for one to be available.
- You can have a chaperone, or someone you know, with you.
- Usually behind a curtain or in a private room you will be asked to remove your underwear.
- Your midwife or doctor will wear gloves and might use a lubricant.
- They will insert one or two fingers and gently sweep them around. They are feeling how soft the cervix is and how far it has dilated. They can feel if your baby is facing up or down.
- They should explain what is happening and what they are about to do. You can ask them if they don't tell you.

If you give birth at home, sometimes you need to go to hospital for extra care such as stitches to repair a tear or another reason.

Out of every 100 **first births...**



45 went to hospital

55 did not

Out of every 100 **subsequent births...**

12 went to hospital

88 did not

3 Vaginal birth

Preparing for labour and birth

You might want to think about pain relief before you go into labour

- You can read about pain management and relief in our leaflet about "Pain in Labour and Birth" (link on page 23).
- Everyone's pain threshold is different. Everyone experiences pain differently. You should have as much pain relief as you want and whenever you need it.
- Tell your midwife if you need more pain relief.
- Some pain relief can make you sleepy and if you are breastfeeding it can also make your baby sleepy.
- Some options are only available in a hospital.

If you can, have someone you trust with you during labour, such as a partner, family member, or friend.

- They can advocate for you and help you explain your wishes to your team.
- It may help you feel better.
- It may make labour a little shorter.
- It may make unplanned caesarean less likely.

When to call your midwife or go into hospital or midwife unit

- If you are worried at all about anything (physical or emotional).
- If you feel any changes to your baby's normal movements.
- When your contractions are regular or strong (every 5 minutes or more often).
- If your waters break.
- If you want pain relief from your midwife or doctor.

Your midwife will offer to examine you. If you are not in active labour, they might suggest that you stay at home where you can be more comfortable. They might suggest this even if your waters have broken.

Space for notes or questions

4 Vaginal birth

Pushing your baby out (active labour, or 2nd stage)

What is it?

This when your baby is born. It can be hard work. It can be intense and painful.

It usually takes between 1 and 3 hours. It is often quicker if you have had a baby before.

- You will have strong contractions.
- You may feel like you want to push. It might feel as if you need to poo.
- Your midwife will encourage you to listen to your body. They may suggest that you push or breathe your baby out with each contraction. Your midwife will guide you.
- When your baby's head is almost ready to come out, your midwife may advise you to stop pushing and take some short breaths. This is so your baby's head is born slowly and gently.
- Once your baby's head is born, the body is usually born in the next 1 or 2 contractions.

Good to know

- **Pain relief medicines:** You can ask for pain relief medicines whenever you need them. You can read more in the "Pain in Labour and Birth" leaflet (link on page 23).
- **Birthing position:** Standing, squatting, leaning forward, kneeling or being on all fours can help birth your baby. Advice is to not lie on your back for too long. This is because the weight of the baby can give you low blood pressure.
- **Passing wind (fart) or pooing:** is common and normal. Your midwife will keep you clean.

What else might happen?

How many out of every 100 had…

Assisted birth (page 6)

You might be offered forceps or ventouse birth to help your baby come out. Your doctor or midwife will explain why they are offering it to you.

It is always your choice. You can say yes or no. You can choose **caesarean birth instead during labour**.

Tear (page 7)

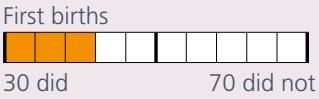
You might tear. If you tear you will have stitches after your baby is born. If the tear is more serious (3rd or 4th degree tear) you will need to be in hospital to have stitches.

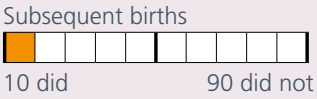
Episiotomy (page 7)

You might be offered an episiotomy if your baby needs to be born more quickly, you choose assisted birth or to help prevent a tear. Your doctor or midwife makes an episiotomy cut to widen the opening. It makes it easier for your baby's head to come out. Your doctor or midwife will stitch the cut after your baby is born. **It is your choice. You can say no or you can ask questions.**

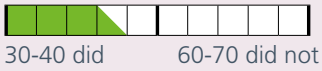
Unplanned caesarean (page 8)

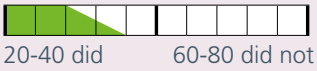
Your doctor or midwife might offer caesarean birth if they think it is safer for you or your baby. They will explain your personal risks and benefits. **It is your choice. You can ask questions.**

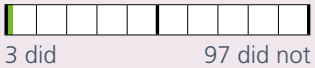


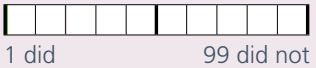


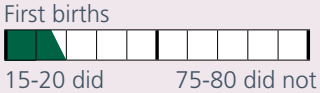
The numbers below are for non-assisted births.
See **page 6** for numbers for assisted births.

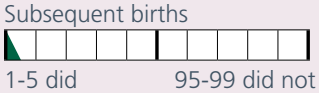


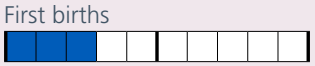


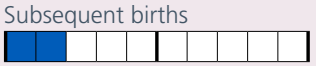






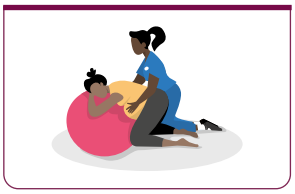






5 Vaginal birth

Immediately after your baby is born

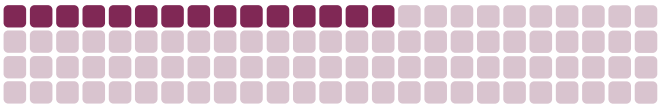


You can choose what happens immediately after your baby is born

- **Skin to skin**: You or your birthing partner can usually hold your baby as soon as they are born, before the cord is cut. Skin to skin can help you bond with your baby. It can calm your baby. "Friendly" bacteria can be transferred from your skin to your baby's skin. It can help start breastfeeding because it can affect your hormones. If you are not able to have skin to skin straight away, your partner can do it.
- **You can breastfeed immediately** if you want to. Your midwife will help you.
- **You will be offered an injection of Vitamin K for your baby**. Your midwife will discuss this with you while you are pregnant. You can say no to the injection, or you can ask for vitamin K drops by mouth instead.
- **You might need stitches**. This should not hurt because you will be offered local anaesthetic and pain relief. You can ask for more if you are in pain.
- Your team will be doing checks on you and on your baby.

Good to know

Some babies need a little help to start breathing just after birth.



Out of every 100...

About **15** babies needed a little help to start breathing

About **85** did not

Birthing your placenta (3rd stage of labour)

What is it?

To birth your placenta, usually you have another contraction and the placenta comes out. It can take up to an hour for the placenta to come away from the uterus (womb) after your baby is born. You may feel pressure or like you need to push. It usually takes a few minutes to push the placenta out.

- Your midwife might ask if they can do a vaginal examination (page 2).
- Your midwife can help the placenta come out by pulling gently with the umbilical cord.
- You can ask for pain relief if you need it.

Wait for your placenta to come out on its own

You can choose to wait for your placenta to come out on its own.

In about 75 cases in every 100, the placenta comes out within 60 minutes.

If it does not, your team will offer further help

Choose an injection to help birth your placenta

You can choose an injection to help to birth your placenta. This is called active management. It can make your uterus contract to push the placenta out.

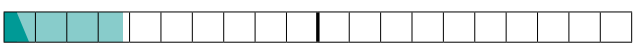
You can say yes or no to this injection.

In about about 95 cases in every 100, the placenta comes out within 30 minutes.

If it does not, your team will offer further help.

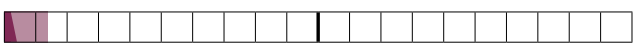
Some people have **heavy bleeding when they birth the placenta**. Some of those need a blood transfusion.

Out of every 100 who did not have an injection



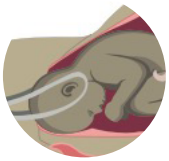
- 3-4 had heavy bleeding that needed a transfusion
- 15-16 had heavy bleeding that did **not** need a transfusion
- 80 -82 did not have heavy bleeding

Out of every 100 who did have an injection



- 1-2 had heavy bleeding that needed a transfusion
- 5-6 had heavy bleeding that did **not** need a tranfusion
- 92-94 did not have heavy bleeding

6 Assisted birth (forceps / ventouse)



It is your choice whether to have ventouse or forceps to help birth your baby. You can say yes or no. If your doctor or midwife thinks it is safe for you, you can keep trying to push. You can sometimes choose caesarean birth (pages 8-9) instead (depending on how low the baby's head is).

What is it?

Ventouse

Uses a suction cup on the baby's head. Your doctor or midwife will pull when you push.

Forceps

Uses smooth curved metal 'spoons' that fit around the baby's head. Your doctor or midwife will pull when you push.

Caesarean birth

Is an operation that takes place in a surgical theatre. Your baby is born through a cut in your abdomen (tummy).

What else might happen? Out of every 100, how many had...

Ventouse

Episiotomy

80 did — 20 did not

Serious tear (3rd or 4th degree tear) with episiotomy?

2-3 did — 97-98 did not

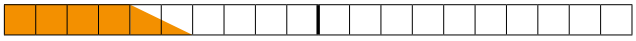
Serious tear (3rd or 4th degree tear) without episiotomy?

6-9 did — 91-94 did not

Forceps

95 did — 5 did not

6-9 did — 91-94 did not



20-30 did — 70-80 did not

Good to know

Your doctor or midwife will explain why they are offering ventouse or forceps. They may be worried about your baby's wellbeing, your labour may not be progressing as expected, or you may be advised not to push, are unable to push or your baby needs help to be born.

They will explain your **specific risks and benefits** if you have assisted birth or continue without or choose a caesarean birth instead. You can always ask questions.

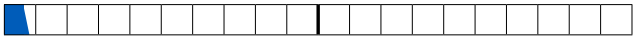
- Assisted birth (forceps / ventouse) is more common if it is your first baby.
- You are less likely to have assisted birth if you give birth upright.
- Your baby might have a mark or bruise on their head or face. It usually goes away in a few days.
- If you have an assisted birth, you are not more likely to have assisted births in the future.

How many, who were fully dilated, and chose assisted or caesarean birth**, had pre-term babies in the future?**

Ventouse or forceps

2-2.5 did — 97.5-98 did not

Caesarean birth



4-4.5 did — 95.5-96 did not

7 Tears and episiotomy

What is a tear?

The skin, and sometimes deeper muscle, tears between the opening of your vagina and your anus.

1st degree tears are minor and usually heal on their own, without stitches.

2nd degree tears are deeper. They go into the muscle and usually need stitches. You usually have stiches in the same room where you had your baby. You can ask for pain relief when you have stitches.

3rd or 4th degree tears are more serious. Your doctor repairs this kind of tear in an operating theatre in hospital.

- They are deeper than 2nd degree tears, or reach the anus, or both.
- You may have a catheter to drain urine (pee) until you can walk to the toilet.
- You can have pain relief while you heal and will be offered antibiotics.
- You can have laxatives to make it easier to poo.
- You will be offered a follow up hospital appointment 6-12 weeks later.
- You will be offered a physiotherapist appointment.

What can help prevent a tear?

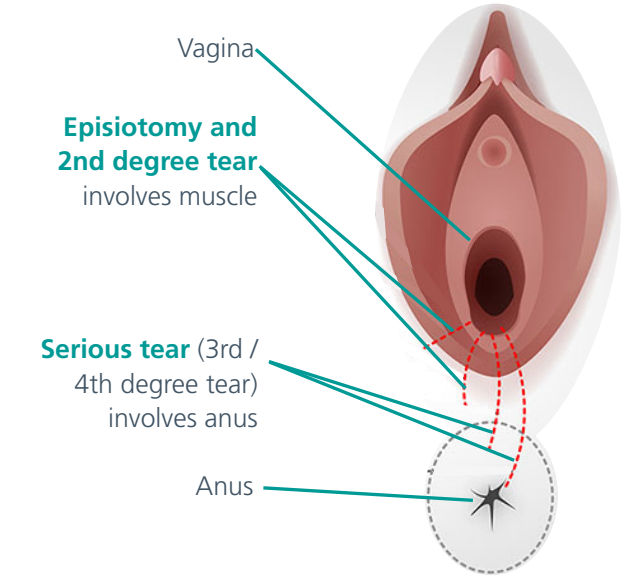
- You can massage the area from 35 weeks onwards.
- If you are on all fours, or lying on your side when you give birth they are less likely.
- Your midwife can use a warm compress or they can massage the area with lubricant.
- Your midwife or doctor can support your perineum during birth.
- See page 23 for a link to more information.

Good to know

Tears are less common if you have given birth vaginally before.

Tears are more common...

- in Asian women.
- with larger babies.
- with assisted birth (forceps/ventouse)



What is an episiotomy?

An episiotomy is when your doctor or midwife makes a cut to widen your vaginal opening for birth.

You might be offered an episiotomy...

- to avoid a severe tear.
- if your baby needs to be born quickly.
- with ventouse. It is always offered with forceps.

Good to know

- An episiotomy is like a 2nd degree tear. This means it does not reach the anus. But as the baby comes out it can become a 3rd/4th degree tear.
- Your doctor or midwife will usually sew the cut with dissolvable stitches. They will do it as soon as your baby is born.
- You can ask for pain relief when they are doing the stitches.
- You are not more likely to need an episiotomy in future pregnancies.

It is your choice. You can say yes or no to an episiotomy.

Space for notes or questions

8 Caesarean birth

What is it?

Caesarean birth is an operation to birth your baby. It happens in a surgical theatre in hospital.

What is unplanned caesarean?

An unplanned caesarean birth might happen urgently if there is an immediate concern about your or your baby's health. It is sometimes called an emergency caesarean birth.

An unplanned caesarean birth may also happen during labour because it is not progressing, or you choose caesarean if you are offered assisted birth or if your labour hasn't started, or for another reason. It may not happen immediately, you may have some time before it happens.

Planning a caesarean birth

- You usually plan a caesarean birth early in your pregnancy with your doctor.
- Planned caesarean births usually take place from 39 weeks onwards.

Before your operation

- Your midwife will tell you when to stop eating and drinking before the operation.
- You will have routine blood tests. You will be given tablets to reduce the acid in your stomach. This stops you feeling sick during the operation.
- You will meet an anaesthetist. This is a doctor specialised in pain medicine. They will explain about the different kinds of anaesthetic you can have. They may use a spinal, spinal and epidural or general anaesthetic. You can read about anaesthetic in our "Pain in Labour and Birth" leaflet. Link on page 23.

Spinal anaesthetic

You have an injection of strong painkillers in your back. The needle does not stay in your back.

Anaesthetic medicines start to work immediately.

You are numb from your 'chest to your toes'.

You can usually move around 4-6 hours after the birth.

Combined spinal and epidural

You have a spinal anaesthetic (single injection in your back) which starts to work immediately.

You also have an epidural. This is a fine hollow tube that stays in your back. Your anaesthetist can give you more anaesthetic through the epidural if you need it.

You should not feel pain but may feel sensations and pressure. If you feel pain with an epidural, let your anaesthetist or midwife know. The epidural can stay in after the birth for more pain relief.

You can usually move around 4-6 hours after the birth.

General anaesthetic

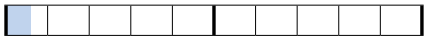
This is where you are not conscious (not awake) during the operation.

Out of every 100, how many had a general anaesthetic?

Planned caesarean birth

2 did 98 did not

Unplanned caesarean birth



6 did 94 did not

You can usually move around about 6 hours after the birth.

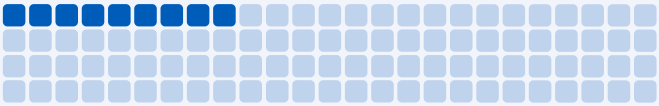
What else might happen?

The day or time of your operation may change because others need the operating theatre or staff more urgently.

Some go into labour before their planned caesarean date.

Out of every 100...

About **9** went into labour before their planned caesarean about **91** did not



9 Caesarean birth

The operation

- Behind a curtain or drape your doctor makes a cut in your abdomen (tummy) and your uterus (womb). The cut is about 10-20 cm long and close to your bikini line.
- You may feel tugging and pulling but you should not feel pain.
- Your doctor will bring your baby out through the cut in your abdomen.
- They then spend 20-30 minutes stitching the cuts closed. These stitches will dissolve over time on their own (you don't need to have them taken out). Sometimes you will have staples that need to be removed later.

Good to know

- There will be a lot of people in the room; your midwife, an anaesthetist, your doctor (obstetrician) and specialist nurses.
- You may be able to take music in, or use headphones.
- If you are awake during the birth your partner can be there. If you need to have a general anaesthetic when your baby is born, your partner cannot be there.

After the operation

Immediately after your baby is born

- If all is well, you can have skin to skin and breastfeed if you want to. Your midwife will help you.
- Your partner can cut the umbilical cord.
- You and your baby will go to a recovery area for monitoring before you go to the post-natal ward. Your partner can be with you.
- It can take up to 6 hours before the anaesthetic wears off and you can get up and walk around.
- You will have a catheter to help you pee until you can walk to the toilet. You will need to pass urine (pee) before you can go home.

Pain relief after the operation

You can always ask for more pain relief if you need it.

- Tell your midwife before pain becomes unbearable. It is better to take pain relief before you are in a lot of pain. This is because pain relief can take some time before it has an effect.
- You can have more pain relief medicine through the cannula ('drip') in your hand or arm which will usually stay in place.
- If you have an epidural, it may be left in after the birth. This is so that you can have more pain relief through the epidural. The epidural will be taken out before you go to the post-natal ward.

Everyone's pain threshold is different. Everyone experiences pain differently. You should have as much pain relief as you need. Tell your midwife if you need more. Some pain relief can make you sleepy and if you are breastfeeding it can also make your baby sleepy.

You can read more about types of anaesthetic and other pain relief in the "Pain in Labour and Birth" leaflet (link on page 23).

Space for notes or questions

10 Helping you decide

Comparing what happens when you go home

	Vaginal birth (spontaneous vaginal birth)	Caesarean birth
Going home	 If you give birth in a midwife unit or hospital, you usually go home as soon as any anaesthetic has worn off, and you and your baby are doing well.	 You always give birth in hospital. You usually go home as soon as any anaesthetic has worn off and you and your baby are doing well.
Week 1	• Your vagina and/or vulva may hurt, particularly if you had a tear or episiotomy. You can take pain relief medicines as you heal. • You might have heavy, period-like bleeding. This is normal.	• The cut in your abdomen (tummy) may hurt. You will have pain relief medicines. • You might have heavy, period-like bleeding. This is normal. • You have injections to give yourself when you get home. These reduce the risk of blood clots forming. Your midwife will show you what to do. • Days 1-3 it may be difficult to use your stomach muscles and move around normally. • Days 2-4 you should have full mobility.
Week 2	• Period-like bleeding might start to become less. Bleeding can last around 6 weeks. • Your vagina might be uncomfortable. It might itch if you had a tear or episiotomy as it heals. • You might have piles.	• Period-like bleeding might start to become less. Bleeding can last around 6 weeks. • Your midwife will check how well your scar is healing. It should heal on its own but might itch as it heals.
Week 6-8	• Your uterus (womb) should be back to pre-pregnancy size. • Your breasts might be sore. • Period-like bleeding usually stops. • Your bladder control might be poor. Your midwife will tell you how to do pelvic floor exercises to help. • If you had a serious tear, it will be starting to heal.	• Your uterus (womb) should be back to pre-pregnancy size. • Your breasts might be sore. • Period-like bleeding usually stops. • You should be able to use your stomach muscles now e.g. pull yourself up in bed or lift heavy shopping bags. • You can build up to exercise that is more vigorous than walking. • You are now usually able to drive.
	Breastfeeding Some pain relief medicines can make your baby drowsy at first. Breastfeeding may take a little longer to start if you have these during labour and birth. You can read more about these in the "Pain in Labour and Birth" leaflet (link on page 23).	**Breastfeeding** May take a little longer to start after caesarean birth. Once it starts, there is no difference in how long you breastfeed.

It may take longer to recover from caesarean birth than a straightforward vaginal birth. It depends. For example if you had a tear or episiotomy it may takes weeks to heal completely.

When to contact your midwife:

If your pain increases. If you get any tenderness. If you have discomfort when going to the toilet. If you have a fever. If your bleeding is increases or you have large clots. If you experience post-natal depression or psychosis (see page 13)

11 Helping you decide

Comparing risks and benefits for me

The numbers on these pages are either averages from research studies, or what happened in the NHS. You can see where we got our numbers from on page 23.

The numbers are out of every 100 (except future pregnancy risks on page 16).

Your personal risk may be higher or lower than these numbers. Everyone's situation is different. Your midwife or doctor will explain about your personal risks and benefits of any option they offer you.

You can say no to anything offered to you, you can ask for more time to decide, you can always ask questions.

Vaginal birth (spontaneous vaginal birth)

Vaginal birth is when your baby is born through your vagina.

Your uterus (womb) contracts and your cervix dilates (widens).

You can give birth at home, in a midwife unit or in a hospital.

Assisted birth (forceps or ventouse)

Assisted birth happens with vaginal birth. It is where your doctor or midwife uses ventouse or forceps to help birth your baby. They will offer whichever is most suitable for your situation.

Your doctor will offer an assisted birth if

- you cannot or should not push.
- your baby needs help to be born or needs to be born more quickly.

You can sometimes choose caesarean birth instead (depending on how low the baby's head is).

Planned caesarean birth

Caesarean birth is an operation in a hospital. It is sometimes called a 'c-section'.

You should ideally plan a caesarean birth early in your pregnancy.

It usually takes place after 39 weeks.

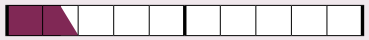
Your doctor makes a cut in your abdomen (tummy) and your baby is born through this cut.

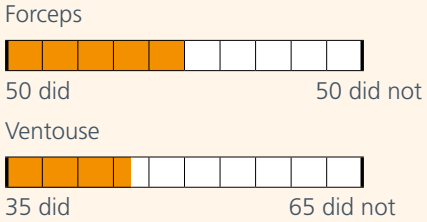
Unplanned or emergency caesarean birth

Unplanned caesarean birth might happen...

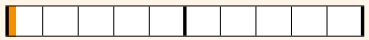
- urgently if there is an immediate concern about your or your baby's health. This is sometimes called an emergency caesarean birth.
- during labour if it is not progressing.
- during induction if there are concerns or if induction has not worked.
- if you are offered assisted birth.
- if labour hasn't started.
- for other medical reasons.
- it may not happen immediately.

Out of every 100, how many had **heavy bleeding** that needed treatment after the birth?





Out of every 100, how many had an **infection that needed treatment in hospital?**



12 Helping you decide

Comparing risks and benefits for my baby just after birth

If you are worried, talk to your midwife or doctor. They can explain more about your personal risks. How often injuries happen, and how severe they are, depends on your personal situation.

Most injuries and many breaks get better on their own. If your baby has a fracture (break), they may have a splint so that they cannot move that part of their body until it is healed. If your baby has a nerve injury, they may have physiotherapy.

Out of every 100, how many had	Vaginal birth (spontaneous vaginal birth)	Assisted birth (forceps or ventouse)	Planned caesarean birth	Unplanned or emergency caesarean birth
Had an injury such as broken bone (fracture), nerve injury, or a cut (during a caesarean operation).	1-2 did / 98-99 did not	13 did / 87 did not. Minor bruising and marks from ventouse or forceps usually go away on their own in a few days.	1-2 did / 98-99 did not	4 did / 96 did not
Needed a little help in neonatal special care. Such as help to feed, temperature control or breathing. Your team will help your baby.	4-5 did / 95-96 did not	Data is not available	Any caesarean birth: 4-5 did / 95-96 did not	
Needed help to start breathing (respiratory distress disorder) Your team will help your baby if they do not start breathing immediately.	5 did / 95 did not	Data is not available	Includes both planned and unplanned: 10 did / 90 did not	

How might my choice affect my baby?

Asthma, obesity, autism, allergies, type 1 diabetes

There is not yet good enough evidence to say whether caesarean birth affects the chance of developing these conditions. So far, results of studies are conflicting. Some show babies born by caesarean are more likely to develop them, others do not.

13 Helping you decide

Mental health, what might happen?

"Baby blues"

Baby blues are normal and happen to most people.

You may feel tired, overwhelmed, teary, 'blue' or 'down'. It usually happens 3-5 days after your baby is born and happens because hormones are changing.

Postnatal depression

Postnatal depression can feel more overwhelming than baby blues. You may…

- feel overcome with sadness or anxiety, might not want to eat, or be able to sleep.
- feel as though you are not bonding with your baby.
- have suicidal thoughts or thoughts of hurting someone else.

Tell your team if you think you have postnatal depression. They can help. Page 23 has links to other sources of support.

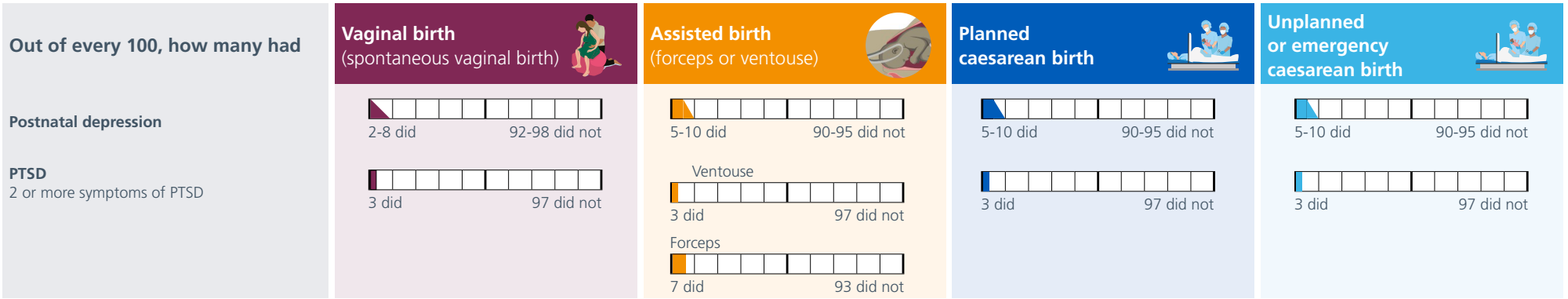
PTSD (post-traumatic stress disorder)

- Symptoms of PTSD include: flashbacks, difficulty concentrating, difficulty sleeping.
- PTSD is less likely if you feel in control. Learning about what might happen in labour or birth can help you feel more in control.

Tell your team if you think you have symptoms, or you have had PTSD before, or had depression during your pregnancy.

Tell your team if you felt your birth was 'happening to someone else'. This is called 'dissociation' and can happen during traumatic events.

How likely is it?



Postpartum Psychosis

Postpartum Psychosis happens in around 1 in 1,000 births.

- It is more likely if you have bipolar disorder or if you have a close relative who had postpartum psychosis.
- Postpartum psychosis can become severe very quickly. It is a medical emergency but it can be treated. It typically starts suddenly, often within hours or days of giving birth, or within the first 2 weeks after giving birth.
- Symptoms include: hallucinations (seeing or hearing things that are not there), delusions (believing strange things are true), irritability and confusion, paranoia, not being able to sleep. Your mood might change very rapidly between depression and feeling very "high" or overactive. You might talk and think too much or too quickly, feel restless or lose normal inhibitions.

Tell your midwife or doctor if you have bipolar disorder or a relative who had postpartum psychosis. They will refer you to a perinatal mental health team.

If you or your partner think you have postpartum psychosis, get medical help immediately. Ask for a same day appointment with your GP, or call NHS 111, or go to A&E. You need treatment as soon as possible, but will recover completely with the right care. There is a link on page 23 for more information and more detail about symptoms.

14 Helping you decide

Tears and episiotomy

Tears and episiotomy are more likely if it is your first baby. Tears are less likely with assisted birth if you have an episiotomy. You are more likely to have incontinence after birth if you have episiotomy or a serious tear (page 6).

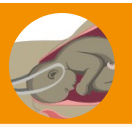
Out of every 100, how many had	Vaginal birth (spontaneous vaginal birth) 		Assisted birth (forceps or ventouse) 	
	First Births	Subsequent Births	Forceps	Ventouse
Episiotomy A cut to widen the opening for birth. It can help prevent a tear. It is stitched after birth. You are more likely to have incontinence after the birth.	15-20 did / 75-80 did not	1-5 did / 95-99 did not	95 did / 5 did not	80 did / 20 did not
2nd degree tear A tear that needs stitches.	30-40 did / 60-70 did not		Data is not available for assisted births	
Serious tear (3rd or 4th degree tear) A tear that needs to be repaired in hospital. They are less likely if you have an episiotomy. You are more likely to have incontinence after the birth. These numbers are higher for Asian women or for larger babies.	**Without episiotomy** 3 did / 97 did not **With episiotomy** 2 did / 98 did not	**Without episiotomy** 1 did / 99 did not **With episiotomy** 0.5 did / 99.5 did not	**Without episiotomy** 20-30 did / 70-80 did not **With episiotomy** 6-9 did / 91-94 did not	**Without episiotomy** 6-9 did / 91-94 did not **With episiotomy** 2-3 did / 97-98 did not

Planned caesarean birth 	Tears and episiotomy do not happen in **planned caesareans.**
Unplanned or emergency caesarean birth 	If you have an unplanned caesarean birth **after being in labour** you might have an episiotomy or a tear.

15 Helping you decide

Pelvic floor

Pregnancy itself may affect your pelvic floor and make incontinence more likely.
Your growing baby puts put pressure on your pelvic floor muscles and your bladder.
Pelvic floor damage is more likely if you are overweight or gain weight during pregnancy.

Out of every 100, how many had...	Vaginal birth (spontaneous vaginal birth) 	Assisted birth (forceps or ventouse) 	Planned caesarean birth 
Urinary incontinence... for 1 or more years after birth (most people said it was not bothersome). It is loss of bladder control (pee). You might lose control when you sneeze for example.	20-50 did / 50-80 did not	Forceps: 50 did / 50 did not	10-25 did / 75-90 did not
Anal incontinence... is losing control of bowel movements (poo) between visits to the toilet. These numbers are how many women said they occasionally lost control of their bowels up to 12 years after birth.	10-15 did / 85-90 did not	Forceps: 15 did / 85 did not	5-10 did / 90 did not
Levator avulsion... is a serious permanent tear of your pelvic floor muscle. It does not heal and causes long term permanent damage. It makes organ prolapse more likely. It may reduce sexual desire and your ability to orgasm.	10-20 did / 80-90 did not	Without episiotomy Forceps: 30-65 did / 35-70 did not Ventouse: 10-20 did / 80-90 did not	1 did / 99 did not
Pelvic organ prolapse... is where one or more organs slip into the vagina.	3-6 did / 94-97 did not	Forceps: 6 did / 94 did not	2-3 did / 97-98 did not

16 Helping you decide

In the future, does choosing vaginal, assisted or caesarean affect how you give birth?

Out of every 100	**Vaginal birth** (spontaneous vaginal birth)	**Assisted birth** (forceps or ventouse)	**Unplanned or emergency caesarean birth**
For those who had **vaginal birth** in the past how many had…	65 did / 35 did not	10 did / 90 did not	25 did / 75 did not
For those who had **caesarean birth** in the past how many had…	45 did / 55 did not	20 did / 80 did not	35 did / 65 did not

Does choosing vaginal or caesarean increase risk in future pregnancies?

These risks are rare. These numbers are out of every 1,000.

How the placenta attaches can cause bleeding or treatment in hospital, premature birth or hysterectomy.

Out of every 1,000, how many had...	**Vaginal birth** (spontaneous vaginal birth)		**Caesarean birth**	
Placenta praevia The placenta does not attach normally in future pregnancies. It can cause bleeding and you may need treatment in hospital. You are more likely to have a caesarean birth.	**2-3** did	**997-998** did not	**4-6** did	**994 - 996** did not
Placenta abruption The placenta starts to come away in a future pregnancy. Your baby may be born prematurely.	**4-8** did	**996-998** did not	**7-10** did	**990 – 993** did not
Placenta accreta The placenta attaches too deeply in the uterus in a future pregnancy. You may have bleeding and you may need treatment in hospital. There is an increased risk of hysterectomy after the birth. This is where your uterus (womb) is removed.	**0.1- 0.5** did	**999.5 – 999.1** did not	**0.7 – 1** did	**999.3 - 999** did not

17 Helping you decide

In the future, does choosing vaginal, assisted or caesarean affect how you give birth?

How many had lighter periods after childbirth?

Out of every 100	**Vaginal birth** (spontaneous vaginal birth)	**Caesarean birth**
How many had lighter periods after childbirth? For those who had heavy or long periods, they can become lighter after giving birth.	 60-70 did 30-40 did not	 20-30 did 70-80 did not

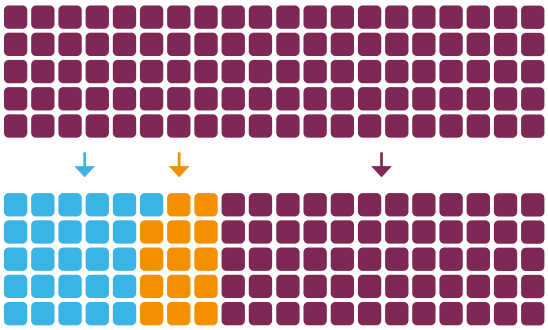
How many had heavier periods after caesarean birth?

Out of every 100	**Caesarean birth**
How many had heavy periods or 'spotting' between periods after caesarean birth? This is because the caesarean scar in the uterus (womb) can cause bleeding. If it happens to you, you can have an operation to repair the scar and control the bleeding. The operation is called a uterine scar repair. It can be repaired with laparoscopic ('keyhole') surgery.	 25-35 did 65-75 did not Of those who had heavy periods, 1-2% had an operation to repair the scar.

18 What kind of birth did people have?

What happened to those who planned for a vaginal or caesarean birth?

Out of every 100 who planned for vaginal birth

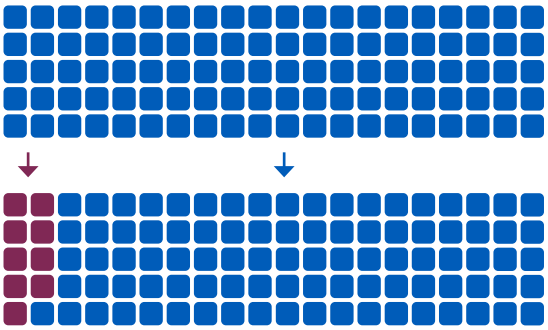


26 had unplanned caesarean

14 had assisted vaginal birth

60 had vaginal birth

Out of every 100 who planned for caesarean birth



9 had vaginal birth (We don't know how many became assisted or unplanned caesarean)

91 had a planned caesarean birth

The chance of having **assisted birth** is higher if it's your first baby.

Of every 100, how many were assisted births?

First births	**30 were**	**70 were not**
Subsequent births	**10 were**	**90 were not**

The chance of having **unplanned caesarean birth** is higher if it's your first baby.

Of every 100, how many were unplanned caesarean?

First births	**30-35 were**	**65-70 were not**
Subsequent births	**15-20 were**	**80-85 were not**

Of every 100 pregnancies, 33 had induction to help start labour.
You can read more in the "Induction of Labour" leaflet (link on page 23).

Of those who gave birth in hospital, how long did they stay?

	Vaginal birth (spontaneous)	Assisted birth	Planned caesarean	Unplanned caesarean
Go home same day, or stay 1 night	78 did	56 did	58 did	38 did
Stay 2 or more days/nights	22 did	44 did	42 did	62 did

What kind of birth did different age groups have?

in the NHS (2022-23), out of every 100 births

19 What's important to you?

Week number or date _____

It is your decision how you would prefer to have your baby

This page can help you think about what is important to you.

It can help you talk about your preferences with your midwife, doctor or birth partner. Your midwife and doctors are there to support you and your choices.

You might want to fill this page in at different during your pregnancy. You might feel differently, or your baby's situation may change.

What is important to me?	Yes	No
A natural birth is important to me		
I would like a water birth (pool or bath or shower)		
I prefer to have a fixed birth date I can plan around		
A birth with my doctor is important to me		
Immediate skin to skin is important to me		
Delivering my placenta naturally is important to me		
I would like my baby to be born at home		
I would like my baby to be born in hospital		
I would like my baby to be born in a maternity led unit		
I would like to hold my baby straight away after birth		
Going home as quickly as possible is important to me		
Physical recovery as quickly as possible is important to me		
Not having pain during birth is important to me		

I want to know more about...		
The surgery involved in a caesarean birth	☐	☐
Breastfeeding my baby as early as possible	☐	☐
Possible damage to my pelvic floor	☐	☐
Pain relief options	☐	☐
I would like to visit the postnatal ward before I give birth	☐	☐

Things about me		
I have had children by caesarean birth in the past	☐	☐
I've had a difficult birth experience in the past	☐	☐
I am afraid of giving birth (your midwifery team can help you with this)	☐	☐
Who would you like to be with you? (e.g. partner, mum, friend, doula)		

Mental Health

Depression and mood changes are common in pregnancy and after birth. How are you feeling? Are you anxious or feeling down? Have you had PTSD or birth trauma in the past? Your midwife can help.

The future

I want to have more children in the future		

Pregnancy and birth are unpredictable. Often what you plan for does not happen. If you are prepared for what might happen it can help you have a better experience of birth.

20 Notes and space for questions

Which options are you considering?

in week 20	in week _	in week _

Do you know anyone who has tried these options? **Y/N**

Would you like to be in touch with others to hear about their experiences? **Y/N**

Space for you to write down how you are feeling.

How is your mood? Are you feeling down, anxious or depressed?
Have you had past experiences that you worry might affect your mental health after birth?

Your midwife or doctor can write here anything specific about you or your baby.

Space to write down what happened during the birth. You can ask your doctor or midwife.

For example, did you have a tear, which pain relief did you use, anything to note about your baby. Think about how you're feeling, are you feeling low or depressed? Did the birth feel like it was happening to someone else? Tell your doctor or midwife how you're feeling. They can help.

I feel sure about the best choice for me **Y/N**

I know enough about the potential benefits and harms of each option **Y/N**

I am clear about which potential benefits and harms matter most to me **Y/N**

I have enough support and advice to make a choice **Y/N**

21 Next Steps

People often ask about:

- Parking – what are the prices and are there deals for longer stays?
- Car seats – how do I bring this in to take my baby home?
- Where can my partner sit or sleep, and where can we watch TV?
- Can I bring other children in?
- How long can my partner stay with me / what are visiting hours / what if I choose induction of labour, can they stay with me?
- What should I bring for myself, for the baby, for my partner?
- How to find the delivery room? Where will I be taken so that my partner can find me if we're separated?
- Can I take my phone into theatre or the delivery room?
- How many people are allowed in the birthing room / delivery room / theatre?
- What does the post-natal ward look like? Can I visit beforehand?
- Are there toilets, showers and baths nearby?
- What happens to my baby if I go for a shower or bath?
- How do I get someone's attention if I'm worried about something?

How can your partner or other people help you?

- Carrying things for you such as the car seat.
- Make or get you meals. Batch cooking for the freezer can be helpful, and foods you can eat with one hand.
- Reaching things, which can be difficult if you're holding or feeding your baby, or if you've had a caesarean birth.

22 Notes and space for questions

You or your birth partner might want to write down questions

Name of your midwife or doctor

Contact details or triage number

When is my next appointment?

Where can I go for more information?

NHS www.nhs.uk/pregnancy/labour-and-birth/what-happens/the-stages-of-labour-and-birth/

Tommy's is a charity that funds research and provides information about pregnancy www.tommys.org/pregnancy-information/

Birthrights has advice about your rights in pregnancy and childbirth www.birthrights.org.uk

Bliss for babies born premature or sick www.bliss.org.uk

NCT (National Childbirth Trust) https://www.nct.org.uk/information/labour-birth/pain-labour/pain-relief-labour

Information on pain relief options in labour – Labour pains website www.labourpains.org

National Institute for Health and Care Excellence (NICE) advises clinicians and has advice for the general public www.nice.org.uk/guidance/health-and-socialcare-delivery/maternity-services

New beginnings – Baby Budy app www.bestbeginnings.org.uk

Birth Trauma Association: support if you have had a traumatic birth experience www.birthtraumaassociation.org.uk

MASIC: a charity supporting those who have suffered severe injuries during childbirth https://masic.org.uk

Royal College of Obstetricians and Gynaecologists (RCOG) has information for the public www.rcog.org.uk/for-the-public

Mumsnet: anyone can offer advice on Mumsnet. It is not supported by the NHS, but it can be useful to hear from other people and their experiences. www.mumsnet.com/h/pregnancy

Post partum psychosis

Action on Postpartum Psychosis website for more details of symptoms www.app-network.org

NHS www.nhs.uk/mental-health/conditions/post-partum-psychosis

Information about preventing tears in labour and birthRCOG https://www.rcog.org.uk/for-the-public/perineal-tears-and-episiotomies-in-childbirth/reducing-your-risk-of-perineal-tears/

Find NHS antenatal classes near me www.nhs.uk/service-search/other-health-services/antenatal-classes

Further information about Doulas can be found on www.doula.org.uk and www.tommys.org/pregnancy-information/giving-birth/labour-and-birth-faqs/what-doula

Information about environmental impact of anaesthetic https://www.rcoa.ac.uk/sites/default/files/documents/2022-01/Injectable%20Anaesthesia%20Agents.pdf

Hypnobirthing www.Hypnotherapy-directory.org.uk/articles/childbirth.html

23 Where did we get our numbers from?

How many have each kind of birth?
All from NHS's 2022/23 England maternity data:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-maternity-statistics
By age group – MSDS data Table 4c
Caesarean v spontaneous v induced birth – Summary report 3
Ventouse/forceps or unplanned Caesarean in vaginal birth – MSDS data Table 3i
Number who have assisted birth – MSDS data Table 2a After previous caesarean birth, a study of about 1500 UK women (Rowe 2015) https://doi.org/10.1111/1471-0528.13546

How long do people stay in hospital?
NHS's 2022/23 England maternity data: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-maternity-statistics – MSDS data Table 3d

How many go into labour before planned caesarean?
Data on 17,314 Australian women with 'low risk' second Caesarean births: https://doi.org/10.1186/1471-2393-14-125

How many home births need to be transferred to hospital?
Data on 64,000 'low risk' home births in the UK: https://www.npeu.ox.ac.uk/birthplace

How many women have an episiotomy or perineal tear?
UK data from 2013 on 1,035,253 women: https://doi.org/10.1111/1471-0528.12363;
UK data from 2014 on 692,259 women: https://doi.org/10.1007/s00192-014-2406-x;
NHS Maternity audit report: https://maternityaudit.org.uk/FilesUploaded/Ref%20336%20NMPA%20Clinical%20Report_2022.pdf;
a review of studies, from 2022: https://doi.org/10.1007/s00192-022-05145-1;
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How many women experience post-natal depression?
A 2012 survey of 5332 women in the UK: http://www.biomedcentral.com/1471-2393/12/138;
a 2010 study of 4941 women in the Netherlands: https://doi.org/10.1111/j.1471-0528.2010.02660.x;
a 2012 survey of 5812 women in Italy: https://doi.org/10.1080/03630242.2012.674090

How many women experience PTSD symptoms after birth?
A 2012 survey of 5332 women in the UK: http://www.biomedcentral.com/1471-2393/12/138;
a 2021 survey of 3006 women in the US: https://doi.org/10.1016/j.jpsychores.2021.110424

How many women experience excessive bleeding or infection after birth?
Data on complications experienced by those giving birth in NHS hospitals in 2022-23 (around 500,000 people):
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-maternity-statistics MSDS data, Table 7c (ICD-10 codes O72, and O85/86)

How many babies are injured during birth?
A 2018 study of nearly 500,000 births in Australia: https://doi.org/10.1111/birt.12348

How many babies need to go into special care?
NICE (NG192) evidence review Appendix M (Table 14, p166) of Evidence Review A:
https://www.nice.org.uk/guidance/ng192/evidence/a-the-benefits-and-risks-of-planned-caesarean-birth- pdf-9071941646

How many babies need a little help breathing at first?
Resuscitation Council UK report from 2021:
https://www.resus.org.uk/library/2021-resuscitation-guidelines/newborn-resuscitation-and-support-transition-infants-birth

How many women experience incontinence after giving birth?
NICE (NG192) evidence review Appendix M: https://www.nice.org.uk/guidance/ng192/evidence/a-the- benefits-and-risks-of-planned-caesarean-birth-pdf-9071941646;
A 2011 study of 1,011 women in the US: https://doi.org/10.1097/AOG.0b013e3182267f2f;
a 2011 study of 3763 women in the UK/New Zealand: https://doi.org/10.1111/j.1471-0528.2011.02964.x;
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A 2006 study in 3694 women: https://doi.org/10.1016/j.ijgo.2005.12.006

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A 2013 review of other studies: https://doi.org/10.1111/ajo.12059;
a 2021 review of 37 studies including 5594 women: https://doi.org/10.1111/1471-0528.16837;
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A 2014 study of 7,924 women in the US: https://doi.org/10.1097/AOG.0000000000000057;
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A 2008 study of 880,309 births in Norway: https://doi.org/10.1097/AOG.0b013e3181744110;
a 2007 study of 36,038 women in Australia: https://doi.org/10.1097/01.AOG.0000250469.23047.73;
a 2012 study of 24,839 women in Denmark: https://doi.org/10.1016/j.ajog.2011.09.023;
a 2006 study of 187,577 women in US: https://doi.org/10.1097/01.aog.0000206182.63788.80

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How many babies are stillborn or die very soon after birth (including in future pregnancies)?
Data from the NHS 2019-2023 table 4: https://digital.nhs.uk/supplementary-information/2024/additional-analysis-on-gestation-length-by-labour-onset-and-delivery-method

Active management versus waiting for the placenta to come out on its own
NICE guidelines (NG235) from 2023, Table 10:
https://www.nice.org.uk/guidance/ng235/chapter/Recommendations#third-stage-of-labour