

## HAVING A BABY IN WESTFALEN GARRISON GERMANY

### Introduction

This information aims to answer some of the questions you may have about having a baby within British Forces Germany (BFG). It is intended for Service and MOD-sponsored Civilian personnel and their dependants, married and unmarried, who are considering having a baby or are pregnant in BFG. For more information please visit [www.patient-wise.de](http://www.patient-wise.de). More specific aspects of pregnancy and birth can be obtained from the approved NHS Pregnancy and Birth books or log on to <http://www.nhs.uk/conditions/pregnancy-and-baby/pages/pregnancy-and-baby-care.aspx>, or from the Midwife, Health Visitor, GP or Obstetrician.

### Antenatal Care

#### **The Named Midwife Service**

The LLP provides a Named Midwife Service. This means a Community Midwife will be your Named Midwife and will act as your main point of contact throughout your maternity care. Your Named Midwife will work as part of a team of Midwives and GPs, some of whom you may also meet. Your Midwife will arrange appointments and explain the tests and services that BFG HS offers so that you can make informed choices. At the first booking with your midwife you will be asked for your email address, which will be kept confidential. This is used for sending you a questionnaire after the birth of your baby regarding the care you received from your medical centre and the hospital.

#### **Shared Care**

The Midwife, GP and Hospital Obstetrician share your care, which includes monitoring you, your pregnancy and providing you with advice. Following discussion with you, the Midwife or Doctor may refer you to other professionals including Specialists, Health Visitor, Social Worker or others as appropriate. Health professionals providing care for you will record your progress in a maternity record. In Germany, this maternity record is called a Mutterpass. You will be given your Mutterpass and be asked to bring it to each medical appointment, the record will be completed/updated by the Community Midwife during your pregnancy.

It is advisable to take your maternity record (Mutterpass) if you go to the UK (or other countries) so if you visit the midwife, hospital or GP whilst you are there, they can access previous information and record their findings. The handheld maternity record is to be returned to the Community Midwife for safe storage after the baby is born.

### Place of Birth Options

#### **1. Birth in Hospital**

In general, maternity care in German hospitals offer standards of care broadly equivalent to UK standards. However, there may be differences in the range of services provided; for example gas and air pain relief is not available in all hospitals, whereas complementary therapies, which are often not available in UK maternity units may be.

Importantly, please note:

- That reimbursement of medical costs will not be authorised where entitled personnel choose to opt for private care and treatment, and will not be authorised if pregnancy and care provision is not previously notified to the medical centre at which you are registered.

## **2. Homebirth and Birth in a Midwife-led-Birthing Unit.**

Due to contractual and legal complexities, we do not provide a planned homebirth midwife led service in Germany. This situation is kept under regular review.

If you would like a homebirth your current options are:

- Supported transfer to the UK for homebirth  
(It's normally safe to fly while you're pregnant. However, some airlines will not let you fly towards the end of your pregnancy, so you should check what your airline's policy is).
- Homebirth with a German Midwife at your own cost

*(Please note: in some instances, **non-military** families MAY be able to use private German insurance. Please discuss this with your community midwife.)*

**Please note:** Neither SSAFA GSTT Care LLP or British Forces Health Service are able to recommend specific Independent Midwives or Birthing Units. However, your Midwife can advise you about your health and the questions to ask other Healthcare Providers to assist you in making an informed choice.

### **What to Expect in Hospital**

#### **Registration at the Hospital**

Your community midwife will arrange an antenatal appointment for you to be seen by a hospital consultant. At this appointment you will be asked to complete the hospital registration process. Hospital registration is important as it enables you to go straight to the maternity unit when the time comes for the birth of your baby. The registration process takes approximately 45 minutes. If you need transport to the hospital please ask your medical centre to arrange this for you.

#### **Tour of the Maternity Unit**

“Parents-to-be” can visit the hospital as part of a scheduled tour of the maternity unit. These tours are provided regularly in either the Frauen & Kinderklinik in Paderborn or Gilead 1 in Bielefeld. During the maternity tour, you will have the opportunity to visit the delivery suite and also meet with the hospital midwives and medical staff, who will be pleased to discuss any queries and/or concerns you may have. Please ask your community midwife for the dates/times of the tours for the hospital you are registered with, and about local arrangements regarding transport.

#### **What to Bring into Hospital**

A few personal items will make your stay more pleasant and comfortable. You will need to bring your own nightclothes, dressing gown, slippers and personal toiletries including towels. Personal music, books, magazines or other items to help you relax during your labour will make your stay more comfortable too. It is important to note that the hospital will not accept responsibility for any valuables you bring with you, and this is entirely at your own risk.

Except for clothes/car seat to take your baby home in, the hospital will provide everything else you and your baby may need during your stay. You must be aware that should you wish to bring any baby clothing, this will be at your own risk because these items can become mixed up with hospital laundry and are at risk of being lost.

You must take your handheld maternity record so that hospital midwives and obstetricians may see this if required.

### **Patient Support Services**

For support while in hospital as an outpatient or during your admission please call the bilingual Patient Support Team in Paderborn on 05251 86 1445 or in Bielefeld call 0521 772 77282 during working hours. Out of hours please call the Hospital Hotline on 0800 588 99 36.

### **The Hospital Team**

The maternity unit is under the supervision of a senior consultant. The senior consultant leads a team of specialist registrars, 'house' doctors, midwives and nurses.

### **Hospital Facilities**

Each hospital has a number of delivery rooms, a nursery and an operating theatre. The rooms you stay in following birth have two to four beds, most rooms have en suite facilities, but in some wards the toilets and showers are located nearby. There is also access to telephone and television.

Please note that if you would like a single room, these charges and any associated costs, for private treatment will be your responsibility as neither SSAFA GSTT LLP nor BFGHS will reimburse these.

Please ask the hospital midwife or doctor for more details, either during pregnancy, labour or on admission to the postnatal ward.

Facilities for patients to store small quantities of food and drink may be available, and in some hospitals it might be possible, at your own cost, to arrange for your partner to stay overnight in a family room. This facility is quite limited so if you wish to take up this option, please discuss with the hospital at your orientation visit.

As with all hospitals in the UK there is a strict "No Smoking Policy" inside hospitals in Germany.

### **Admission to Hospital**

If you are in doubt about whether you should go into hospital, please contact your medical centre and ask to speak to the on call community midwife. Please do not leave a message on the answer phone in the midwives' office.

### **Birth Plan**

You are advised to point out your preferences about labour and the birth to the hospital midwife or doctor after you arrive in the delivery suite. It helps if your preferences have been recorded in the Birth Plan page of your handheld maternity record. Please be aware, that if safe to do so, your wishes will be met as far as it is possible and explanations given if this is not possible. It is important to know, that like you, the hospital staff's main concern is to ensure the wellbeing of you and your baby.

Your partner or a friend is strongly encouraged to support you throughout your labour and birth of your baby.

### **Admission Assessment**

As part of the assessment process, it is routine for the hospital midwife to record a trace of the baby's heartbeat, which also records any contractions. This is known as a cardiotocography (CTG). Your blood pressure and pulse will also be taken and you will be asked to give a sample of urine. A vaginal examination may take place to assess the stage of labour, which may enable the midwife to give you an estimate of how long your baby's birth may take. Depending on the findings, including stage of labour, you may stay in the delivery suite or be given a room on the ward.

## **Labour**

When in labour, you will be encouraged to do whatever keeps you most comfortable. The CTG will be repeated at regular intervals during the early part of your labour. Please review the list of things to take into hospital to make your stay more comfortable, as set out under the heading "What to Bring into Hospital". Whilst tea and coffee is available during the night via vending machines, the cafeteria may be closed so your birth partner may wish to bring a light snack.

## **Pain Control**

You will be encouraged to relax as much as possible during labour and, to help, the hospital promotes a tranquil and peaceful environment. A range of relaxation therapies is available that includes warm baths and in some units, homeopathy, aromatherapy and acupuncture may also be available. TENs machines are not provided, however, you are welcome to bring your own if you wish. You can ask your community midwife based at the medical centre for information.

If you do require stronger pain relief you will be offered appropriate pain-relief according to the progress of your labour. This may include muscle relaxants, or painkillers by tablet or injection or an epidural. An epidural service is provided in all hospitals and is normally available 24/7. If you wish an epidural, you may have to wait a little if the anaesthetist is attending to an emergency at that time.

Please note Entonox (often known as gas and air) is not used as pain relief for labour in all the units in Germany, so you may wish to discuss this with the hospital midwife or doctor during your pregnancy.

## **Vaginal Birth**

To give birth normally, you may choose whichever position you feel most comfortable with. This may be kneeling, lying on your side, crouching, using the birthing stool, other positions or even giving birth in the birthing pool if one is available in the Unit where you have your baby.

During pushing and giving birth, it is important to keep a close watch on you and your baby so continuous CTG may be undertaken. If the birth needs speeding up for any reason, you may be advised to have a vacuum or forceps delivery. In this case, you will be asked to sit with your legs in stirrups. An episiotomy is NOT routine, so it will only be done if the need arises at the time of delivery.

When the baby is born, dependent on your wishes, the midwife or doctor normally places the baby onto the mum's abdomen – your skin to the baby's skin assists with baby's temperature regulation and bonding – so if you do not wish this, please tell the midwife or doctor. If you or your partner would like to cut the cord, please ask when you are admitted in to the delivery suite.

It is routine to be given an injection to help the placenta (afterbirth) to separate and deliver the placenta faster to avoid excess blood loss. If you have any queries regarding this, it would be advisable to discuss this with the doctor or community midwife at your antenatal visits prior to labour commencing. Once the placenta is delivered, any tear or cut can be stitched under a local anaesthetic so that you do not feel it.

If you wish to breastfeed, your baby can be put to the breast whenever you are ready, with the midwife's help if required. Research has shown that (ordinarily) the sooner after birth baby feeds at the breast the more successful your breastfeeding will be. If you are not breastfeeding, skin-skin contact is still important and the midwife will show you how and when to feed if required. Please ask.

Altogether you can expect a stay in the delivery suite for about two hours after your baby has been born so that observations can be taken, including the baby's first assessment. Depending on circumstances you may have a wash, if you wish, prior to going to the post-natal area or home. If all remains well, you and your baby will be transferred to the postnatal ward. Your baby will be given an identity label (arm band) before transfer from the delivery suite.

### **Caesarean Birth**

If you require birth by caesarean section, hospitals may have an operating room available in the delivery suite or in the general operating theatre department. In cases where an epidural/spinal anaesthetic is used it may be possible for your support person to accompany you to the operating room. Please be aware this is not so if you have a general anaesthetic.

### **Hospital Communication**

In the interests of your privacy, hospital staff are not permitted to give out details about the progress of your labour or about your baby's condition. Therefore, family and friends are requested not to telephone the delivery suite, and your birth partner will need to contact the people you wish to keep informed. Kindly note, mobile telephone use is restricted in the delivery suite and the neonatal unit as it may interfere with sensitive equipment.

### **Vitamin K**

In Germany like UK, to prevent a very small percentage of babies from developing a bleeding condition, it is usual for babies to be given Vitamin K in their mouth to swallow. This is given shortly following birth and again at 4-7 days. Babies, who are exclusively breastfed, will be given a further dose at one month of age. If Vitamin K is given by injection, the baby does not normally need more doses. As it is not possible to predict whether a baby may develop the condition – which can be fatal or cause permanent harm – Vitamin K is offered to all babies. You will need to consent or decline this, so please speak to the midwife for more information.

### **Vaccinations for your baby**

Some babies require protection from Hepatitis B and/or Tuberculosis by vaccination shortly following birth. If your baby requires a vaccination your community midwife will inform you about this and your consent sought. If vaccination is recommended, more information will be provided to you about why, how and when they will be given, including information about the risks and benefits at the same time. Otherwise, your health visitor will be able to advise you on the routine schedule of immunisation for all babies.

### **Postnatal Ward**

When you transfer to the postnatal ward with your baby, the nurse there will orientate you to your room and ward facilities.

If you have had an epidural you are advised not to get out of bed on your own for the first time as the loss of sensation in your legs - that can persist for a few hours – may lead to unsteadiness or falling. Instead, please call the nurse each time to help you, until the nurse/midwife advises you otherwise. If you experience pain after the birth of your baby, there are various methods of pain relief available. Please inform the midwife/nurse if you are uncomfortable and would like pain relief.

Following transfer to the post-natal ward, the nursery nurses will examine your baby again in the nursery. Thereafter you are encouraged to keep your baby with you (known as rooming in) so that you get to know your baby and their cues for wanting a feed etc.

You will be encouraged to feed your baby on demand, including at night to maintain successful lactation. If you are breastfeeding, your baby will not be given formula milk without your consent.

If you choose to give your baby a formula feed, the nursery nurse or midwife will advise you. The role of the nursery nurse is to support you with feeding and general care of your baby throughout your stay on the postnatal ward, in preparation for you going home.

### **Rest Periods & Postnatal Visiting**

To recuperate, it is important to sleep or rest in the day, especially when babies feed frequently in the night. Therefore whilst partners and the mother's own children are welcome to visit the maternity unit at any time, setting aside a rest period each day and actively discouraging visitors during rest periods is advised, as is consideration of other new mums and babies in the ward.

### **Length of Stay**

There are several factors that may influence the time you spend in hospital following the birth of your baby. As a general rule, providing you and your baby are well, following a 'normal' birth, discharge from hospital may be as early as six hours and following Caesarean Section from four days.

It is important that you obtain a discharge letter for you and your baby before leaving hospital to enable your community midwife to complete your records when you return home.

### **Tests for Your Baby**

Tests are offered routinely. This is because, whilst many conditions are rare or unusual, if one of these conditions is present then outcomes for your child are better when conditions are identified and treated early. Although likely to be largely similar in the range of tests provided, the tests offered may vary by hospital. Please check with the hospital and your community midwife that you will be offered the following tests for your baby.

#### **1. Blood spot screening**

The blood is taken by way of a heel prick for various conditions. For more information ask the hospital staff or your community midwife. You can also log on to:  
<http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/newborn-blood-spot-test.aspx>

#### **2. Hip Screening Test**

All babies will be examined to ensure their hip joints have developed fully. An ultrasound scan will be undertaken during your hospital stay or arranged as an outpatient appointment.

#### **3. Hearing Screening Test**

This test is performed with a hearing measurement device held externally to your baby's ear and detects if the baby is hearing properly. It does not hurt. Preferably, your baby will be asleep or very restless at the time of this test so an accurate reading can be achieved. This will be undertaken during your hospital stay or arranged as an outpatient appointment.

### **More Information**

The community midwife or doctor will be able to provide more information, on request, because it is important that you consent (or decline) a particular test for your baby in an informed way.

### **Extra Help**

All the hospital staff are there to help you in any way possible. Please do not hesitate to ask for the help in terms of your care or the care of your baby. The midwives and nurses on the ward expect you to ask for help if you need it.

Whilst you are in the hospital and when you are discharged home to the community, you also have access to an on-call community midwife. In normal working hours, you may access the community midwife by ringing the medical centre, where staff take your call and telephone number and pass the message to the community midwife to ring you. Out of Hours please contact the British Forces Telephone Assessment Service (TAS) via your local medical centre number or on 0521 305 3961.

In the community, there are also supervisors of midwives who can provide extra help. Supervisors of midwives protect the public by supporting midwives to provide a safe, high quality service. If you or your family require any extra support, advice or guidance you can contact a supervisor of midwives via your community midwife or medical centre.

### **Going Home**

It is a legal requirement to register your baby. Before going home from hospital, you should collect a notification of birth from the hospital. This will state where and when your baby was born, so you can register your baby. Do make sure you are in possession of this notification before you leave the hospital, as you will need this to register the baby's birth. (More information is below under Registration of Births).

It is a legal requirement and your responsibility, both in Germany and in the UK, to ensure that your baby is safe and secure in an approved child seat when travelling in a car.

Do please ensure that you have one available for your discharge from hospital.

Please advise your SSAFA community midwife via your medical centre of any discharge from hospital as soon as possible. This is particularly important when you leave hospital soon after birth, at the weekend, at short notice, late in the day, or if you are discharged from a hospital other than the one planned in pregnancy, so you can be contacted within the next 24 hours.

### **Community Midwife Care**

Upon notification of the birth, a community midwife will support you. Therefore, prior to leaving hospital, it is important to inform your SSAFA midwife, so your care in the community can be agreed with you. The SSAFA midwife will also provide advice on when and how to call for help etc.

In the postnatal period, at a time agreed with you, the community midwife will discharge you into the care of the health visitor to ensure continuing help, advice and support after your baby is born. The health visitor will provide you with health and immunisation advice, and wherever possible, inform you of parenting and baby/toddler groups in your area. These groups are informative and help you to meet other new parents.

### **Registration and Travel Documents**

#### **Registration of Births**

You must take the birth notification issued by the hospital and both the mothers and fathers long birth certificates to complete the registration process. Registration of birth with the British Forces should be completed within 6 weeks. Births are registered by post with the Service Registering Office, G1 (BMD) HQ BFG in Bielefeld (BFPO 140). The birth certificate can only be produced once all documents have been received and checked and, unlike UK, this is not normally a one-day process. Registration of a birth may be undertaken by either parent (known as the informant). The 'informant' completes Form ORS1 (Rev April 07), and these forms are normally available from the Unit Welfare or Unit Admin Office, but can also be obtained direct from G1 (BMD) HQ BFG, telephone 0521 9254 2520. It is recommended that you speak with your Unit Welfare or Administration Office before the birth, to confirm the process, prior to forwarding the Registration Form ORS1, which must be countersigned by a commissioned officer (Captain or above/or equivalent).

When forwarding the Form ORS1 to register a birth, legible copies of the following must accompany it:

- Hospital Notification of Birth
- Birth Certificates of both parents (Long version only)
- Marriage Certificate (if married)

If you don't have long versions of birth certificates they are available for purchase on-line direct from the General Register Office at: <https://www.gov.uk/order-copy-birth-death-marriage-certificate>

If you are unmarried and wish to include the baby's father's name on the baby's birth certificate, the Registrar will require the baby's father's full birth certificate and you will need to complete a form of acknowledgement (ORS1A), which is normally to be submitted by the parent who is not in the Armed Forces. If both parents are serving then either may submit.

Full details of registration and examples of forms can be found at Section 1 to Standing Instructions for British Forces in Germany SIBF(G) 3221 available from Unit Welfare or Admin Offices. You will also find examples of a completed ORS1 form at annex A to the Standing Instructions. If you are a non-EU citizen then you can register the birth with the Service Registering Office, but you must obtain an International Birth Certificate (at your own small cost) through the Town Hall of the town of the baby's birth. This is because parents need this International Birth Certificate to apply for the baby's passport in their country of origin.

### **Birth Certificates**

Births certificates from the Service Registering Officer will be issued free of charge, and once a correctly completed ORS1 Form is received it is normally processed within one week.

### **Passports**

Parents are advised to apply for their baby's passport as soon as possible after receiving the baby's full birth certificate. Passport applications forms are available from your Unit Welfare or Admin Office. Once completed, Unit Admin Offices will process British passport applications, along with payment, to UK Authorities on the parent's behalf; in due course the baby's passport will be returned to the parents. Passports are provided free to MOD-sponsored personnel living overseas so parents are advised to check with their Welfare Office.

As part of the passport application process, parents must obtain 2 passport photographs of the baby, one of which must be countersigned by a Commissioned officer or equivalent, advice on reclaiming the cost of this can be obtained from your Unit Admin Office. Please bear in mind that passports are now Biometric and photographs have to be exact measurements.

Depending on the time of year, obtaining a British passport normally takes around 4–6 weeks, but during busy holiday times, such as Easter, summer and Christmas, this may be even longer.

### **Rights and Benefits**

#### **Maternity Leave**

Employed women who are pregnant or planning a pregnancy are advised to obtain their employer's maternity policy to ensure that they know their rights and can obtain the benefits and pay they are entitled to. Notifying employers of your pregnancy is important because measures designed to protect a pregnant woman and her unborn child only apply when notification of pregnancy has been given. For Service personnel, please see the current Defence Instructions & Notices: Revised Maternity Arrangements for Service personnel in the Regular Armed Forces for information on MOD Maternity Policy and the Armed Forces Occupational Maternity Scheme, available on the Defence Intranet.

### **Paternity Leave**

If you are a father-to-be, you may have the right to paid paternity leave providing you meet certain conditions. Paternity leave is extra to normal holiday allowance. It is not the same as parental leave, which is unpaid leave that working parents can take to look after children under the age of 5. Employers have their own paternity and parental leave arrangements, so fathers-to-be are advised to obtain their employer's policy to confirm their entitlement. For civilian staff this may be via their line manager, whilst military staff may source advice from their Regimental Admin Office.

### **EHIC "European Health Insurance Card"**

This card covers the bearer for urgent and unforeseen treatment only in an EEA country outside the country of residence. In an emergency, the EHIC provides only the minimum level of local state treatment so it is strongly advised that parents obtain the EHIC and personal travel insurance for all family members before travelling across European countries. The EHIC is available on-line at: <http://www.ehic.org.uk> or by calling the Application Line on 0044 300 330 1350. This is an answer-phone but you can let it continue to ring for personal assistance. Remember the EHIC is not valid if issued to you in Germany, however it is if you cross European borders from Germany.

### **NHS Number for Babies Born to Service Personnel Based Overseas**

The NHS Numbers for Babies project was introduced in October 2002 and now the allocation of NHS numbers for babies soon after birth is part of UK statutory Birth Notification process.

The Ministry Of Defence has put in place arrangements to make sure an NHS number is issued for each baby born to service personnel, MOD sponsored civilians, entitled contractors and their dependants overseas. This includes those babies born to Foreign and Commonwealth families. The baby's NHS number is obtained by medical centre staff.

### **Child Tax Credit & Working Tax Credit Overseas**

UK Child Tax Credit and Working Tax Credit are subject to income. When claimed by Foreign & Commonwealth families, it must be claimed by the Head of Household. For more information please see your Unit Welfare Office.

### **Child Benefit**

UK Child Benefit forms are available from the Unit Admin Office. When claimed by Foreign & Commonwealth families, it must be claimed by Head of Household. Claims need to be processed as soon as possible as Child Benefit can only be backdated by 3 months. The original of the baby's birth certificate is required.

### **Service Families Accommodation**

Once confirmed pregnant, unmarried Servicewomen may apply for a Married Quarter (MQ), and families already living in MQ may be able to claim larger premises due to an increase in family size. If this applies to you, you may ask the Community Midwife for Form Mat B1 in support of your application. Kindly note, Mat B1 forms cannot be issued earlier than the beginning of the 20th week before the expected date of delivery. If living in MQ and posted during maternity leave, please note you may be entitled to claim Disturbance Allowance, Packers and Removals. Please raise this matter with your Unit Admin Office.

### **Suggestions?**

We hope this information leaflet has helped you understand the situation for Service personnel and their spouses posted to Westfalen Garrison in Germany. If you have suggestions how we might improve this leaflet in the future, or the maternity service itself, we would like to hear from you.

You may choose to inform your community midwife or GP of your suggestions, or a Supervisor of Midwives.

### **Who are Supervisors of Midwives?**

Supervisors of Midwives are experienced practising midwives who have undertaken additional education and training to support, guide and supervise midwives.

### **How a Supervisor of Midwives can help you**

Whilst the supervisor will support the midwife in the care she gives to you, the supervisor can additionally help you by

- Listening and advocating on concerns about the care you have received from your midwife. Supervisors will talk to your midwife if you are concerned or unhappy.
- Supporting and advising you and your midwife in your care choices, for example place of birth.
- Creating an environment that facilitates effective communication between you and your midwife about your care.
- Discussing and debriefing with you if you are unhappy with your birth outcome or treatment. If you have had a difficult or traumatic birth, a supervisor can go through your notes and discuss your experience with you if you feel you are unable to do this with your midwife.
- Protecting the public by promoting safe practice and investigating concerns of health, competence, behaviour or misconduct of midwives. Supervisors can implement remedial action through supervised practice or referral to the local supervising authority (LSA) and the midwives regulatory body, the Nursing and Midwifery Council (NMC).

Responding to your complaints or concerns which may include assisting with issues such as staff attitudes, behaviour and care received. Discussing your concerns with a supervisor does not prevent you from undertaking a formal complaints procedure with your maternity care provider or with the NMC

### **The Role of a Supervisor of Midwives**

Supervisors of midwives give guidance and support to both midwives and you. They support the practice of midwives and ensure that the care offered is right for you, is given in the right place, by the right person and that it will benefit you and your baby. They act as positive role models for midwives, guiding and supporting them in developing their skills and expertise.

Supervisors of midwives develop and maintain safe practice to ensure protection of you, your baby and family. They meet regularly with midwives and ensure a high standard of care is provided.

### **Contact Details**

A supervisor of midwives should be available 24 hours a day and can be contacted via the on-call or duty midwife. If you have any problems contacting a supervisor ask the duty midwife to inform the LSA office and ask them to call you. Alternatively you can access contact details of LSA midwifery officers in the UK on the NMC website at [www.nmc-uk.org](http://www.nmc-uk.org). The LSAMO will be able to provide you with further information on how to contact a supervisor of midwives in your area.

### **SSAFA Supervisor of Midwives in Germany:**

#### **Yvonne Stevens**

Email: [yvonne.s@ssafa.org.uk](mailto:yvonne.s@ssafa.org.uk)  
c/o Bielefeld Medical Centre  
Catterick Barracks  
BFPO 39