

Informed Consent, Communication and Culture within a Maternity Unit.

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*Outstanding
Care for One + All*

Joint working with KMNVP to Introduce the BRAIN Tool.



- **Why** From **Better Births 2016**: For maternity care to become safer, more personalised, kinder, professional and more family friendly. Where every birthing person has access to information to enable them to make decisions about their care.
- **What** Informed consent arises out of a series of facilitated conversations in which the families actively participates to explore the management of their health journey.
- **How** The ability to review information before the discussions, that is understandable, relevant, accurate and available in various formats.
- **When** Each contact “hot or cold”
- **Challenges** Language “ the way we say things”. Families are in control of the decision making. What matters to you? Difficult to let go of patient medical relationships. We do not advise what to do , a time may come were we advise that the choice would not be the recommended pathway.
- **Successes** The joint introduction with the KMNVP of the BRAIN tool to enhance joint decision making

The PCSP

Latest version of our PCSP



Royal Cornwall Hospitals
NHS Trust

My Personalised Maternity Care Plan

My Journey, My Choice

Throughout your pregnancy, birth and afterwards you will need to make decisions about your care.

It is important that all your care is personalised to you.

This document has been designed to support you.

Talk to your care professional if you have any questions.

Contents

○ Section 1	
Your midwifery care - a guide	5
● Section 2	
First trimester (4 - 12 weeks)	25
● Section 3	
Second trimester (12 - 28 weeks)	33
● Section 4	
Third trimester (28 - 40 weeks)	49
● Section 5	
Fourth trimester (After Birth)	65

With special thanks to the following organisations and companies who have generously supported this document.

- Tommy's Pregnancy Hub
- Kernow Maternity & Neonatal Voices
- The Lullaby Trust
- UK Sepsis Trust
- Healthwatch Cornwall
- Disability Maternity Care
- Icon



For more information on our maternity services please scan the QR code.



You can ask anything!



If there is something you would like to know more about please ask. Your midwife may discuss with you: diet, exercise, infant feeding, screening tests, where you would like to have your baby and your emotional wellbeing. This may differ at each appointment. At 36 weeks you may be invited to a group to discuss your birth plan. You will be able to ask questions and meet other pregnant people. Ideally, complete your antenatal classes by this time.



We recommend you book onto our free online pregnancy classes '[Maternity Matters](#)' from 25 weeks, particularly if this is your first pregnancy.



SCAN
ME



Classes are also run by Healthy Cornwall via Cornwall Council, their 'Ready, Steady...Grow' sessions focus on healthy nutrition, physical activity and general health and wellbeing, for both your baby and you, during and after pregnancy. The programme is completely FREE and run over 2, 2-hour sessions, one during your pregnancy and one afterwards. In these sessions we'll discuss a variety of health topics such as time saving tips, nutrition, being healthy on budget, foods to avoid, breastfeeding and nutrition, benefits of activity, safe movement, pelvic floor, mental health.

[Book here](#)

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ME



About me and my family



I would like you to call me

(This could be a nickname or alternative name you prefer)

My pronouns are

(For example she/her, they/them, he/him)

My previous pregnancy and birth history includes these things that are important to me

Pregnancy and giving birth after a previous caesarean

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Support for previous birth trauma

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ME



I would like you to know these things about my partner

(This could include neurodiversity, access needs such as wheelchair access, support with reading or writing, previous experiences such as mental health or trauma, health conditions such as diabetes)

Resources
for dads and
partners:

SCAN
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Decision making

We are committed to respecting your choices and working in partnership with you to plan your care



NHS

Resolution

Information:

- Your maternity team will ask questions about you and your family. They will support you to make a plan for your care and explain what will be offered to you.
- You should understand what your options are and be supported to make informed choices. You can change your mind at any point.
- It is the law that you give consent before any care or treatment is given to you such as induction of labour, stretch and sweep or blood tests.
 - During your first appointment your midwife will ask you questions regarding your health and wellbeing and will help plan your care should any health condition affect your pregnancy.
 - This is a continuous process and your maternity team will risk assess at every appointment and update your care plan if necessary.

**You should
never feel
pressurized
into making a
decision**

**It's OK
to change
your
mind**

The BRAIN acronym is a useful tool to assist you in gathering information to make informed decisions about your own and your baby's healthcare. Your maternity team will be happy to support you to use this or another decision making tool at any point.



BRAIN

**B**

Benefits

- What are the benefits of this?
- Why is it being offered?
- Are there any benefits to not doing this?

R

Risks

- What are the risks this is trying to prevent?
- Are there any risks of having this?
- Does this impact my choices?

A

Alternatives

- Are there any other options?
- What does the evidence say?

I

Intuition

- How do I feel about this?
- Does it make sense to me?
- Do I understand?

N

Nothing

- What if I wait?
- Can I have time to think?
- What happens if I choose to do nothing?

Do I need
more
information?

I am the
best person
to make
decisions for
me and my
baby.



Example

Question/care offered: Vitamin K by injection for baby after the birth

Benefits: In a newborn baby, some vitamin K comes through the placenta, but at times this is not enough. That means a small number of newborn babies develop a deficiency. Newborn babies are given extra vitamin K to help prevent them developing life-threatening bleeding in the first hours to months of their life.

Risks: there are no known risks of Vitamin K for newborns. When this is given by injection there may be a small mark or bruise.

Alternatives: Oral Vitamin K - given over 3 doses on the day of birth, day 7 and 4 weeks of age - this is a less reliable way to administer this medication.

Intuition: what feels right for you and your family? Do you understand what you are being told?

What happens if I do nothing? You can choose not to receive vitamin K for your baby. If so, keep a close eye for any bruising or unexplained bleeding in your baby. If your baby is recommended any surgery or procedures such as a tongue tie division, health professionals would recommend vitamin K is given before this.

Example of discussion using BRAIN for IOL

Birth Choice – Birth at home with Risk Factors Present –

Benefits – what are the benefits of this choice?: the family may have more ideas

- Able to labour in own, comfortable environment with chosen support people
- Labouring in water
- Increasing chance of normal birth
- Midwifery led care

Risks – what are the risks of this choice?:

- Increased risk of stillbirth at 42 weeks
1 in 2500 (0.04%) at 41 weeks
1 in 286 (0.35%) at 42 weeks
- Increased risk of need for admission to NNU at 42 weeks
1 in 33 (3%) at 41 weeks
1 in 22 (4.4%) at 42 weeks
- There is an increased risk of caesarean section if you opt for an induction of labour after 42 weeks
1 in 8 (13.3%) with an IOL at 42 weeks
1 in 5 (20.4%) with an IOL at 43 weeks

There is no significant difference in the risk of caesarean section if you opt for an IOL at 41 or 42 weeks

- Unable to reliably ensure fetal wellbeing with intermittent monitoring at home when risk factors are present
- Potential for delay to care and treatment if adverse outcome occurs at home
- Potential for ambulance delays
- We have a table that shows spontaneous labour by gestation from 16+6- 42 weeks gestation

Alternatives – what are the alternatives to this choice?:

- We would recommend IOL at 42 weeks
- We would recommend a review with a consultant to make an individualised plan to ensure fetal wellbeing including enhanced monitoring
- We would recommend care on delivery suite with continuous monitoring should spontaneous labour occur
- You could opt for labour care on Truro Birth Centre for the benefits of midwife led care and waterbirth whilst being close to obstetric led care if required, however we would only be able to offer intermittent monitoring which may result in adverse outcome
- You may opt for a stretch and sweep which could increase the chance of spontaneous labour
- You may opt to have a caesarean section over induction of labour

Intuition – what does my intuition say?:

- I am aware of the risks above and is making an informed choice to accept these, they will / will not accept transfer during labour if indicated (we have discussed potential reasons for transfer) however would like the chance to labour on the at home with as little intervention as possible.

Nothing - What happens if you choose to do nothing?

- No intervention planned at this time, currently choosing to await spontaneous labour, see chart for percentage of spontaneous labours by gestation.

Core values and components of Pregnancy Circles



The Pregnancy Circles model brings together around 8 to 12 pregnant women who are at similar stages of pregnancy and who live near each other, for clinical care, information-sharing and social support. The Pregnancy Circles aim to provide a woman-centred, community environment for antenatal care.

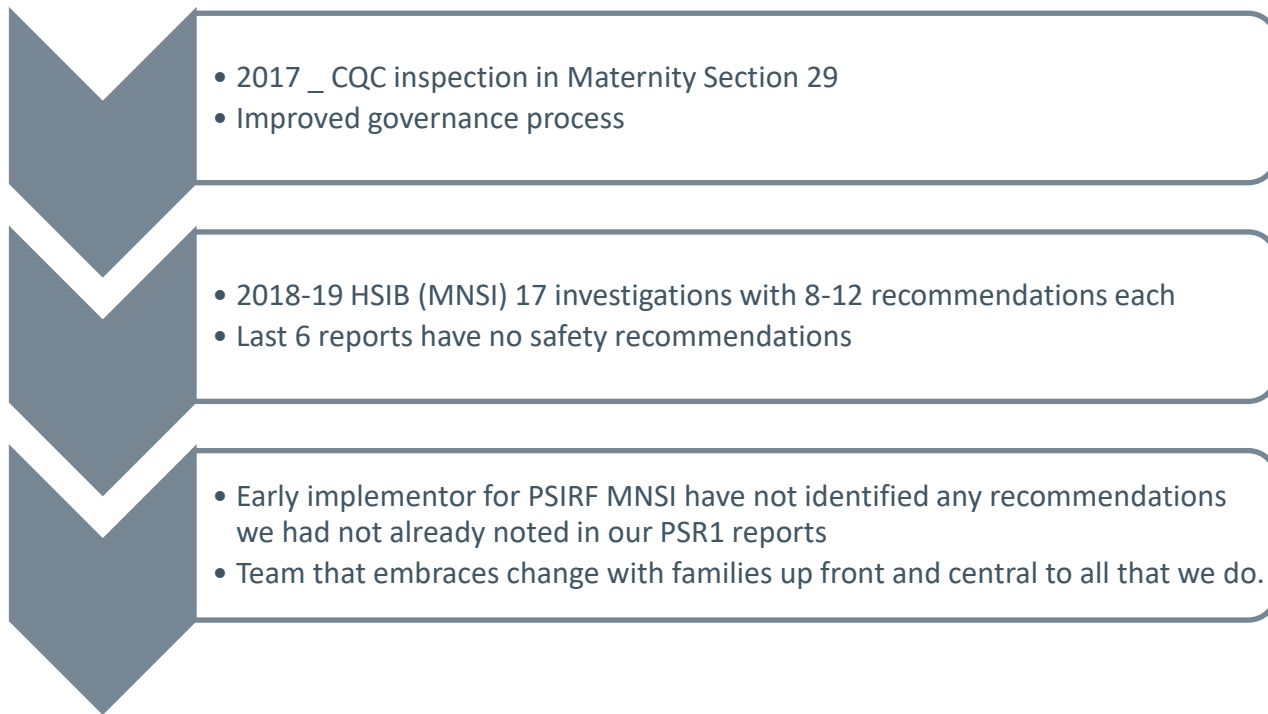
BRAIN use in the acute setting

Spontaneous Rupture of Membranes (SROM) at Term Assessment Record

Date of admission:		Time of admission:	
Parity:		Gestation:	
		GBS status:	
<input type="checkbox"/> Date and time of SROM: <input type="checkbox"/> SROM confirmed: - circle - evident on the pad / AmnioSense Pad / Speculum / ActimProm <input type="checkbox"/> Liquor seen: clear / blood stained / meconium <input type="checkbox"/> Fetal Movements: normal / reduced / excessive <input type="checkbox"/> Other risk factors identified: Yes or No			
Provide Details			
<input type="checkbox"/> CTG indicated: Yes/No If indicated and not contracting, Dawes Redman and complete CTG assessment sticker. If indicated and contracting, CTG on STAN monitor and complete CTG assessment sticker. If CTG not indicated, fetal heart auscultated for ≥1 minute: bpm			
<input type="checkbox"/> MEOWS score:			
Abdominal palpation:		Fundal Height: Lie: Presentation: Contractions: Yes / No Time started: VE indicated: Yes / No	
Confirmed SROM <ul style="list-style-type: none"> Offer immediate IOL. Offer expectant management and advise IOL at 24 hours post-SROM. Discuss mode of birth. 			
Confirmed SROM and GBS positive <ul style="list-style-type: none"> Advise immediate IOL. 			
<i>*When discussing immediate IOL, please make it clear that this means as soon as safely possible.</i> Please use the SROM B.R.A.I.N Tool on the reverse of this paper to support your discussion with the pregnant person regarding the plan moving forward. Once an informed choice has been made, please complete the management plan below and file this securely in the green notes. Please document your discussion thoroughly on E3 in the additional comments section of your contact.			
Chosen management plan:			
Signature: _____ Print: _____ Designation: _____ Date: _____			

Benefits of immediate IOL	<p>IOL for spontaneous pre-labour rupture of membranes (SROM) expedites the onset of labour and reduces the risk of infection to the baby; 1% in comparison to 0.5% for those who do not SROM prior to the onset of labour.</p> <p>Immediate IOL may reduce the recommendation to stay in for postnatally for PROM observations.</p> <p>For those who have had GBS (group B strep) detected in this pregnancy or a previous pregnancy, immediate IOL can reduce the risk of infection to your baby.</p>
Risks of immediate IOL	<p>IOL does not guarantee you will have a vaginal birth, however, it is not thought to increase the risk of a caesarean section compared with waiting for labour to start spontaneously.</p> <p>If IOL methods are unsuccessful, a caesarean section will be advised. This has associated risks.</p> <p>Research suggests that IOL may slightly increase the risk of being advised an assisted vaginal birth (forceps or ventouse), but it is not possible to tell if the labour would have had the same outcome if induced or not as it is often unforeseeable.</p> <p>Pharmacological methods of IOL can cause hyperstimulation.</p> <p>IOL is a medical intervention that may affect your labour and birth options. Things to consider:</p> <ul style="list-style-type: none"> Vaginal examinations are advised to assess the cervix before and throughout the IOL process. You will be advised to labour and birth on Delivery Suite. You will be advised to have continuous CTG monitoring throughout labour. You will be advised to be an inpatient for the duration of your IOL. An induced labour may be more painful than a spontaneous labour. Your hospital stay may be longer than with a spontaneous labour.
Alternatives to immediate IOL	<p>Expectant management - return home and await labour to start spontaneously in your own environment, with appropriate safety netting advice as per the leaflet you will be given.</p> <ul style="list-style-type: none"> Term SROM occurs in approximately 8% of pregnancies before labour begins. 60% of these will labour spontaneously within 24 hours. >91% will labour spontaneously within 48 hours. 6% remain pregnant beyond 96 hours post SROM. <p>For those who are suitable for community birth, IOL with proppex at 12 hours post-SROM may increase the chances of establishing in labour within 24 hours and therefore having an opportunity to labour and birth on Truro Birth Centre.</p> <p>As at any stage of pregnancy, if a pregnant person feels that they would like to plan for a caesarean section instead of a vaginal birth then a fully informed discussion will take place with an obstetrician. If the pregnant person then chooses to plan for a caesarean, that would be accommodated.</p>
Intuition	What is your intuition telling you?
Nothing (What if I wish to wait?)	<p>For those who would like to continue with a planned vaginal birth and do not opt for an immediate IOL, the option is to await labour spontaneously (expectant management).</p> <p>As per national guidance, we advise IOL at 24 hours post-SROM if you have not laboured within this time, to further reduce the risk of infection. If you wish to decline this advice or discuss further then we will refer you to an obstetrician to discuss an individualised and personalised plan moving forward.</p> <p>If you do not establish in labour within 24 hours post-SROM we would advise that after birth you and your baby remain an inpatient for at least 12 hours. This is to observe baby closely for any signs of infection (2 hourly observations for 12 hours).</p>

Our Journey



Service user drivers and feedback

It is so overwhelming. Everyone has advice and thinks they know best. I just needed something that clearly set out what I needed to know and what decisions I needed to make. Lots of things I had to decide I didn't know about until the time came and then I just had to guess

The most impactful thing for me was having a midwife who really listened to understand. Being able to talk about what was important to me and make a plan that was right for me and my family, not just for birth but for my whole experience. Made such a difference."

I wish we had a way to document all the wonderful discussions we had with our midwife during pregnancy. We were so well supported and had such a great plan but when we ended up in hospital nobody had any idea about any of it"

For me, having a midwife that really understood me and my family was huge. Really understood me, my history, my health, my dreams."

Thank you

Our values

Respect

Compassion

Honesty

Teamwork

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