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## Mother Friendly Initiative

**Doulas create avenues for clients to better understand their birthing environment. The most common place to give birth in Anguilla is at the hospital. Because all OBs/medical professionals deliver at the Princess Alexandra Hospital, the information gathered and presented typically represents both public and private practitioners. Information was provided by midwives, OBs and professionals employed by the Dept. of Health Services**

### **RESTRICTIONS IN THE BIRTHING /TRIAGE ROOM**

Generally 1-2 persons accompany the mother during a low risk vaginal birth. Limited space affect each case.



### **ACCESS TO INFORMATION ABOUT PRACTICES AND PROCEDURES AT PAH, INCLUDING INFORMATION ABOUT INTERVENTIONS COMMONLY USED AND OUTCOMES**

Informed Consent is practiced. Prior to labour and delivery potential scenarios are explained and patients are encouraged to ask questions during check ups and clinic visits. Never be afraid to ask questions.



### **AVAILABILITY OF MIDWIVES AS CARE PROVIDERS**

Midwives interact frequently with mothers prior to labour and delivery. Private practitioners transfer clients to public clinic closer to their due date so they can familiarize themselves with their birthing environment which includes meeting midwives. However, the midwives at clinic are not usually the midwives at hospital.



### **TRAINING SPECIFIC TO PROVIDING CARE FOR DIFFERENT CULTURES & GROUPS**

OBs and Midwives receive training at tertiary level to cater to different groups of people. They also have hands on training to appropriately respond to the needs of those with differing religious backgrounds , language barriers etc.





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### **POLICIES IN PLACE TO ENSURE THAT MOTHER AND BABY ARE ALLOWED TO STAY TOGETHER AS MUCH AS DESIRED, ASSUMING BOTH MOTHER AND BABY ARE HEALTHY**

Policy stipulates that immediately following the birth of the baby, medical staff should "establish the bonding process", building up the competency of the mother in caring for her baby. This is indicated in both vaginal and c-section post-operative management. As long as there are no complications following delivery mother and baby stay together.



### **MEDICAL PROFESSIONALS TRAINING IN NON-DRUG METHODS OF PAIN RELIEF**

Midwives encourage labouring mothers to make use of non-drug methods of pain relief. These methods may include walking, positioning, water therapy and various forms of compression and counterpressure.



### **INCORPORATING DOULAS INTO THE HEALTH CARE SYSTEM TO WORK ALONG WITH MEDICAL PROFESSIONALS**

Doulas are welcomed to support the mother. It is not the decision of the medical staff but that of the mother. However, doulas are encouraged to educate themselves of the system and be knowledgeable of the models of care provided at the facility. The common goal should be to have a safe and comfortable delivery.



### **X Routine IV use**

Medical Professionals will need IV access in case of emergencies but it does not mean that IV connections will be constant. They do not want to restrict the movement of the mother if it is not necessary.

### **✓ Routine restriction of food or drink**

If there is a scheduled C-section, staff will advise the mother to not eat or limit food intake prior to the surgery.

### **X Routine early artificial rupture of membranes**

This should only take place following informed consent from the birthing mother.

### **X Routine use of the EFM**

Electronic Fetal Monitoring is not a practice at PAH.





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### GENERAL INFORMATION

There is one public hospital ( Princess Alexandra Hospital), one private hospital ( Hughes Medical Centre) and 3-4 private practices on island. However, the private hospital does not accommodate births. All births take place at the Princess Alexandra Hospital. Currently, only two private OBs are authorized to deliver at the PAH; patients can choose to stay with these OBs until they are ready to deliver. Mothers should speak with their OB about whether they are cleared to deliver at PAH.

Unauthorized OBs may transfer their patients to public clinic at any time, but usually will continue private consultations up to 36 weeks gestation. Patients can also choose when they want to transfer to public clinic.

When admitted to the public clinic, mothers will have scheduled appointments with the public OBGYN. Mothers who choose to go to public clinic from the beginning of pregnancy may naturally be more familiar with the hospital midwives and the PAH staff.

As long as the public OB has scheduled appointments, she will see her patients at clinic along with a midwife. The public OB is always on call for her patients at PAH, so sometimes she may be at the hospital and miss clinic appointments. In the interim, patients will keep their appointments for general check-ups (basic well-being assessments) with a midwife. Mothers will be reappointed a new date to see the public OB. In the case of an emergency, the mother will be seen by the general practitioner.

Mothers currently do not have the option to birth outside of the PAH with a licensed midwife or OB. Private practitioners adjust their policies to fit the PAH's policies since it is where all mothers will give birth as long as they choose to have their child in Anguilla.

It is very common for midwives to deliver babies in the absence of the doctor. The system and evidence supports this practice. Doctors/OBs are usually present when medicines have to be administered or concerns during labour alter the delivery method.



### Statistics

Total Deliveries 141  
Vaginal Births 81  
C-Section Births 57

Avg Numbers : Health Authority

Anguilla Maternity Statistics 2015-2020

### Delivery Cost at PAH

\$ 1300 Vaginal  
3953 C-Section

Prices quoted are deposits to be made prior to delivery. Total prices are subject to medical needs.

Prices quoted are in EC Currency (2022)\*