



**Maternity Services Review: Wigtownshire**

# **Information Pack**

May 2023

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## Executive summary

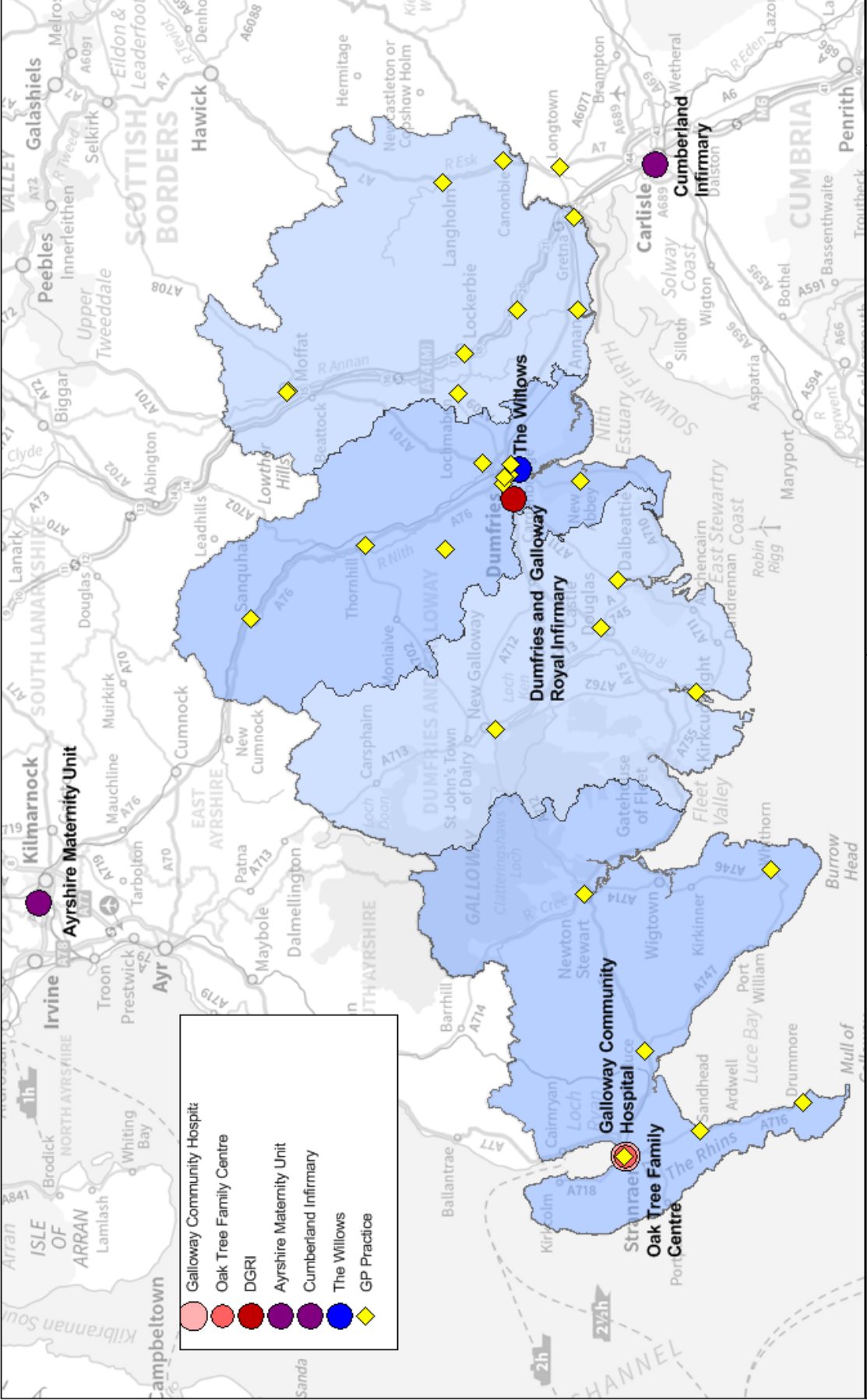
This document is a collection of the best information available from a wide range of sources, brought together to help inform Dumfries and Galloway Health and Social Care Partnership's 'Maternity Review - Wigtownshire'. This includes statistics and quotations relating to aspects of maternity services.

The information contained within this document was collated during the spring period of 2023 and is a snapshot in time which references the most recently published information. The information pack covers the following:

- Geography and the influence of rurality
- Population and how it changes
- Health and wellbeing
- Existing maternity services

The key themes that this document highlights include:

- Although the overall size of the population in Dumfries and Galloway is unlikely to change substantially over the next 25 years, the population will have many more older people. This shift in the balance between the generations will impact on the demand for health and social care services, the local economy, and the available workforce.
- The rural environment of Dumfries and Galloway has positive and negative affects on the people who live here. Some of the challenges people face are more keenly felt by those in rural areas including the impacts of fuel poverty and digital exclusion.
- The population of Dumfries and Galloway is becoming more diverse with more people from different backgrounds, a greater recognition of LGBT and transgender issues, and increased awareness of all forms of disability.
- The number of births each year is decreasing. In 2022, there were 1,100 births across Dumfries and Galloway of which, 200 births were in Wigtownshire.
- Pregnant women are experiencing an increase in a range of risk factors that could lead to high risk pregnancies. This includes having more pre-existing health conditions, becoming pregnant at an older age, and obesity.
- Admissions to the Clenoch Birthing Centre in Galloway Community Hospital decreased year on year in the 5 years before inpatient maternity services were transferred to Dumfries and Galloway Royal Infirmary.
- There is antenatal, birthing and postnatal support provided by a range of health professionals in different settings (hospital, community, and home) across Dumfries and Galloway.



# Dumfries and Galloway

Maternity Services (NHS)

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# Introduction

This document is a collection of the best information available from a wide range of sources, brought together to help inform Dumfries and Galloway Health and Social Care Partnership's 'Maternity Review - Wigtownshire'. This includes statistics and quotations relating to aspects of maternity services.

This document reflects the context in which maternity services needs to operate. It includes information about different groups of people, some of the areas of challenge for the Partnership, and information about some of the services currently being provided. It is intended that people will be able to use this information as a reference for planning and making decisions. This document seeks to answers questions such as:

- How many people would this affect?
- Is this becoming more or less of an issue?
- Do we know enough about this?

This document does not offer suggestions or fixes to address challenges. Neither does it discuss or consider organisation and financial arrangements.

The health and social care system is immensely complex and it is very difficult to cover every aspect of every service that may be connected to this review of maternity services. This document is therefore focused on those topics that have direct connection to the review. The Partnership published a Strategic Needs Assessment for Adult Health and Social Care to support the Strategic Commissioning Plan 2022-2025. This needs assessment provides information on a broader range of topics and can be downloaded from [dghscp.co.uk/performance-and-data/](https://dghscp.co.uk/performance-and-data/). Dumfries and Galloway Children's Services Plan 2023-2026 ([here](#)) is focused on Getting It Right For Every Child (GIRFEC).

The information contained within this document was collated during the spring period of 2023 and is a snapshot in time which references the most recently published information. This pack covers the following:

- Geography and the influence of rurality
- Population and how it changes
- Health and wellbeing
- Existing maternity services

At the time of writing the results of Scotland's Census 2022 have not yet been published. Although it is unlikely this will reveal big changes to long term population trends, it is possible that the counts of people in different groups will be different from the estimates used in this document.

## Definitions

Throughout, this document refers to **births**. These are live births unless otherwise stated.

**Women of children bearing age** refers to women aged 15 to 44 years old. Although some women may fall pregnant outside this age range, this is the standard definition.

Throughout, this document refers to **pregnant women**. We recognise maternity services will be accessed by women, gender diverse individuals and people whose gender identity does not align with the sex they were assigned at birth.

# 1. Describing Wigtownshire

## 1.1 Geography

Wigtownshire is a rural area in the south west of Dumfries and Galloway with an estimated population of just under 28,300. Dumfries and Galloway is one of the most rural areas of Scotland where issues such as transport, access to services and rural deprivation can have a big impact. The main towns in Wigtownshire are:

- Stranraer (10,600 people)
- Newton Stewart (4,100 people)

The locality of Wigtownshire covers approximately 1,770 square kilometres, 27% of the land mass in Dumfries and Galloway. The main settlement, Stranraer, is approximately 75 miles from Dumfries by road.

Stranraer is one of the only 2 towns in Dumfries and Galloway categorised as urban by the Scottish Government (SG). Dumfries is the other, although neither is classified as a large urban area.

Nearly half (49%) of all people in Wigtownshire live in an area classified as rural. This is defined by the SG as a settlement with fewer than 3,000 people. By comparison, 44% of people in Dumfries and Galloway live in a rural area, more than double the Scottish average of 17%.

In terms of accessibility, 40% of people in Wigtownshire live in an area classified as remote, more than the average of 25% across the region. These areas are located more than 30 minutes travel from a large town.

## 1.2 The wider region

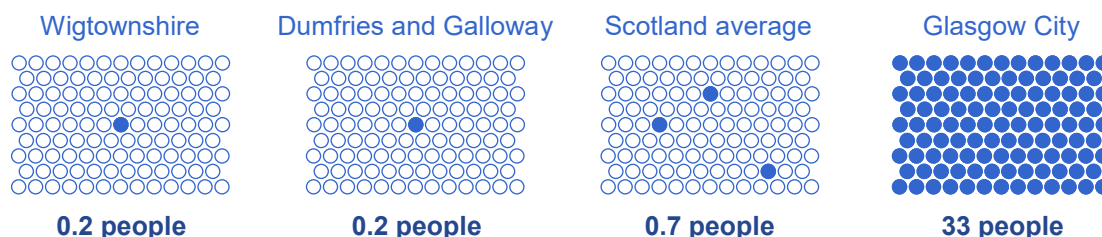
Dumfries and Galloway is a mostly rural area that covers 6,427 square kilometres and is home to just under 150,000 people according to the National Records of Scotland (NRS) estimates (2021). There are just under 70,000 households across the area. The 5 largest main towns in Dumfries and Galloway outside of Wigtownshire are:

- Dumfries (38,900 people)
- Annan (9,000 people)
- Lockerbie (4,300 people)
- Dalbeattie (4,200 people)
- Castle Douglas (4,200 people)

The map on page 4 highlights some of the key sites for women and children's services across the region.

### Population Density

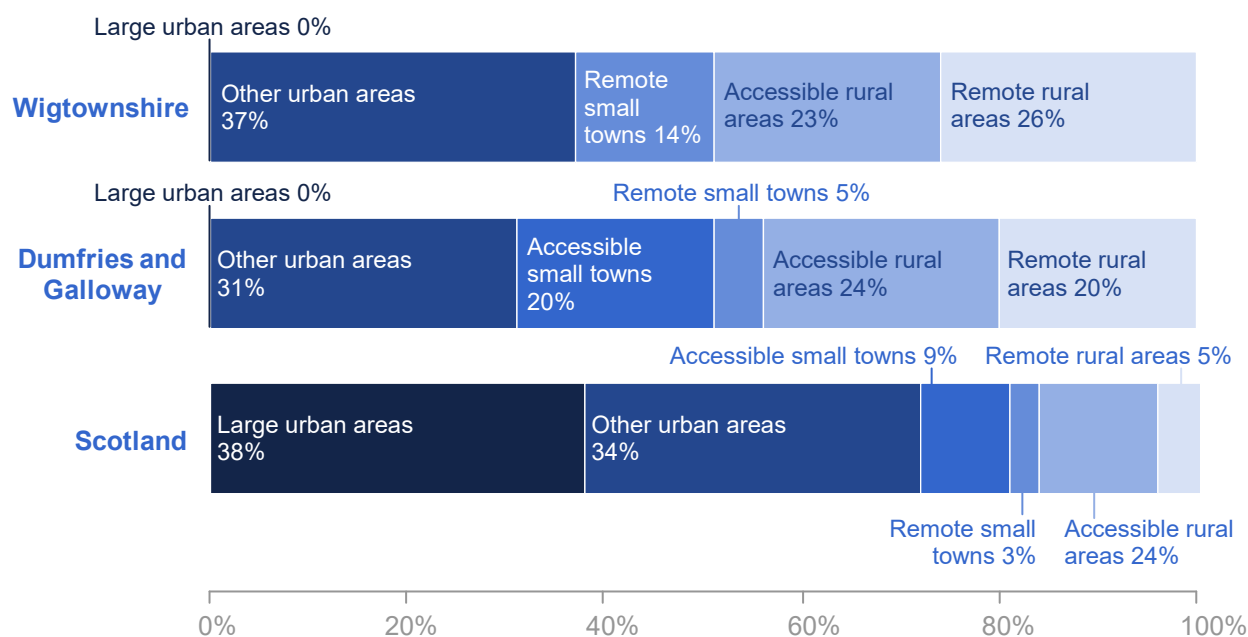
Number of people per hectare (10,000 square meters)



Source: Scotland's Census 2011

## Urban and Rural living

Proportion of people living in different urban and rural environments



Source: Scotland's Census 2011 and National Records of Scotland

### 1.3 Living in a rural place

There are many positive aspects about living in a rural area. The Scottish Household Survey in 2019 showed that a higher proportion of people living in Dumfries and Galloway rated their neighbourhood as a “very good” place to live (66%) compared to the average across Scotland (57%). Benefits can include easy access to open spaces, less pollution and a strong sense of community.

However, living in a rural area can also bring challenges. People can be at a greater risk of experiencing loneliness and isolation. The Scottish strategy for tackling social isolation and loneliness, ‘A Connected Scotland’ published in 2018, highlights that “Young parents are particularly vulnerable to social isolation and loneliness.” The report also pointed to the Scottish Household Survey, 2017 that found 21% of people feel that they don’t have a strong sense of belonging to their local community.

People who experience health and social inequalities can find geographical and social isolation more challenging.

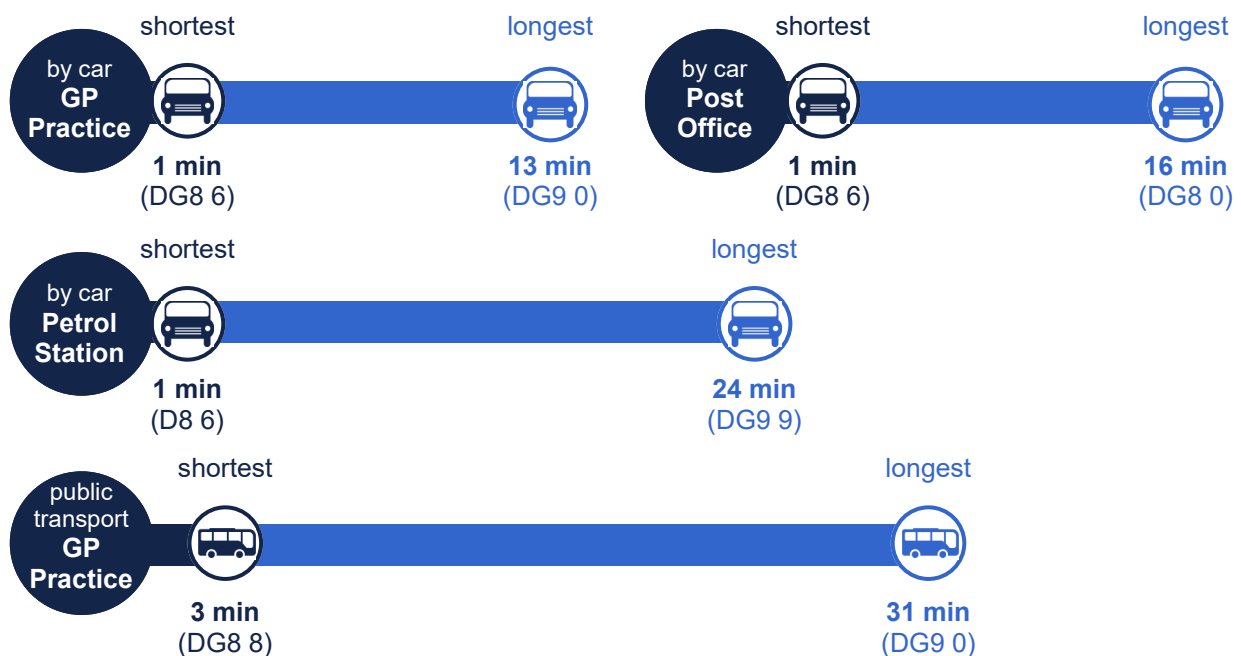
The Fuel Poverty (Targets, Definition and Strategy) (Scotland) Act 2019 describes a household to be in fuel poverty if more than 10% of the household income (after housing costs) is needed to heat the home and pay for fuel. The Scottish House Condition Survey (2016 - 2018) showed that across Dumfries and Galloway the proportion of households experiencing fuel poverty was 28%. This is higher than the average for Scotland at 25%. The most recent survey in 2019 showed that across Scotland fuel poverty in remote rural areas rose from 33% to 43%, indicating that many people are at an increased risk of fuel poverty .

Just under 30,000 households in Dumfries and Galloway are using energy off the gas grid. Typically Liquid Petroleum Gas (LPG) is more expensive than natural gas homes on the grid receive. The areas that are estimated to have the highest levels of fuel poverty are Wigtown West, Mid Galloway and, Mid and Upper Nithsdale. This is due to being large rural areas with a high proportion of households that have poor energy efficiency that use expensive fuel types. An estimated 2.5% of homes in Wigtownshire have no central heating, higher than the average for Dumfries and Galloway (2.2%) and Scotland (2.3%). The largest proportion of these properties are in the areas of South Machars and South Rhins.

Households in rural areas are also more likely to spend a greater proportion of their income on petrol and transport costs. A survey in 2013 showed that people living in remote rural parts of Scotland on average spent £100 more per month on petrol for their cars than people living in the rest of Scotland. All of these survey results were produced before the sharp increases in fuel costs that have occurred in 2022.

## Wigtownshire Travel Times

Shortest and longest average travel times by postcode sector in Wigtownshire



## Fuel Poverty in Dumfries and Galloway

Estimated number of households thought to be experiencing fuel poverty

Approximately  
**20,000**  
households (28%) are  
experiencing fuel poverty

Approximately  
**30,000**  
households (43%)  
use off grid energy



Source: Scotland's Census 2011 and Office for National Statistics



Using technology is one way people can overcome the challenges of living in a rural area. In 2020, 79% of people living in South Western Scotland were internet users. However, this means that 21% of people are non internet users, the second highest proportion for a region in the UK.

Digital exclusion is where people experience a lack of motivation, access, or do not have the necessary skills to use digital technology. Third Sector Dumfries and Galloway (TSDG) surveyed local people known to third sector organisations in 2020, to test if national research reflected people's experiences here. 898 people responded to the survey.

Motivation was identified as the main barrier. 2 out of every 5 people would rather not do financial transactions online, instead preferring face to face or telephone communication. 1 in 5 people preferred to do things face to face. Only 1.2% of people who don't currently use the internet, were willing to learn to use services and facilities online. Only 6% of people answering the survey have no internet, instead their concern was quality of access and devices.

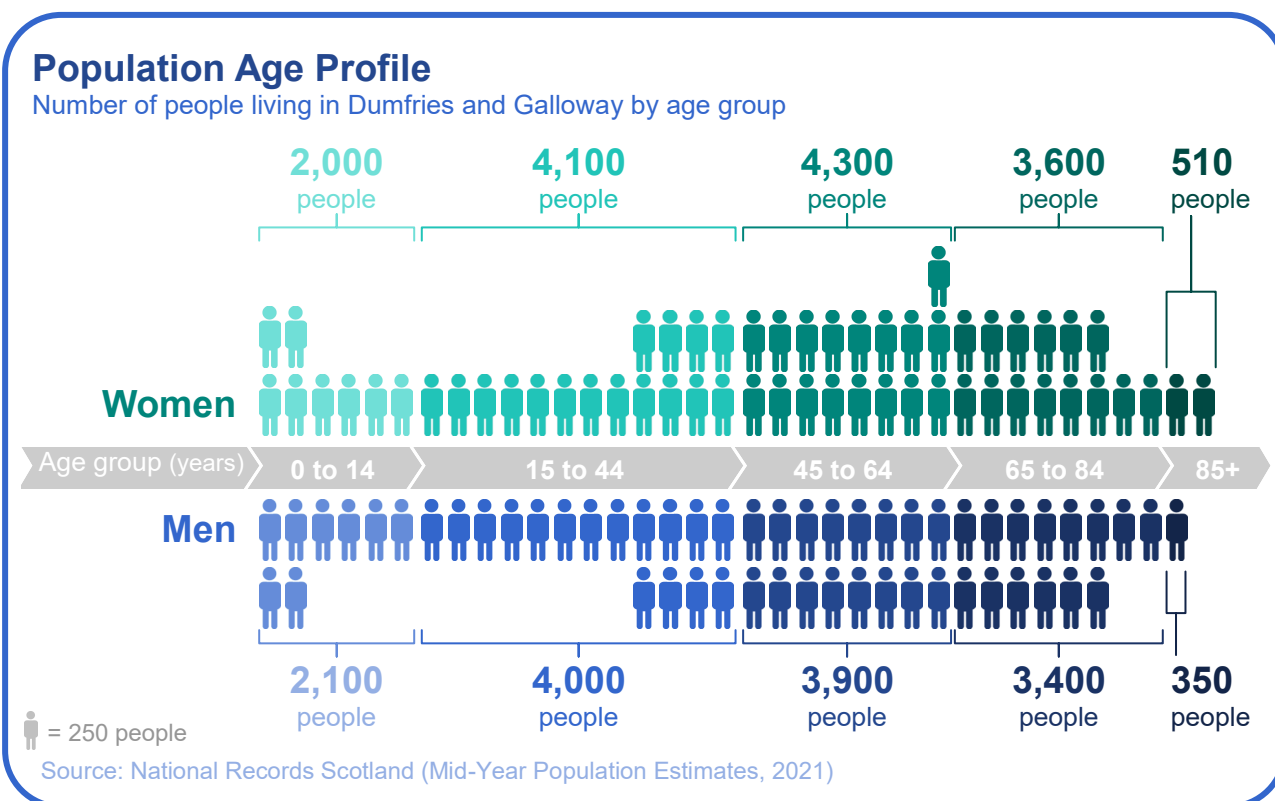
Although continually improving, mobile phone coverage in Dumfries and Galloway continues to be patchy in certain areas. In Ofcom's 2021 Connected Nations Report Dumfries and Galloway was the third poorest region in Scotland for connectivity. The rollout of 4G has focused on urban areas. Consequently there is only 5% coverage for 4G in rural areas of Dumfries and Galloway. Across the region residential properties in 18% of postcodes cannot access superfast broadband. This figure is higher in Wigtownshire where more than one quarter (28%) of residential postcodes have no superfast broadband available.

## 2. The people of Wigtownshire

### 2.1 Population changes

In 2021 it was estimated that there were 148,800 people living in Dumfries and Galloway of which, 28,300 people were living in Wigtownshire. For Wigtownshire this includes:

- 4,400 (16%) children under 16
- 23,900 (84%) adults aged 16 years and over
- 4,100 (14%) women of child bearing age, 15 to 44 years (22,300 women of child bearing age across Dumfries and Galloway)



Although between 2001 and 2008 there was some increase in the number of births across Dumfries and Galloway, there has been a long term decreasing trend since 1994. The same pattern has been seen across Scotland. Wigtownshire has also shown a decrease since 2008. In the most recent 3 years, to parents living in Wigtownshire, there were:

- 215 births in 2020
- 189 births in 2021
- 200 births (provisional) in 2022

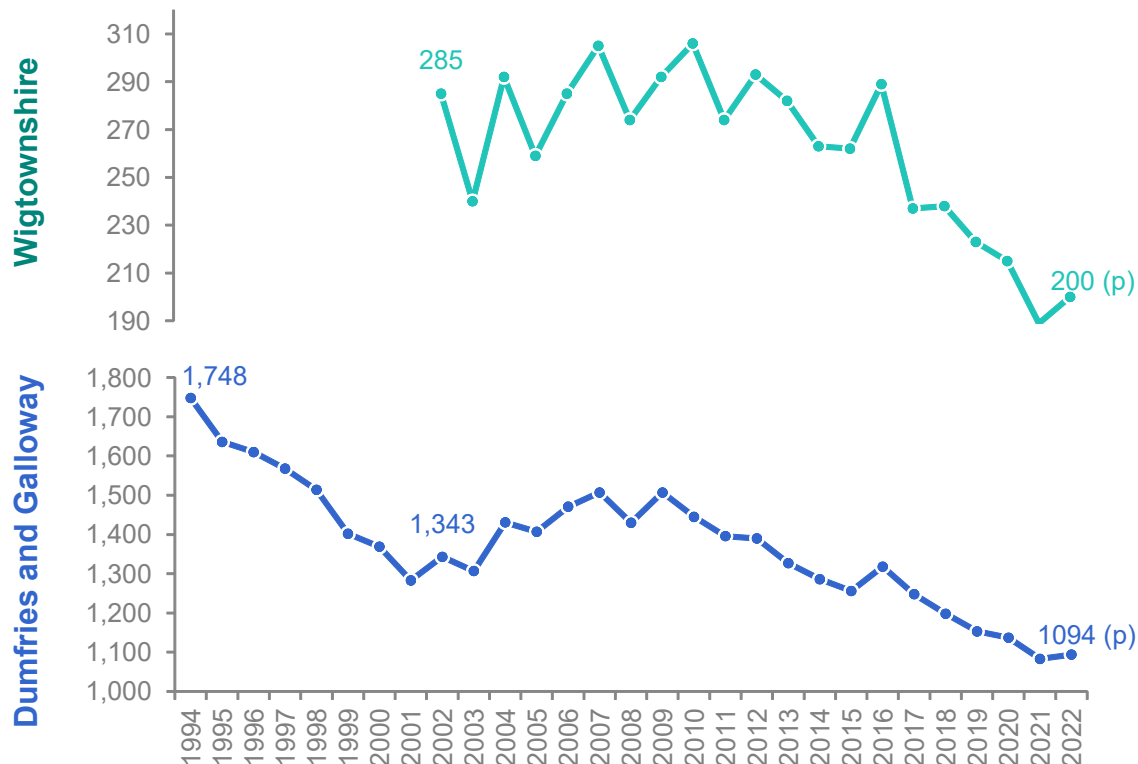
The large decrease in 2021 is possibly linked to the impact of the COVID-19 pandemic and the economic uncertainty that people faced.

The proportion of women of childbearing age, having babies each year has decreased in Wigtownshire from 9 in every 1,000 women in 2008, to 7 in every 1,000 women in 2021. This is similar to Dumfries and Galloway. However, the number of women of child bearing age has decreased faster in Wigtownshire over this time compared to the rest of the region. This means that the number of births has decreased faster in Wigtownshire compared to the number across Dumfries and Galloway as a whole.

Recent population forecasts suggest that the number of women of child bearing age may now stay at the same level in Wigtownshire. NRS published that there were 4,100 women of child bearing age in 2021. Local modelling suggests that in 20 years time, 2041, there will be just over 4,100 women.

## Number of Births

Number of live births each year for Wigtownshire, and Dumfries and Galloway



Source: National Records Scotland

Wigtownshire had a rate of 29 teenage pregnancies for every 1,000 of this population (15 to 19 years old) between 2018 and 2020. This is higher than the rate for Scotland but both rates have been in decline. This means there are just under 20 pregnancies each year.

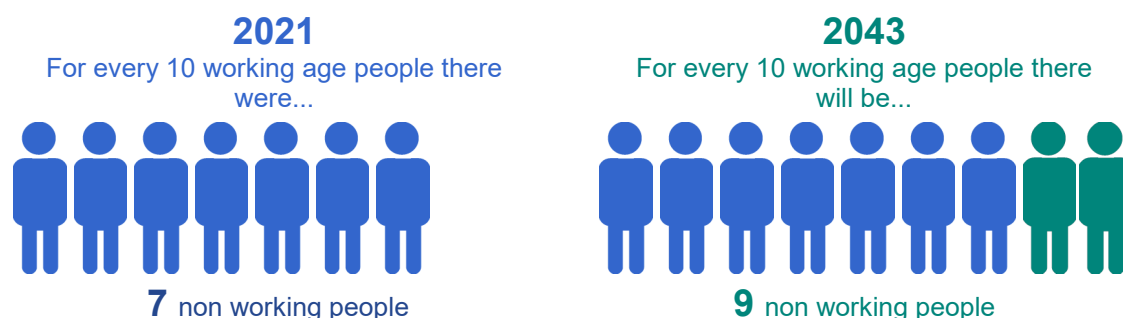
Dumfries and Galloway has a greater proportion of older adults and a median age of 49.6 years compared to Scotland where the median age is 42 years. The population is aging and it is expected that the proportion of older adults will grow over time with the number of younger people decreasing.

Currently for every 10 people of working age there are 7 children or older adults. Population projections published by NRS in 2018 predict that by 2043 the number of working age people living in Dumfries and Galloway will decrease by 13% and the number of people aged 75 and over will increase by 58%. This means that in 2043, for every 10 people of working age there will be 9 children or older adults.

This shift in the balance of people from different age groups will substantially impact the local economy with fewer people having less time to work in health and social care services, including maternity services, or provide unpaid care for family, friends and neighbours. To meet this challenge health and social care providers will need to find new, innovative ways of meeting people's needs.

## Dependency Ratio

The number of children and older people compared to the number of working age people in Dumfries and Galloway



Source: National Records Scotland

## 2.2 Equality and diversity

Age and pregnancy, alongside sex, sexuality, gender identity, marital status, race, religion and disability are the 9 protected characteristics identified in Scottish equality legislation. It is important that all protected characteristics are taken into account when planning services for the future.

There is currently limited data collected that can be used to estimate the number of people who are lesbian, gay, bisexual or transgender (LGBT). The LGBT campaign group, Stonewall, suggests that between 5% and 7% of the UK population are LGBT. This would suggest that there are an estimated 7,500 LGBT adults living in Dumfries and Galloway and around 1,400 LGBT adults living in Wigtownshire.

Scotland's Census (2011) did not ask about same sex parents. The Office for National Statistics (ONS) reported that "in 2019 there were 212,000 same sex families in the UK, having increased by 40% since 2015". If this rate is applied equally to the population of Wigtownshire, it would suggest that there are fewer than 90 same sex families in Wigtownshire.

The 'Further Out, The Scottish LGBT Rural Equality Report' highlighted that some same sex and LGBT families are experiencing loneliness and isolation:

“One participant, living in Dumfries and Galloway, shared that she feels completely disconnected from any online networks and that she feels very isolated. She is a single parent who works full time, and states that she 'doesn't have time to think about herself which is isolating in itself'.

”

Further Out, The Scottish LGBT Rural Equality Report

There is limited data on the number of people who are transgender. The UK government estimates 0.5% of people may be transgender. If this estimate is accurate, this would suggest there are about 750 transgender people living in Dumfries and Galloway and around 140 in Wigtownshire.

It is estimated that there are 64,760 people who are married or in a civil partnership living in Dumfries and Galloway, of these 12,200 people live in Wigtownshire.

The 2011 census identified that 6% of all households in both Wigtownshire and across Dumfries and Galloway were lone parent households with dependent children. In 2021, across Dumfries and Galloway, 13% of births were registered to one parent or to 2 parents at different addresses. This suggests that an estimated 25 babies each year are born to single parents living in Wigtownshire.

The 2011 census identified that 48% of women in Wigtownshire, aged 16 to 34 had no or low qualifications. This was higher than the proportion for Dumfries and Galloway at 43%.

Across Wigtownshire, 8 out of every 10 people (80%) in Scotland's Census 2011 identified as white Scottish. A further 16% identified as 'white, other British' whilst 0.7% of people identified as being from a black or minority ethnic background. This is similar to the proportion across Dumfries and Galloway as a whole.

The Census also highlighted that just over 1,500 people living in Dumfries and Galloway report having some trouble speaking English. Of these, just over 350 were living in Wigtownshire. Recently there has been anecdotal evidence that the population of Dumfries and Galloway is becoming more diverse. The results from Scotland's Census 2022 will provide more information about this.

Over the last 50 years there have been some large shifts in how people describe their religious identity. For example between the 2001 and 2011 Census periods the number of people in Dumfries and Galloway identifying themselves as Church of Scotland dropped by over 16,000 people whilst the number of people who identified as no religion increased by 16,000 people. During the same period the number of people who identified as Muslim doubled from 204 to 406 people. There are no good sources of data available that describe the current religious make up of Dumfries and Galloway's population until the Census 2022 is published.

There are limited sources of information that help us understand how many people are living with a disability. Although many people do, not all people living with a disability need support from health and social services. Across Dumfries and Galloway, according to the Scotland's Census 2011 (people may be in more than one group):

- Just over 12,000 people reported having a physical disability
- Just over 700 people identified as having a learning disability
- 12,000 people reported being deaf or having partial hearing loss
- Just over 4,000 people reported being blind or having partial sight loss

## Equality and diversity in Wigtownshire

The 9 protected characteristics and people who provide unpaid care and support



## 3. Health and wellbeing

When planning maternity services it is important to consider people's health and wellbeing in 3 ways:

- The health and wellbeing of women of child bearing age in the wider population
- The health and wellbeing of women who are pregnant
- The health and wellbeing of the baby

### 3.1 The health and wellbeing of women of child bearing age

The Scottish Health Survey last reported in 2021. It provides results for women by age group at Scotland level. This is not available at a Dumfries and Galloway level. However, it is likely that these results would be similar locally. For women of child bearing age living across Scotland, the survey reported that:

- Approximately 8 out of 10 women were more likely to rate their health as good or very good.
- Feelings of mental wellbeing were at their lowest amongst women of child bearing age with women aged 16 to 24 years reporting the lowest level of mental wellbeing.
- 28% of 16 to 24 year old women, 42% of 25 to 34 year old women and 45% of 35 to 44 year old women were living with 1 or more long term conditions. These figures include conditions that do not limit daily life as well as those that do, both of which may make care during pregnancy more complicated.
- Approximately 1 in 10 women aged 25 to 44 reported having cardiovascular disease. This included women with high blood pressure. Only 1 in 50 women in this age group reported having diabetes which was not related to pregnancy.
- 11% of women aged 16 to 24 years, 29% of women aged 25 to 34 years and 36% of women aged 35 to 44 years were living with obesity or morbid obesity.

### 3.2 The health and wellbeing of women who are pregnant

Person centred maternity care is focused on the needs of a mother and her baby at all times during a pregnancy. These needs can change throughout a pregnancy. Some pregnancies are identified as high risk. Some factors that are known to increase the risk of complications during pregnancy, include:

- some health conditions that exist before pregnancy or are new during a pregnancy
- general health before and during pregnancy
- family history of some health conditions
- lifestyle and social factors before and during pregnancy
- experience of difficulties during a previous pregnancy
- multiple pregnancies (twins, triplets)

Some of these risk factors might be present at the start of pregnancy and will not change, others can occur during a pregnancy or change in nature.

Throughout antenatal care midwives continue to review the potential risks and changing needs of pregnant women. This information helps clinical teams and pregnant women to make the best decisions about the care and support that is needed.

When this ongoing needs assessment identifies the presence of risk factors, other health and social care professionals might be involved in supporting a women through her antenatal and postnatal care.

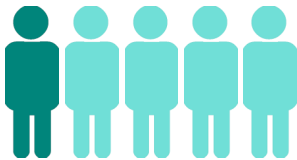
### 3.2.1 Health Conditions

Most long term conditions that are routinely tracked across a population are associated with older adults (people aged 65 and older). Data from Public Health Scotland suggests that 1 in 20 women aged 15 to 44 in Wigtownshire have 1 or more of these long term conditions. Pregnant women, because of their younger age, are more likely to experience different types of health conditions.

Research carried out across the UK in 2018 identified a list of health conditions that pregnant women most often have ([here](#)). The research showed that approximately 1 in 5 of women had 2 or more of these health conditions in the year before their pregnancy. If this is applied to the population of Wigtownshire, around 40 pregnant women have 2 or more health conditions. 70% of women with an existing health condition are also likely to have a mental health condition.

Pregnant women can sometimes find that their health conditions worsen as their pregnancy continues. This can make managing both pregnancy and health conditions more complex. Pregnant women may need to attend multiple appointments with different services and take multiple medicines alongside their pregnancy. Women who become pregnant at an older age are more likely to have multiple active health conditions.

#### Health conditions



Approximately **1 in 5** women had **2 or more health conditions** in the year before their pregnancy. This is equivalent to 40 pregnant women from Wigtownshire each year.

Source: BMC Pregnancy Childbirth (Ing Lee, Si et al)

### 3.2.2 Gestational Diabetes

Gestational diabetes is when a woman experiences sustained high blood sugar levels as a consequence of being pregnant. This health condition usually disappears after giving birth. Gestational diabetes can cause problems for the mother and baby during pregnancy and after birth. In 2022 across Dumfries and Galloway, there were 47 pregnant women (4%) who were diagnosed with gestational diabetes.

### 3.2.3 Pre-eclampsia

Pre-eclampsia is a condition that you only get during pregnancy. Most of the time it's mild but for some women it can be dangerous for them and their baby.

It happens in about 1 in 10 pregnancies, and is statistically more likely in your first pregnancy or if you have had more than 10 years between pregnancies. In Wigtownshire, it is estimated that 20 pregnancies will involve pre-eclampsia each year.

Women who develop pre-eclampsia in pregnancy have an increased risk of high blood pressure, stroke or heart disease in later life. Symptoms of pre-eclampsia can include:

- high blood pressure in the middle or towards the end of pregnancy
- a baby that isn't growing well

### 3.2.4 Body Mass Index

The body mass index (BMI) is a tool used to help identify people who may be at risk due to their weight. A BMI of 30 or above is an indicator of obesity. Being underweight, overweight or obese at the start of their pregnancy can increase the risk of serious complications for mothers and babies, and increase the chances of needing help with an assisted birth or caesarean section.

Analysis by Public Health Scotland (PHS) ([here](#)) has identified an increase in the BMI of pregnant women. This has been linked to people's experience of deprivation and increasing maternal age.

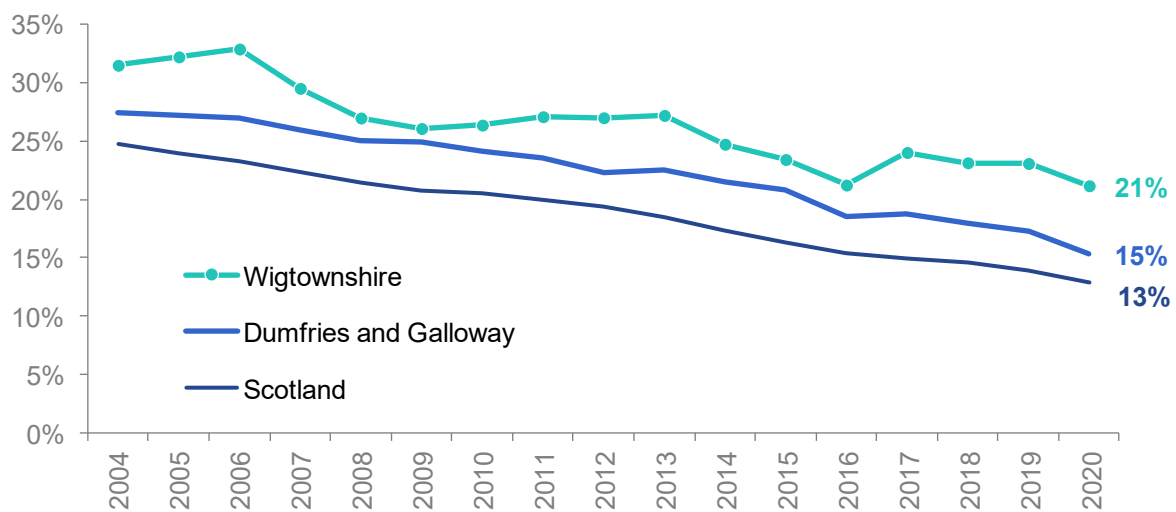


In Dumfries and Galloway, the BMI of pregnant women has been increasing slowly over time. In 2010/11, 23% were overweight and 20% were obese. By 2021/22 these figures had risen to 30% of women being overweight and 30% being obese.

Approximately 6 in 10 pregnant women in Dumfries and Galloway were overweight or obese at the time of their antenatal booking in 2021/22. 3 in 10 had a BMI of 30 or over. This is similar to the average across Scotland.

### Smoking during pregnancy

Percentage of women who were recorded as current smokers at the antenatal booking appointment (3 year rolling average)



Source: Public Health Scotland, Scottish Public Health Observatory (ScotPHO)

#### 3.2.5 Smoking during pregnancy

The smoking status of pregnant women is recorded at their first antenatal booking appointment. In Wigtownshire, 21% of pregnant women were recorded as current smokers in 2020. This is higher than the rate for Dumfries and Galloway as a whole (15%) and higher than Scotland (13%).

#### 3.2.6 Sexually transmitted infections

Some sexually transmitted infections (STIs) can affect fertility, making it more difficult to become pregnant. National figures (PHS) indicate that the number of people with STIs is increasing over time. Women can have STIs during pregnancy. Some infections can affect the health of, or be passed on to the baby.

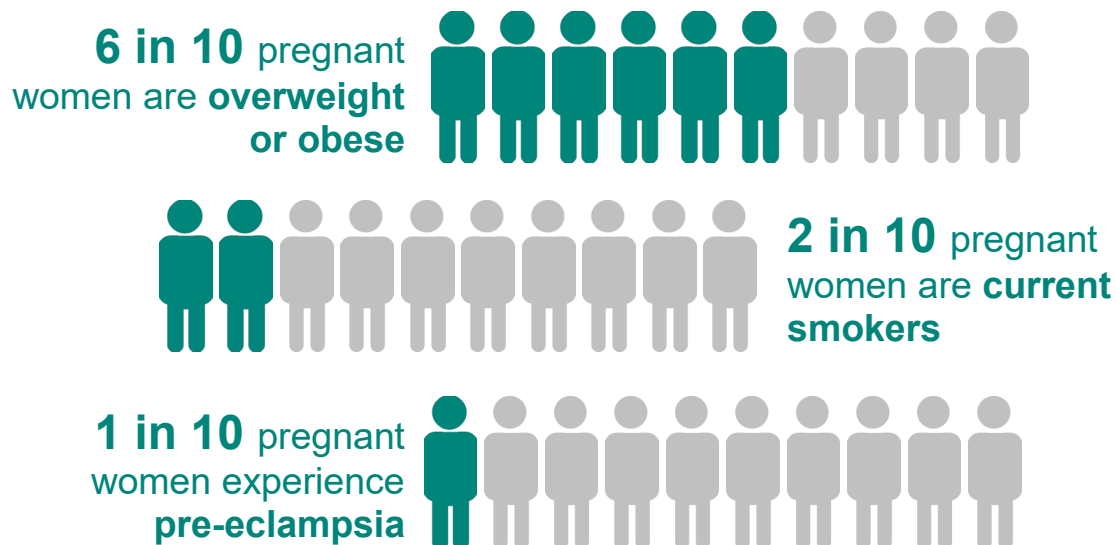
Tests to check for STIs are offered at the first antenatal clinic. Advice and support is available at all stages of pregnancy from community midwives, sexual health services, GP practice and at the Oak Tree Family Centre. Pregnant women can receive treatment for most STIs, however some treatments may not be suitable during pregnancy.

#### 3.2.7 Drug misuse during pregnancy

Across Dumfries and Galloway between 2017/18 and 2019/20 there were 42 pregnancies where the mother was recorded as experiencing issues with drug misuse. This is an average of 14 pregnancies each year. The latest figures show that as a proportion of the population, the number of pregnancies involving drug misuse was lower than the rate across Scotland.

There is limited information on alcohol use in pregnancy for women in Dumfries and Galloway.

## Health and wellbeing during pregnancy



Source: Public Health Scotland, Scottish Public Health Observatory (ScotPHO)

### 3.3 The health and wellbeing of the baby

#### 3.3.1 Congenital conditions

Congenital conditions develop before a baby is born and include conditions such as Down's syndrome, Patau's syndrome and Edward's syndrome. Around 2% of births are affected by major congenital conditions. If this rate is applied to pregnancies for women from Wigtownshire it is estimated that there will be 5 births each year affected by congenital conditions.

The 3 most frequently reported congenital conditions across Scotland in 2020 were congenital heart defects, genetic conditions and limb conditions.

Data from the Congenital Conditions and Rare Diseases Registration and Information Services for Scotland (CARDRISS) reported by Public Health Scotland shows that:

- The risk of congenital conditions increases with pregnant women's age, especially for babies born to mothers 35 years and older
- The risk of congenital conditions due to risk factors other than genetics were highest amongst babies born to mothers living in the most deprived areas
- The risk of congenital conditions due to genetic risk factors were highest amongst babies born to mothers living in the least deprived areas
- Babies from multiple pregnancies (twins, triplets) were at higher risk of congenital conditions than single pregnancies

Antenatal tests and screening are available to all pregnant women and can play a key role in diagnosing some congenital conditions before a baby is born. Early diagnosis can help to support the appropriate planning for a birth and care after this and in some instances the decision whether or not to continue with a pregnancy.

### 3.3.2 Premature births

A pregnancy normally lasts for 40 weeks. Babies born more than 3 weeks before they are due are considered to be premature. They have not had enough time to grow and develop. This means that they are likely to be smaller than a baby born when it is expected (after 37 weeks). They can also have health issues that mean they need more specialist care.

Babies born very early (before 27 weeks) will need to be cared for in a neonatal intensive care unit. Babies born after 27 weeks may still have health issues that mean they need more specialist care.

It is not always clear why a baby is born early but some risk factors are:

- carrying a multiple pregnancy (twins, triplets)
- having health conditions like pre-eclampsia or infections during pregnancy
- coming from a deprived community
- being under 20 years old or being over 40 years old
- smoking, alcohol or drug misuse during pregnancy
- being under or over weight
- having a previous premature delivery

The percentage of babies born early in Dumfries and Galloway has remained between 5% and 7% for more than 25 years. This is similar to the pattern for Scotland as a whole. In 2021/22, 64 (6%) babies in Dumfries and Galloway were born prematurely. Of these:

- 75% were born between 32 and 36 weeks
- 25% were born very early, before 32 weeks

Babies born too soon often stay in hospital until the date that they were due. For some babies this can be a period of weeks or even months.

### 3.3.3 Perinatal deaths

Deaths that happen around birth are rare. Combining stillbirths and deaths in the first week of life (perinatal deaths), Dumfries and Galloway had less than 10 perinatal deaths in 2021. This is in line with the rest of Scotland.

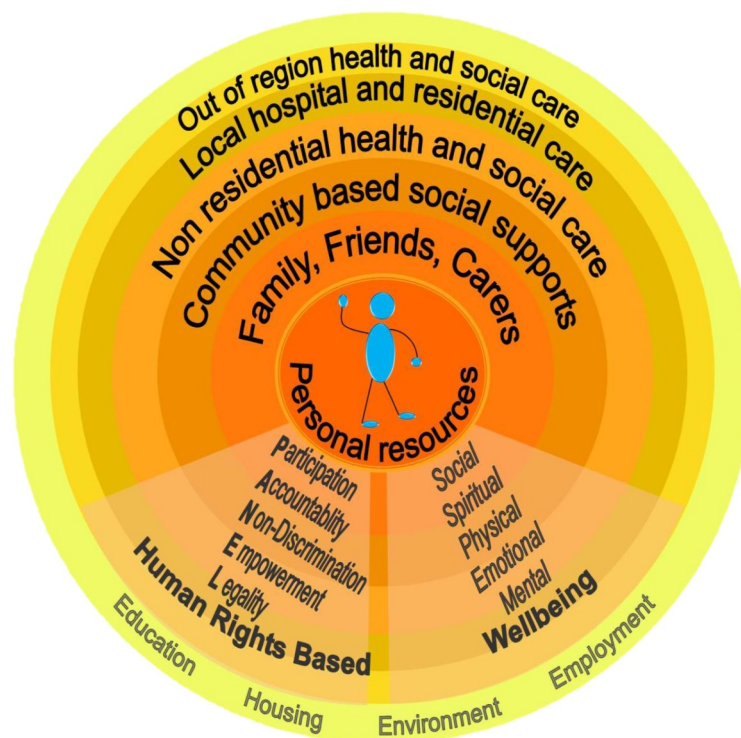
When a perinatal death does occur, maternity services carry out an in depth, multidisciplinary review to ensure that any lessons to be learned are acted on. Families that experience a perinatal death are offered care and support.

## 4. Existing Maternity Services

### 4.1 The Model of Care

Dumfries and Galloway Integration Joint Board's Strategic Commissioning Plan 2022-2025 ([here](#)) sets out the Model of Health and Social Care and Support (Model of Care). It is based on the World Health Organisation's Conceptual Framework for person centred and integrated health services (2015).

The model shows circles of health and social care and support (care and support) that people may access as they need them, to achieve their chosen outcomes as partners in their own care.



A pregnant woman has access to support from services, across the Model of Care, at each stage of the pregnancy

- antenatal (before birth)
- during birth
- postnatal (after birth)

## Definitions

Here are some common terms we use when describing services and what they mean:

**Consultant led care** provides care for women who have a pregnancy that is:

- high risk for either mother or baby,
- requires a higher level of care, or
- requires alternative options for delivery including caesarean section or epidural pain relief.

This will normally be provided in a major hospital such as DGRI.

**Community led care** is provided by midwives. This includes antenatal, birthing and postnatal care for women whose pregnancy is considered low risk. There are no specialist consultants present. Midwives may provide antenatal and postnatal care at home, in a GP practice, or in another community setting.

The **Oak Tree Family Centre** has delivered an enhanced level of antenatal and postnatal care, including both high risk consultant led care and low risk community led care, with the ability to provide scheduled ultrasound scans since it opened in Stranraer in 2020. It does not provide a birthing service.

The **Clenoch Birthing Centre** in Galloway Community Hospital in Stranraer used to provide a low risk birthing service. If there were complications, women would be transferred to the consultant led unit in DGRI, normally by ambulance. However, staffing pressures, including significant challenges around recruitment, forced the suspension of the birthing service in 2018.

## 4.2 Antenatal services

### 4.2.1 Primary care

The first point of contact with the health service for pregnant woman is usually with their GP practice. Referrals from GP practices are the most common route of referral into the antenatal services. Pregnant women are encouraged to contact their GP practice as early as possible to arrange their antenatal booking.

The GP practice will continue to provide general healthcare, treat minor illness and management of any existing health conditions throughout a woman's pregnancy. There are 9 GP practices across Wigtownshire, operating out of 12 sites across Wigtownshire.

After having a baby, women are encouraged to book an appointment for a 6 week check-up with their GP practice. Some contraception and family planning services can be provided by primary care.

## GP practices in Wigtownshire

### Stranraer Waverly Medical Centre

- Lochree Practice
- Lochinch Practice
- Lochnaw Practice

### Glenluce Surgery, Glenluce

### Newton Stewart Health Centre

- Cairnsmore Medical Practice
- Galloway Hills Medical Group

### Mull of Galloway Practice, Drumore

### Sandhead Surgery, Sandhead

### Galloway Hills Medical Group Kirkcowan Surgery

### Galloway Hills Medical Group Wigtown Surgery

### Southern Machars Practice, Port William

### Southern Machars Practice, Whithorn

#### 4.2.2 Community midwives

On referral, pregnant women are assigned a named midwife who will be responsible for their care. Community midwives provide the majority of pregnancy care to women and can refer to other services if required.

The Scottish Government's Best Start Framework ([here](#)) sets out how midwifery services support women during their pregnancy. This includes the Continuity of Carer approach where pregnant women are supported by the same primary midwife during their pregnancy. Community midwife care aims to:

- support the ongoing health of the mother
- check that the baby is as healthy as possible throughout the pregnancy
- discuss and plan options for antenatal screening tests, labour and birth

The Best Start mentions:

“Every woman will have continuity of carer from a primary midwife who will provide the majority of their antenatal, intrapartum and postnatal care...”

Best start recommends that midwives should have a caseload of around 35 women at any one time. A recent audit showed that the current caseload size for midwives in Wigtownshire was on average 30 women. For individual midwives, this ranged between 25 and 33 women. By comparison, the caseload for midwives supporting women in the east of Dumfries and Galloway was between 35 and 45 women, an average of 41 women for each midwife.

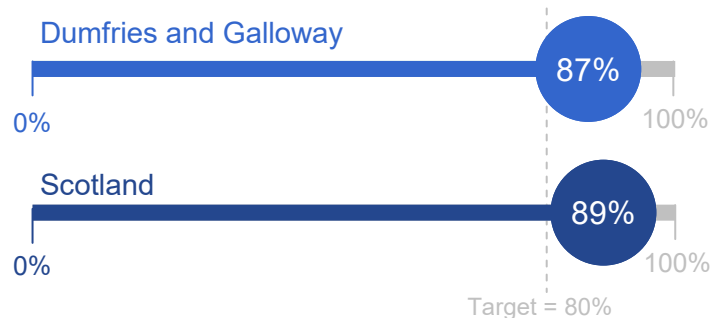
Typically, pregnant women have 10 community midwife appointments during their first pregnancy and 7 appointments during any subsequent pregnancies. The first of these appointments is the antenatal booking appointment. It usually takes place between 8 and 12 weeks of pregnancy, and ideally before week 10. There is evidence that the women who do not access antenatal care early are at risk of poorer pregnancy outcomes.

There are around 1,200 booking appointments each year in Dumfries and Galloway and over 200 in Wigtownshire. In 2022, across Dumfries and Galloway, overall, 89% of booking appointments were made within the first 12 weeks of pregnancy. The diagram below shows the lowest percentage of pregnant women in any of the SIMD quintile that booked for antenatal care by the 12th week of gestation, comparing Dumfries and Galloway to Scotland during 2022.

The Scottish Index of Multiple Deprivation (SIMD) is a tool used by the Scottish Government to identify deprived communities across Scotland.

#### Antenatal booking in deprived communities

Percentage of pregnant women in any of the SIMD quintiles booked for antenatal care by the 12th week of gestation, 2022



Source: Public Health Scotland

Community midwives lead NHS antenatal classes. These are person centred and can be done in person or by video link, depending on the parents' needs. Face to face classes in Wigtownshire are located at the Oak Tree Family Centre and Newton Stewart Health Centre.

#### 4.2.3 Sonography

Pregnant women in Wigtownshire attend the Oak Tree Family Centre in Stranraer for all types of maternity scans:

- booking scans
- nuchal translucency scans
- detailed scans
- consultant led scans

The Oak Tree Family Centre can provide up to 25 scan slots each week. The availability of scan appointments is based on demand with women being offered 2 routine scans as a minimum during their pregnancy.

Booking scans, which may include nuchal translucency scans, should be done when a woman is between 11 and 14 weeks pregnant.

Detailed anomaly scans are done when a women is between 18 and 21 weeks pregnant.

These scans should take place within a specified, short timeframe and will take priority over any other appointments. Pregnant women living in Stewartry, Nithsdale, and Annandale and Eskdale have their scans in Dumfries and Galloway Royal Infirmary.

Consultant led scan clinics are held once a week. At these, the consultant travels to the Oak Tree Family Centre twice a month and is available through video consultation at all other clinics.

#### 4.2.4 Screening

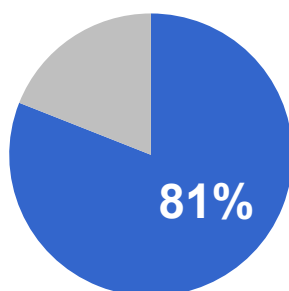
Pregnant women are offered screening tests for Down's syndrome, Edwards' syndrome and Patau's syndrome between 11 and 14 weeks of pregnancy. This is to assess the chances of having a baby with one of these conditions. Women can choose which conditions they wish to have screening tests for. They can also opt not to have any screening tests. Screening for Edward's syndrome and Patau's syndrome can only be done in the first trimester of a pregnancy.

If screening suggests a higher risk of a baby having one of these conditions women are offered further testing that helps to give a more accurate picture of how likely this is.

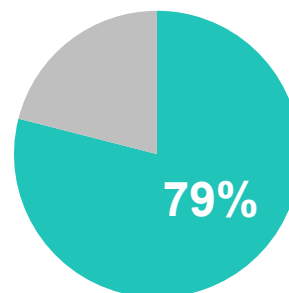
### Pregnancy screening

Percentage of pregnant women who chose to have screening tests in 2022

Down's syndrome



Edwards's syndrome and Patau's syndrome



Source: NHS Dumfries and Galloway

#### 4.2.5 Miscarriages

For women who know they are pregnant, it is estimated that 1 in 8 pregnancies will end in miscarriage. This would be just under 30 women in Wigtownshire each year. The total number is likely to be higher as miscarriages can happen before a woman knows they are pregnant.

The Early Pregnancy Assessment service is a region wide service that provides person centred support to women experiencing problems in early pregnancy including miscarriage. This is a team of nurses and midwives based at Dumfries and Galloway Royal Infirmary (DGRI) and are available weekdays 9am to 5pm. Women experiencing a miscarriage can be referred by their GP practice or midwife, or they can contact the service directly.

Out of Hours support is provided by the gynaecology team meaning there is 24 hour support available across the region for women experiencing miscarriage.

In line with the national bereavement care pathway, the Early Pregnancy Assessment service provides women who have experienced a miscarriage with wellbeing support. This can include phone calls, providing information, or linking people to bereavement charities and organisations.

#### 4.2.6 Termination of pregnancy

For women living in Wigtownshire who have decided not to continue with their pregnancy, support, advice and access to medical care is available through their GP practice and the Oak Tree Family Centre.

An initial assessment can be done in person, over the telephone or using video consultation. Depending on the stage of pregnancy, a termination may be medical or surgical. For a medical termination, women can attend the Oak Tree Family Centre. If surgical treatment or an inpatient stay is needed, women will attend DGRI.

In 2022 there were 288 terminations across Dumfries and Galloway. The number of terminations has increased each year since 2019 when there were 254 terminations.

24 hour clinical support is provided by the gynaecology team. Women are also given information about local and national support charities and organisations, or can contact their GP practice. Since March 2023, specialist perinatal psychology support has been made available.

#### 4.2.7 Fertility Services

NHS Dumfries and Galloway provide local fertility assessment at DGRI for both parents. The service links with the West of Scotland Assisted Conception Service and Glasgow Royal Infirmary

### 4.3 Birth

Women in Dumfries and Galloway can choose whether they would like to have their baby at home or in hospital. Local data for 2018 and 2019 shows that typically there are 10 home births each year (less than 1% of all births). The home birth service was suspended nationally in 2020 due to the COVID-19 pandemic. It was restarted across Dumfries and Galloway in August 2022. Sometimes a woman will need to go to hospital because of possible complications.

Births can also happen before a woman arrives in hospital (for example, at home unplanned or while travelling to the hospital). Across Dumfries and Galloway, there are typically 10 babies born before arriving in hospital each year (less than 1% of all births). These occur across the region.

Data from the same time period suggests that, typically, each year there would be:

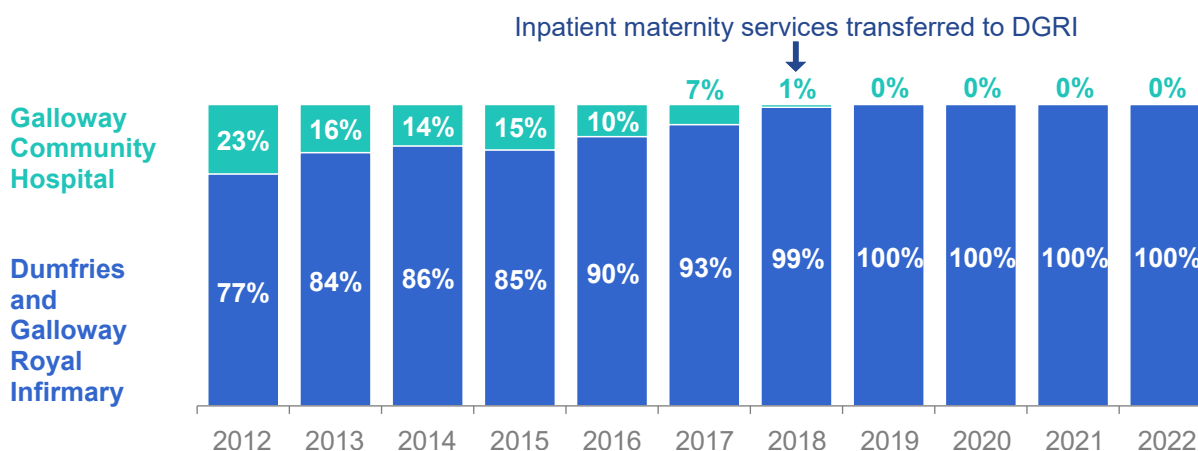
- 740 births without instrumental intervention (spontaneous cephalic and breech)
- 135 births requiring instrumental intervention (forceps and ventous)
- 305 births by caesarean section (emergency and planned)

The data also suggested that there would typically be 480 women having inductions.



## Hospital admissions for pregnant women from Wigtownshire

Proportion of pregnant women from Wigtownshire admitted to a maternity unit (for all reasons) during their pregnancy by the hospital they were admitted to, and by year.



Source: NHS Dumfries and Galloway

### 4.3.1 Hospital Care

Women can be admitted to the maternity unit in hospital at any point during their pregnancy for treatment of health conditions. However, most women are only admitted when they are about to give birth. The following numbers include all admissions to the maternity unit.

Until 2018, women in Wigtownshire going into hospital to have their baby, depending on the outcome of a risk assessment, had the option of being admitted to the midwife led Clenoch ward in Galloway Community Hospital in Stranraer, or the maternity unit at Dumfries and Galloway Royal Infirmary (DGRI) in Dumfries. In 2018 all inpatient maternity services were transferred to DGRI.

From 2012 to 2018 the majority of women from Wigtownshire admitted to a maternity ward, were admitted to DGRI rather than Galloway Community Hospital.

An audit of maternity admission records between 2020 and 2022, identified that women from Wigtownshire giving birth in hospital were likely to stay in hospital the same length of time as women from elsewhere in the region. 50% of women from Wigtownshire were discharged within 36 hours. 9 out of 10 women from Wigtownshire were home within 5 days.

## Length of stay in a maternity unit

The average length of stay women spend in a maternity unit when they are giving birth

Women from...	Length of stay	
	Median	Majority (90th centile)
Wigtownshire	36 hours	4.4 days
Stewartry, Nithsdale, and Annandale and Eskdale	43 hours	4.8 days

Source: NHS Dumfries and Galloway

### 4.3.2 Neonatal Care

Babies that are born early or are very unwell when they are born might need extra care in a neonatal unit. Some of this can be delivered in the neonatal unit at Dumfries and Galloway Royal Infirmary. Babies that need the highest level of care are transferred to an appropriate neonatal intensive care unit by the dedicated neonatal transport team.

Some women from Dumfries and Galloway may give birth to their baby in one of the specialist units in Glasgow or Edinburgh so that their baby can go directly to neonatal intensive care. When the higher level of neonatal intensive care is no longer needed, babies can be moved to the neonatal unit in DGRI to be closer to their family. In 2020/21, around 1 in 10 babies born to parents from Dumfries and Galloway needed some of their care in a neonatal unit (any level).

While some babies will only need neonatal care for a short time, others may need this for longer. Babies born prematurely may stay in hospital for many weeks before they are ready to join their family at home. Parents are supported and encouraged to be involved in their baby's care and daily routine during their stay in the neonatal unit.

This can be a difficult time for new parents, especially when a baby needs to stay in hospital for a long period of time. The Young Patient's Family Fund ([here](#)) is a Scottish Government support scheme to help the parents and Carers of children under 18 who need to stay in hospital.

Support is provided by staff in the neonatal unit and charitable organisations like Bliss Scotland.

### 4.3.3 Breastfeeding

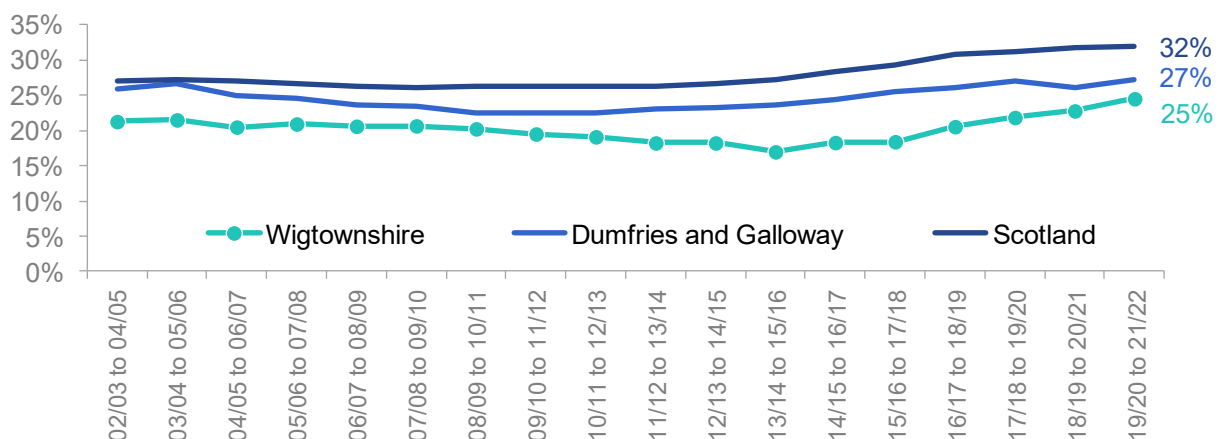
Breastfeeding has benefits for both baby and mother. It can help to protect babies from infections and disease, a benefit that can go beyond the early stages of life and into adulthood. Breastfeeding can also reduce a woman's risk of some cancers, osteoporosis, cardiovascular disease and obesity. It is recommended that nothing but breast milk is given for the first 6 months of a baby's life however, it is recognised that any amount of breastfeeding has a positive effect.

Across Dumfries and Galloway the percentage of babies who are exclusively breastfed at their 6 to 8 week health visitor review has been consistently lower than the Scotland average for a number of years. In the 3 year period 2019/20 to 2021/22 27% of babies in Dumfries and Galloway were exclusively breastfed at their 6 to 8 week review in comparison with 32% across Scotland.

In Wigtownshire in 2021/22, one quarter of babies were exclusively breastfed at their 6 to 8 week review. This figure has been increasing in recent years and is now at the highest level since 2002/03.

## Breastfeeding

Proportion of babies exclusively breastfed at their 6 to 8 week review



Source: Public Health Scotland, Scottish Public Health Observatory (ScotPHO)

## 4.4 Postnatal care

### 4.4.1 Health visitors

Postnatal care is provided by community midwives until the mother and the midwife agree that they are ready for their care to be handed over to a health visitor.

Health visitors play a vital role in supporting families in the first years of a child's life. Visits by the Health Visitor are opportunities to monitor the development of the baby as they grow. This enables early intervention, or additional support, for any concerns about the child or the family.

New parents receive their first health visitor visit around 11 to 14 days after their baby is born. Across Dumfries and Galloway, in 2021/22, 97% of babies had this important first visit recorded. A second routine visit takes place when a baby is 6 to 8 weeks old. The percentage of babies with this visit recorded in 2021/22 was lower, at 88%. In the previous 5 years more than 90% of visits at this stage were recorded.

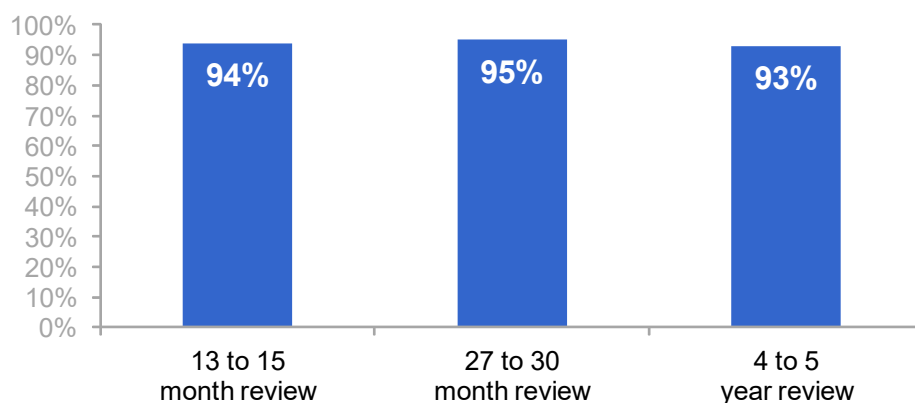
There are 10 visits including 3 reviews, in the standard Universal Health Visiting Pathway during the first 4 to 5 years of a child's life. Health visitors carry out reviews when the child is aged:

- 12 to 15 months
- 27 to 30 months
- 4 to 5 years

In Wigtownshire, in 2021/22, more than 90% of these reviews were recorded at each stage. Some families may need additional support from Health Visitors.

### Health visitor reviews

Proportion of eligible children with reviews recorded at different ages, Dumfries and Galloway



Source: Public Health Scotland

### 4.4.2 Immunisation services

Babies and young children are particularly vulnerable to infection. A routine immunisation programme is offered to all babies at 8 weeks of age, 12 weeks, 16 weeks and 1 year to provide protection from infectious diseases.

Regular immunisation clinics are held in GP practices across Wigtownshire. Weekly clinics run in larger practices in Stranraer and Newton Stewart, and fortnightly clinics are held in rural practices. This ensures accessible and timely appointments for all babies and children. GP practices make appointments for babies, at the clinics at the appropriate time.

Uptake of routine immunisations is high with more than 93% of babies aged 12 months during 2022 having completed each of their primary immunisations.

Amongst children turning 24 months during 2022, uptake for the 13 to 24 months immunisations was over 95% for each immunisation.

#### 4.4.3 Newborn Screening

Newborn babies can have screening tests in the first days and weeks of life to detect potential health conditions related to hearing loss, genetic conditions or serious metabolic conditions. This can include:

- a physical examination (check-up)
- a blood spot test for genetic conditions and metabolic conditions at 5 days
- a hearing test before the baby leaves hospital or within 4 weeks of being born

Parents are able to choose which screening tests their baby has.

A doctor, midwife or a nurse will check newborn babies do not have problems with their heart, hips, testicles, skin, palate and eyes. These check ups are usually done just after the baby is born and again around 24 to 72 hours later. A second check of babies' hips takes place when they are about 8 weeks old. Babies that need follow up scans of their hips have these done at DGRI.

Screening tests can be done in hospital, at home or in the Oak Tree Family Centre by a community midwife. All community midwives in Wigtownshire have completed training to carry out the newborn physical examination.

#### 4.4.4 Community Support

Community support enables new mothers to get professional and peer support in a non clinical setting. There are a variety of different community support groups in Wigtownshire and the wider region. These groups include antenatal classes and post natal support. Often these groups can be found on social media platforms. Examples of groups which parents from Wigtownshire can access include:

- Lifelong Learning Dumfries and Galloway Council provides Antenatal Peep sessions and Peep parent and child sessions in Stranraer.
- NHS Breastfeeding Support Group (Stranraer and Wigtown) provides mothers with support from breastfeeding peer support coordinators.
- Home Start Wigtownshire is a local charity covering Rhins and Machars which recruits and trains volunteers to support families with young children in times of difficulty.
- Aberlour Dumfries and Galloway is an intensive family support service which provides help for children and families struggling with challenges including alcohol and drug use.
- SANDS is a charity support group for anyone affected by the death of a baby, before, during or shortly after birth.

#### 4.4.5 Sexual Health

The Scottish Government Women's Health Plan 2021 ([here](#)) emphasises the need for easily accessible postnatal contraception and information on the options available. Community midwives and GP practices are available to discuss contraception at any stage in a woman's pregnancy. When women are admitted to hospital for the birth of their baby, contraception is discussed before going home.

The specialist sexual health service that operates across Dumfries and Galloway provides an alternative source of care on aspects of pregnancy and contraception. This service operates weekly clinics in Stranraer and provides advice and support on all aspects of contraception, unplanned pregnancy, pregnancy testing and terminations.

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