

HEALTH NEWS



DELIVERING BETTER HEALTH FOR ALL THE COMMUNITY

MARCH/APRIL 2010

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A FOND FAREWELL

As The Queen Mother's Hospital closes a new era in maternity care begins ►

PRINT

THE QUEEN MOTHER'S HOSPITAL... FORTY SIX YEARS OF INNOVATION AND DEDICATION

Queen Mum's final delivery

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The Queen Mother, accompanied by Professor Ian Donald and Matron Miss Marr, wore a blue velvet coat over a matching satin dress for her opening visit.

AFTER 46 years of delivering babies and pioneering many innovations in maternity care, The Queen Mother's Hospital at Yorkhill closed its doors on 13th January 2010.

Over the years, more than 160,000 babies were delivered at The Queen Mother's, many of whom returned to the hospital to give birth to their own children.

As the last newborn babies were sent home with their proud parents, there was a lot of sadness amongst the hospital's staff.

But there's excitement too that maternity care in Glasgow will now be provided from two state-of-the-art modern hospitals offering the very best accommodation and access to the latest equipment and technology.

In this special commemorative edition of Health News, we look back at the proud history of The Queen Mother's Hospital and look forward to a new era in maternity care... where every mum-to-be in Greater Glasgow and Clyde will have the highest standards of care and facilities regardless of where they choose to deliver.

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THE QUEEN MOTHER'S HOSPITAL... FORTY SIX YEARS OF INNOVATION AND DEDICATION



The Queen Mother met some of the mothers during her opening visit.



The "Ladies Lounge" where patients could sit and chat before and after the big event.



The nurses' station was state-of-the-art in 1964.

Four-star 'holiday camp' that brought 160,000 of you into the world...

THE new Queen Mother's Hospital opened its doors on 11th January 1964.

One day later, the first baby, James Bryson McDonald Aiken Wright, was born.

James was the first of 4,767 births at the hospital that year alone and his role in the history of one of Glasgow's best loved hospitals was viewed with much pride by his family.

"I knew from the age of four or five that I had played a special role in the hospital's history," he explained. "We were given a silver quach when I was born and my gran kept it on display in a cabinet in her home from then on."

Construction work was still underway at the time as the hospital was being opened on a phased basis and his mum later told James that the painters had been in on the day he was born!

When it opened, The Queen Mother's Hospital was the most modern maternity hospital in Europe and was likened by one journalist to a "four-star holiday camp".

Covering four wings, it had 114 beds in a mixture of single rooms and four-bed units and key features included tables 'suitable for pregnant women', television and radio sets and ashtrays!

The outpatient department included a 'reception, facilities for dietetic instruction and Mothercraft Training Centre' and the diagnostic department included 'a sonar department for ultrasonic diagnosis' – a modest, unassuming description of the pioneering work being led at that time by Ian Donald into the development of obstetric ultrasound (for more on the work of Professor Ian Donald see page 10).

The staff were also well catered for in the new hospital. Amenities included two all-weather tennis courts built on Ferry Road, the ground for which was transferred to the NHS from the Corporation of Glasgow for a nominal sum of one pound.

The building work had all been completed by the time HRH The Queen Mother officially opened the hospital on 23rd September 1964.

Originally to be known as 'The Queen Mother Maternity Hospital', it was HRH The Queen Mother who personally suggested that a better name would be The Queen Mother's Hospital.

The close ties with HRH The Queen Mother would remain for many years after and would include special celebrations by staff and patients for her 90th birthday and centenary, for which QMH midwives received a special invitation to represent the hospital at the Horse Guards Parade on 18th July 2000.

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The hospital's first baby James Wright comes into the world in 1964.

Quality care ... from first baby to last!

Tiny Marcie MacLeod made history when she came into the world on Tuesday, January 12th, 2010 as the last baby to be born at The Queen Mother's Hospital.

Marcie, 7lbs 15ozs, was a very special delivery for mum Natalie Wilson (25), dad Garri MacLeod (24) and sister Morgan (5), from

Yoker. The family already had a strong bond with the Queen Mum's, because they had all been born at the hospital as well.

A tired but happy Natalie said: "It's obviously a special day for us anyway, but I'm very proud that Marcie has become part of the Queen Mum's history by being the

last baby to be born here."

On hand to seal Marcie's place in history was James Wright, the first baby born at the hospital exactly 46 years before.

He said: "It's sad that the hospital has shut but it will always be special to me because I was the first baby to be born there."



First baby James cradles last baby Marcie, and meets the family (above).

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HISTORY AND HIGHLIGHTS

1957 – Department of Health grants permission for 'erection of a Maternity Hospital adjacent to the Royal Hospital for Sick Children at Yorkhill'

1961 – Building work begins

11th January 1964 – First patients admitted as part of gradual, phased opening

13th July 1964 – Building work complete

23rd September 1964 – Official opening by HRH The Queen Mother

1988 – Midwife teachers from SGH join the QMH

1990 - Hospital celebrates 90th birthday of HRH The Queen Mother with special patient and staff menus

1991 – All midwifery teaching transferred to Eastern College of nursing and midwifery

1997 – Tower Suite opens

1999 – Hospital receives Baby Friendly Hospital Initiative breastfeeding award

2000 – Hospital celebrates The Queen Mother's centenary



2000 – Hospital launches Scotland's first breastfeeding workshop for Asian mothers

2002 – QMH introduces Scotland's first

four-dimensional 'real-time' ultrasound scanner

2003 – Ian Donald Fetal Medicine Unit opens

THE QUEEN MOTHER'S HOSPITAL... FORTY SIX YEARS OF INNOVATION AND DEDICATION

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A labour of love for dedicated midwives

Diane recalls the good old days... and the famous Matron Miss Marr

MATERNITY care today is significantly different from the Queen Mum's early days when Matron, Miss Marr, ran the show.

In the 1960s most babies were born at home. Only first-time mothers, those expecting twins and high-risk mothers were admitted to hospital, when they could expect to stay for up to two weeks.

Fathers were not allowed to participate in the birth and family and friends were limited to 20 minutes visiting time 'to avoid tiring patients'.

The hospital's midwives were based



Lead midwife Diane Paterson still loves her work.

at the Queen Mum's but many of them spent a lot of time in the community delivering babies at home.

The hospital was built to respond to "two pressing needs, a shortage of maternity beds and the academic requirement of teaching and research".

To address the latter, a midwife

training school was established within the new hospital, offering a one-year course of training to prepare nurses for their exam to qualify as a State Certified Midwife.

Residential accommodation for student midwives, medical students and doctors was also created in the

hospital's Tower Block. There was no question of mischief though, as Matron's flat was on the top floor!

The Peel Report of 1970 heralded a new era in maternity care. It called for all babies to be born in hospital to increase safety for both the baby and mother and from then, delivery in hospital became the norm.

NHSGGC lead midwife, Diane Paterson, enrolled as a student in The Queen Mother's Hospital in June 1977.

She recalled: "When I was training, the vast majority of babies were delivered in hospital and there were very few home births, maybe one a year.

"There were other differences too. The role of the midwife then was much less skilled than nowadays, with many aspects of midwifery care being provided by junior doctors.

"For instance, basic things like vaginal examinations and initial assessments were performed by doctors. Midwives were also not able

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Diane in her student uniform.



Nurses in the 70s relax in the lounge in their residence.

A labour of love for dedicated midwives

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to make an assessment as to whether a woman was in labour or able to return home and come back later.

"In the 1980s and 90s that all changed and midwives regained their skills and provided direct patient care."

Married and living in the west end of Glasgow, Diane fell pregnant with daughter Marion during her training - a situation which she recalls "really set the cat amongst the pigeons!"

She said: "I think I may have been the first student to have to take maternity leave and

remember going to see Miss Marr to let her know I was pregnant. I was very nervous as this was a time when midwifery was very hierarchical and the Matron was very remote from us students.

"But my worries were unfounded. When I told her my news, you'd have thought I was going to make her a gran!"

Once Marion was born in 1978, Diane returned and completed her studies. "I have very happy memories of the Midwifery School," she said. "It was excellent training on site at a busy maternity with more than 4000 deliveries per year.

"We were an international school with students

joining us from overseas. My year included two nuns from Ireland and nurses from Jamaica."

Amongst these happy times, there was one particularly sad event. Diane explained: "I experienced a maternal death whilst I was a student. Thankfully these events are very rare, but it was distressing for everyone and it never leaves you."

Diane qualified in 1978 after passing her written exam and a 'gruelling' panel interview at Rottenrow.

Such was her affection for the Queen Mum's that she only left when the hospital closed its doors earlier this year.

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Dorothy sees all the changes over 46 years!

Dorothy King from Bearsden was the Queen Mum's longest serving midwife. She started on January 11, 1964, the day the hospital opened to patients and retired on January 8, 2010.

She said: "There was a lot of excitement the day the hospital officially opened.

"I was part of the line-up who met the Queen Mum and was asked to say a few words to her. I can't remember what I said but I think she asked me if I enjoyed my job.

"In the late 60s maternity care was very different. We actually had a lot less births in hospitals as the majority of women had their babies in the home. I was based at the Queen Mum's but spent a lot of my time out and about doing home deliveries.

"The big difference, when I look back, is that the living conditions and general standard of public health are now much better. When I first started there were still outside toilets in most tenements and the conditions were dreadful. Survival rates for mothers and babies were much lower than today so the difference now is really amazing.

"People often ask me about a particular highlight of my career but actually the safe delivery of every baby is a highlight. Every happy healthy baby is a miracle – you never get tired that!

"I have five grandchildren and three were born at the Queen Mum's. We are all sad to see the Queen Mum's go, but the new facilities at the Southern General are excellent."

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20 babies were all in a day's work!

Star of our front cover Sister Deborah MacKinnon worked at the Queen Mum's for 29 years before it closed.

The remarkable picture was taken in 1994 to commemorate International Year of the Midwife and showed the results of just one day's activity at the maternity.

Setting up the shot was fairly 'labour-intensive' in itself ...as all 20 new-born babies had to be carefully name-tagged to make sure there were no mix-ups on the day!

Deborah, who was herself pregnant when the picture was taken, has seen a lot of changes in maternity care since starting at The Queen Mother's Hospital. She said: "Patient care is more patient orientated rather than task orientated now. The woman can pretty much dictate how she wants to have her baby whereas in the past she was always told what was happening.

"Medical advances have been huge since I started. We had the fetal medicine unit opening in 2003 and one of our consultants, Ian Donald, developed the first ultrasound scanner. One of the most special moments for me was a mother having her triplets in her room in the ward. Normally, triplets have to be delivered early and are incubated. We managed to get that lady to 35 weeks which is very unusual.

"The staff were what made the Queen Mum's special. We all worked as a team instead of in individual departments and all took part in research which has led to some good outcomes. It is wrench to leave."

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THE BABY PIONEERS

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PROFESSOR IAN DONALD - FATHER OF OBSTETRIC ULTRASOUND

UNDoubtedly the best known Queen Mum's medic was Professor Ian Donald, pioneer of obstetric ultrasound.

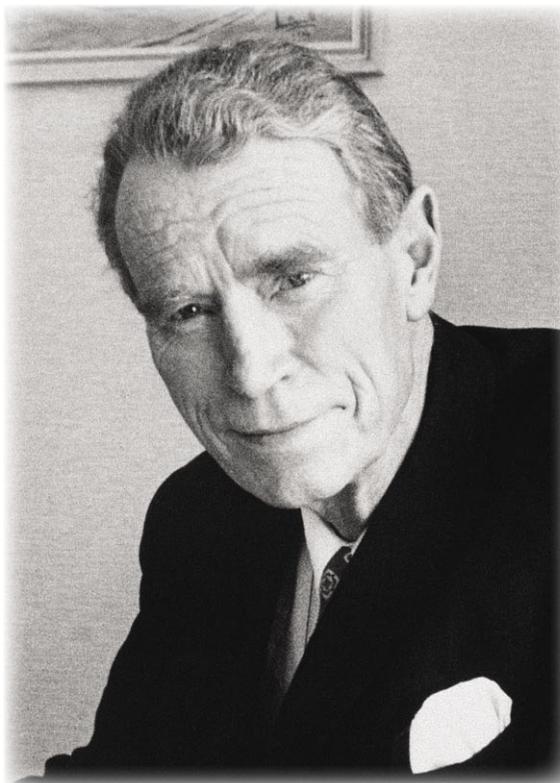
Born in Cornwall in 1910, Ian Donald came from a family of doctors. His family moved to South Africa where both his parents died, leaving a teenage Ian Donald with responsibility for his younger brother and sisters.

Always interested in inventing, or what he described as "a continuing childish interest in machines, electronic and otherwise", he developed an interest in radar and sonar during WWII when he served with distinction as a medical officer in the RAF.

In 1954 he moved to Scotland, appointed as Glasgow University's Regius Chair of Midwifery.

By the following year, he had realised that the machine that dockyard workers were using to detect cracks in the hull of a submarine could be used to detect tumours. Working with Tom Brown, a gifted engineer, he developed a portable machine that could be used on patients.

Early results were disappointing and his colleagues were sceptical about the images produced. However, a case of a woman diagnosed with inoperable stomach cancer came to his attention. He performed an ultrasound and found an ovarian cyst. It was later removed and the patient recovered. The patient was eternally grateful and sent Ian Donald a



Christmas cake every year after by way of thanks!

This landmark case in which ultrasound led to a new diagnosis, saving a patient's life, led to its recognition and acceptance.

Ian Donald was heavily involved in the planning and design of The Queen Mother's Hospital and



One of Professor Donald's early ultrasounds.

when it opened, he and a colleague Tom Duggan used to wheel their machine around the hospital and ask pregnant women if they could do a sonar examination on them.

They were able to measure the baby's head and assess health and fetal growth. These were the first ultrasound scans in early pregnancy. He was able to detect complications such as fetal abnormality, placenta abnormalities and multiple pregnancies.

Today, ultrasound is a standard antenatal care practice in hospitals throughout the world, allowing doctors to monitor the growth and development of fetuses and giving mums-to-be the wonderful opportunity of seeing their babies moving before they are born.

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THE BABY PIONEERS

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CHARLES WHITFIELD - FETAL MEDICINE

IN the 1970s, rhesus disease was a major killer of newborn babies.

Professor Charles Whitfield had already been undertaking significant research into the disease when he came to Glasgow from Manchester in 1976, as Ian Donald's successor as Regius Chair of Midwifery.

It was at The Queen Mother's Hospital where Professor Whitfield applied this research. Through this work he became a major contributor in working out how serious the condition was in babies born with the disease and in developing better ways of predicting the severity of the disease.

During the 1970s, he was also instrumental in introducing blood transfusions in the womb for babies who developed rhesus disease in order to give the baby a better chance of survival.

Today, rhesus disease is uncommon. The introduction of an injection of immunoglobulin in 1967 has reduced the number of cases by 90%. For babies who continue to develop the disease, intravenous blood transfusion remains a very effective treatment.

Charles Whitfield's other main research interest lay in various aspects of fetal medicine. He later reflected: "The fetus was the subject that was really exciting us.

"This was at a time when astronauts were beginning to go up in the sky and it seemed odd to a lot of us who thought we were experts on the fetus that there had been no mortality among the astronauts but there was still much among our fetuses."

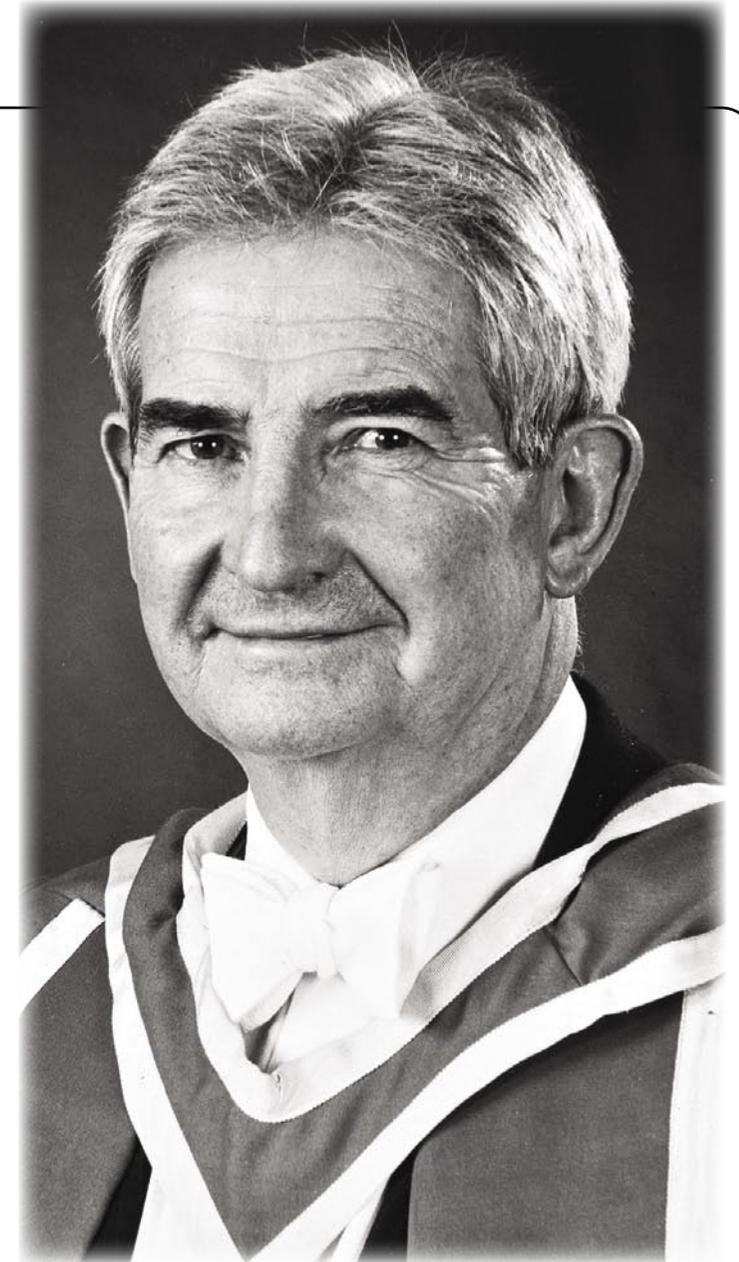
Whitfield was to go on to help pioneer the specialty of maternal and fetal medicine in the UK. He also worked closely with the Royal College of Obstetrics and Gynaecology on its recognition as a subspecialty and developed its training scheme.

WHAT IS RHESUS DISEASE?

Rhesus disease occurs when a woman with rhesus-negative blood is exposed to rhesus-positive blood, either during a pregnancy or through a blood transfusion

Her body reacts by producing antibodies to destroy those foreign blood cells. If a woman subsequently becomes pregnant, these antibodies can cross the placenta and attack the baby's blood cells.

Symptoms of rhesus disease in newborn babies include jaundice and anaemia. If left untreated, it can lead to learning difficulties, deafness and blindness. Severe cases can result in stillbirth.



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IRENE SKELTON MBE - THE QUEEN OF MIDWIFERY

ASK any midwife or medic today whether any particular member of staff best exemplified the values of the Queen Mum's and one name would be mentioned.

Irene Skelton was the Queen Mum's head of midwifery from 1994 until she retired in March 2003. Devoted to the hospital, its staff and patients, Irene was focused on ensuring that the highest standards of midwifery care were delivered and that every woman who came through the hospital's doors had the best possible experience.

The midwife, who began her own training at Glasgow's Southern General Hospital in October 1964, played a major part in developing the midwifery profession within the Queen Mum's.

What made her particularly special was that she allowed midwives to make their own decisions and to learn and grow as they went – a quality that wasn't very common at the time.

Irene's contribution to midwifery care was recognised in 2001 when she was awarded an MBE in the New Year's Honours List.



MALCOLM FERGUSON-SMITH - GENETICS



In the 1970s and 1980s Glasgow was at the cutting-edge of the development of tests in pregnant women to diagnose babies with genetic disorders.

Much of this work was led by Professor Malcolm Ferguson-Smith who was an Honorary Consultant in Clinical Genetics at Yorkhill from 1973 to 1987.

Professor Ferguson-Smith and his team

worked closely with Charles Whitfield and developed improved tests for screening for Down's syndrome and spina bifida in the fetus.

His significant contribution to genetics was recognised by the opening of the Ferguson-Smith Centre for Clinical Genetics at Yorkhill in January 2004.

DONALD MOIR
- ANAESTHETIC
INNOVATOR

IN 1963 Donald Moir was appointed as the first consultant anaesthetist to the newly opened Queen Mother's Hospital, Glasgow and to the Western Infirmary.

The new hospital provided a stimulating environment led by Ian Donald and a team of open-minded and forward thinking obstetricians.

Moir had witnessed anaesthetics being given in America in the early 60s and within six months, a 24-hour resident service for obstetric anaesthesia and epidural analgesia had been started at the Queen Mum's – in what was thought to be a first for Britain.

In 1970 Moir published a technique of general anaesthesia for Caesarean section which improved safety for both the mother and newborn baby. During this time, general anaesthesia was the rule for sections and the technique was used extensively for the next 20 years.

Donald Moir retired in 1988 having been awarded the Obstetric Anaesthetists' Association's Gold Medal for national and international services to obstetric anaesthesia.

A REVOLUTION IN MATERNITY CARE FOR GREATER GLASGOW AND CLYDE

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THEIR FUTURE IN SAFE HANDS

Re-birth of the city's
maternity services

MATERNITY services across Glasgow have undergone a re-birth in the last 24 months to provide mums-to-be with the very highest standards of modern care through every stage of their pregnancy.

The most visible signs of change have been at the Southern General



The maternal touch... the 1000 babies born in the city every month will receive the highest level of care.

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THEIR FUTURE IN SAFE HANDS

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Hospital's maternity unit which has had a £28million redevelopment and expansion.

The state-of-the-art development which includes a large three-storey extension to the existing maternity, offers mums and their babies the very best in terms of accommodation and access to the latest equipment and technology.

New birthing facilities have also been created at the Princess Royal Maternity (PRM) based within Glasgow Royal Infirmary.

Together, the new maternities now have the required capacity to deal with the city's predicted births of around 1,000 a month, enabling us to fulfil our plans to move from three to two maternity units in Glasgow and close the Queen Mum's.

Dr Stewart Pringle, lead clinician at the Southern General Maternity, said: "The redeveloped unit at the Southern General is outstanding.

"It allows us to look after low risk mums who are looking for minimal intervention through to high risk mothers who require significant support and medical input in a thoroughly modern and excellently equipped environment.

"It represents a significant step forward in the care of mothers and their babies."

The expanded Southern General Maternity boasts a number of world class facilities for women and babies from across the city and beyond.

These include:

I A brand-new fetal medicine unit which provides specialist diagnostic facilities and treatment to unborn babies from across Scotland. The unit is equipped with three treatment



Mums-to-be all over Glasgow will have equal access to quality maternity care.

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THEIR FUTURE IN SAFE HANDS

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rooms, scanning facilities, counselling facilities and separate waiting areas

I Two state-of-the-art operating theatres – one equipped with special laser technology used to provide treatment to babies while they are still in the womb

I A purpose-built new labour suite with 12 labour rooms - all with en-suite toilet and bath/shower facilities and two with birthing pools - four-bedded antenatal area, high dependency beds and a five-bedded recovery area, counselling rooms, a delivery room for women experiencing a stillbirth or miscarriage and kitchen and waiting facilities for visitors

I A refurbished ultrasound department including a waiting area as well as scanning and counselling rooms

I Two milk expression rooms allowing nursing mothers to express and store breast milk for feeding to their babies in intensive care and special care

I A neonatal intensive care unit with the capacity for 34 medical and surgical intensive care/high dependency cots

I A Special Care Baby Unit with 26

special care cots for babies who require extra support and care after birth and four mother and baby rooms with en-suite facilities for babies who are relatively well. These rooms will give mothers the opportunity to stay with their baby to establish parenting skills and breastfeeding prior to discharge and will also reduce the need for separation if the baby requires short-term observation or treatment

Work will soon begin on transforming the old labour ward to provide modern, attractive accommodation for day care, assessment and early pregnancy advisory services.

At The Princess Royal Maternity, four new en-suite birthing rooms - including two new birthing pools - have recently been created.

The Midwives Birthing Unit within the PRM has been relocated from the fifth to the third floor to sit alongside the main labour suite. This has improved access to midwifery-led care, providing greater flexibility and making it easier for women to transfer between the units during labour if necessary.



The new maternity services provide the latest in technology and care.

A REVOLUTION IN MATERNITY CARE FOR GREATER GLASGOW AND CLYDE

Fair and equal access to better care

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THE development and expansion of the city's two maternity units is only part of the maternity services revolution underway in Glasgow.

Antenatal and postnatal care has also been greatly improved, giving women across the city better access to local community services.

Under the new arrangements, women who experience or are at risk from experiencing complications during their pregnancy are referred to one of the city's two maternity hospitals where they will be seen by a qualified multi-disciplinary team led by a consultant obstetrician.

Mothers-to-be who don't require this level of care will be referred to locally-based community antenatal facilities located throughout the city – including on three acute hospital sites – Southern General, Glasgow Royal Infirmary and at the Western Infirmary.

These locally-based centres are able to provide a whole range of services from ultrasound scans, antenatal checks, parent education, postnatal checks and breast feeding support.

The centres can also provide other tests that were only previously available in hospitals, such as Combined Ultrasound and Biomedical Screening (CUBs) which are delivered by a specially trained team of midwives and sonographers and which can detect Down's syndrome and a number of fetal abnormalities.

This hub-and-spoke approach with enhanced local facilities ensures the vast majority of women will



Eleanor Stenhouse with staff at the Milngavie Clinic.

only have to travel away from their antenatal centre for fetal anomaly scans or when it is time to deliver their baby at one of the city's two hospital maternity units.

Health professionals from NHS Greater Glasgow and Clyde's Women's and Children's Services

Directorate have worked hard to plan and deliver maternity services that are tailored to women's needs.

Eleanor Stenhouse, head of midwifery for NHS Greater Glasgow and Clyde, said: "While women with high risk pregnancies have always had access

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Fair and equal access to better care

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to specialist support, the range of local maternity services has varied, meaning that some women had to travel either to maternity hospitals or centres in other parts of the city to access certain services.

“Now our existing community services have been redesigned to ensure women across the city are able to access the same comprehensive range of local maternity services delivered by midwives in their own

communities.”

Creating the new service for Glasgow has involved multi-disciplinary teams of health professionals, but crucial to the creation of this patient-focused service has been the close involvement of women in our local communities.

A key example of this was the establishment of the West Maternity Care Centre which opened in January 2009. This community maternity centre was opened

to ensure local access to a wide range of maternity services was retained in West Glasgow when the Queen Mum’s closed.

The location for the centre – the former Beatson outpatient department on the Western Infirmary campus – was selected as it met all of the key requirements identified by local women as being important such as ground floor accommodation, a separate dedicated entrance and good transport links.

A REVOLUTION IN MATERNITY CARE FOR GREATER GLASGOW AND CLYDE

Our maternal bond

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Joining adult and maternity hospital facilities reduces risk for mum and baby

FOR the vast majority of women, giving birth is relatively straightforward and problem-free.

Sadly, this is not every woman's experience... and when complications arise, having maternity services attached to an adult hospital is vital.

The co-location of maternity and acute adult services at the Princess Royal has saved many lives in the nine years the hospital has been on the Glasgow Royal Infirmary campus.

Dr Alan Mathers, clinical director of obstetrics, explained: "The kinds of patients giving birth are very different to what they once were. When I started the average age a woman would give birth to her first child was 22 – it is now 30. Increasingly we see women in their 40s. Medical advances facilitate women with all sorts of serious health issues to achieve pregnancy, which is an additional strain on their body."

The importance of being located next to adult acute hospital expertise can be truly appreciated after listening to a few instances experienced by Dr Mathers and his colleagues in recent years...



Dr Alan Mathers says that having a general surgeon on site is something you do not really appreciate... until you need it.

Photographs courtesy of The Herald and Evening Times Group.

A REVOLUTION IN MATERNITY CARE FOR GREATER GLASGOW AND CLYDE

Reducing risk for mum and baby

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He said: "To have a specialist physician, surgeon or anaesthetist on site is not something you can fully appreciate until you need it. Childbirth can end up being very tricky for some women and when this happens it is so important to have the right expertise within a few minutes.

"For example, one of our patients suffered cardiac arrest after giving birth and she required four or five specialists all of whom contributed to her survival.

"There can even be the situation when a young woman is expected to come in for a straightforward delivery but then suffers an unexpected life-threatening blood loss. All sorts of medical specialties are required to secure a good outcome. It's in those situations that being co-located with an adult acute hospital is so vital... it's so much more complicated if you are trying to get another specialty to travel to a maternity unit from another hospital in an emergency situation."

The closure of the Queen Mum's hospital means that all three consultant-led maternities in the Greater Glasgow and Clyde area are now co-located with adult services, ensuring that the necessary back-up is there for women if it is needed.

Dr Mathers is acutely aware that people have expressed concerns about the temporary split between maternity services and the Royal Hospital for Sick Children on the Yorkhill site.

As a specialist with an interest in complex obstetric cases in which the baby may be born prematurely or ill in some way, Dr Mathers knows well that there may be emergency situations with a newborn baby and acknowledges the value of neonatal specialists



being on hand in these situations. He feels that perhaps there has not been enough emphasis on the excellent neonatal facilities that already exist at the Southern and Princess Royal Maternity Units and the established Neonatal Transport Service, which has been successfully transferring sick newborns between services for many years now.

"A crucial element of preparations for the transfer of the Queen Mum's to the Princess Royal Maternity and the Southern General has been to ensure that safe arrangements are in place to treat potentially ill newborn babies. This has involved clinicians from many specialties determining new ways of working

and setting out care pathways, which are more explicit than before.

"We are confident that the arrangements that we have put in place for newborn babies are as safe as possible. There are eminent paediatric hospitals that do not have delivery units attached and we can draw on such models during the interim period."

For more detail on how the link between maternity and paediatric will be safely bridged during the period between now and when the new children's hospital opens on the Southern General campus in 2015 please read Dr Jim Beattie's interview on page 20.

A REVOLUTION IN MATERNITY CARE FOR GREATER GLASGOW AND CLYDE

Safety first as teams make ready for hospital switch

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OVER the years, many babies have been helped by the close links between maternity and paediatric services on the Yorkhill site.

The co-location of adult, children's and maternity services together at the new South Glasgow Hospital in 2015 will create a gold standard in patient care - benefitting mother and baby alike.

But between now and then, the children's hospital will remain at Yorkhill.

A key component in planning for the closure of The Queen Mother's has, therefore, been to agree arrangements for newborn babies who need to be transferred to the children's hospital for urgent investigation and/or treatment.

The man who oversaw these plans was clinical director for hospital paediatrics and neonatology, Dr Jim Beattie.

He explained: "A great deal of work has been carried out since the beginning of 2009 to make sure no babies will be put at risk during



Dr Jim Beattie explains the work carried out to ensure a smooth transition of services

the gap between the closure of the Queen Mum's and the opening of the new children's hospital at the Southern.

"The majority of babies who need transferred to the RHSC for

specialist care will have already been identified in the womb and arrangements will be in place at the Southern General Maternity to ensure the safe delivery of these babies and the safety of their mothers.

"Babies born with complications will be stabilised at either the Southern General Maternity or Princess Royal Maternity which are both fully equipped to deal with newborn babies who develop complications.

"The necessary transport arrangements have been made to take account of the additional transfers that will take place.

"Glasgow's renowned neonatal ambulance service is expected to carry out most of the extra journeys and the neonatal ambulance drivers have received additional training on the lifting and handling of incubators.

"The main ambulance service will undertake any transfers if Glasgow's neonatal ambulance service is involved in transfers outwith the city. This will be with the help of staff with neonatal expertise from one of our

EVER THOUGHT ABOUT JOINING THE NHS RETIREMENT FELLOWSHIP?

MEET new friends through a common link of the NHS and enjoy regular social events - speakers, visits, theatre nights, Christmas Lunches and bus trips.

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The NHS Retirement Fellowship Branches are open to anyone who has retired from the NHS (or from an NHS partner organisation) and from all grades, posts and settings.

There is a Glasgow Branch (which meets in the Renfield Street Church, city centre, Glasgow) and a Clyde & Lomond Branch (which meets in the Royal Alexandra Hospital, Paisley).

If you wish more info or want to join (or to get someone from your local branch to contact you) please contact:

Maggie Havergal, Development Officer, Tel. 0131 553 1383.

A REVOLUTION IN MATERNITY CARE FOR GREATER GLASGOW AND CLYDE

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An artist's impression of the new South Glasgow Hospital.

Safety first for hospital switch

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clinical teams.

"We have also agreed arrangements whereby babies with particularly rare defects could be born by caesarean section at the Royal Hospital for Sick Children as long as the clinical team involved in the mother's care were content it would not endanger the mother.

"This very rare scenario is only expected to occur between three to five times every year.

"We have carried out a great deal of consultation on the interim arrangements and would like to strongly reassure mothers that the safety of their babies has been paramount in our thoughts and we feel that what we are putting in place will be as safe as we have at the moment."

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A REVOLUTION IN MATERNITY CARE FOR GREATER GLASGOW AND CLYDE

Why Clyde mums-to-be can feel calm and confident

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CLYDE mums-to-be can look forward to delivering their babies in first class facilities following a multi-million pound investment in the region's maternity services.

At Paisley's Royal Alexandra Hospital (RAH), £2.4million has been spent on upgrading the maternity unit.

The revamped unit now boasts nine delivery suites, all en-suite, air-conditioned and fitted with state-of-the-art equipment.

The new delivery suites not only include medical gas and air and emergency resuscitation equipment, but also



A REVOLUTION IN MATERNITY CARE FOR GREATER GLASGOW AND CLYDE

Why mums-to-be in Clyde can feel calm and confident

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CD players so that mums-to-be can listen to their favourite music and relax during labour.

One theatre and the neonatal intensive care unit have been completely re-equipped, with work underway on the second theatre and recovery area. There is also a triage area where mums can go to discuss any concerns about their pregnancy with midwives.

The RAH also includes a community maternity unit with four birthing rooms offering a birthing pool, hypno-birthing and aromatherapy facilities.

Meanwhile, at the Inverclyde Royal Hospital and the Vale of Leven Hospital, significant investment has also been made in the community maternity units (CMUs) to improve the experience of mums-to-be and their babies.

The Inverclyde CMU, which is run by 25 very experienced midwives, has been refurbished at a cost of £300,000.

The unit has been designed around the needs of mums-to-be and their birthing partners and now provides a homely and relaxed environment in which



The birth pool at Vale of Leven Hospital provides a relaxing atmosphere.

to deliver their babies.

And for the first time, Inverclyde mums-to-be can choose to have their babies in the new birthing pool which has been installed at the CMU.

The CMU also offers antenatal and postnatal services and a new £25,000 ultrasound suite has completed the refurbishment.

Run by a team of 28 highly skilled and experienced midwives, the Vale of Leven CMU has also been upgraded and now includes an aromatherapy room which is used during antenatal care and during labour, a birthing pool and generous family sized

labour suites.

Eleanor Stenhouse, head of midwifery, said: "We wanted to create an environment where women feel calm and confident and we believe we have achieved this at all three maternity units in the Clyde area. Together with the investment in maternity services in Glasgow, this marks a significant improvement to the facilities we offer to our mums-to-be, their partners and babies.

"We are thrilled that regardless of where our mums choose to deliver we can offer them the highest standards of accommodation and services."

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