

Having a Baby *in Germany*



Information about:

- Entitlements
- The Named Midwife Service
- Shared Care
- Birth Options
- Registrations
- Birth Certificates



INTRODUCTION

This leaflet aims to answer the questions that 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. The leaflet does not cover general aspects of birth; this and more specific aspects of pregnancy and birth can be obtained from the approved NHS Pregnancy and Birth books, or from the Midwife, Health Visitor, GP or Obstetrician.

You may find it helpful to read this leaflet in conjunction with BFG HS publications, '**A Guide to Entitlement and How to Get the Best from the BFG Health Service**', '**How To Contact Your Health Services**' and '**Patient Care Standards**'.



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.

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.

A MIDWIFE AS YOUR FIRST POINT OF CONTACT

When planning a pregnancy and when pregnancy is confirmed, women and their partners may choose to directly contact the Community Midwifery Service. During normal working hours, you can contact the Community Midwifery Service by telephone or arrange an appointment through your Medical Centre. An out-of-hours service is available for emergencies only.

THE NAMED MIDWIFE SERVICE

The BFG Health Service (BFG HS) provides a Named Midwife service. This means a Community Midwife will be your Named Midwife and 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 will also meet. Your Midwife will arrange appointments and explain the tests and services that BFG HS offers so that you can make informed choices.

SHARED CARE

The Midwife, GP and Hospital Obstetrician 'share care', which includes monitoring you and 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 to hold, and asked to bring the Mutterpass to each medical appointment. The Mutterpass is to be returned to the Midwife for safe storage after the baby is born.

PLACE OF BIRTH OPTIONS

1. Birth in a German Hospital

BFG Obstetric care is provided by Designated German Provider hospitals who offer a service which is broadly in line with UK standards of care. However, there are differences; for example the DGP's do not provide gas and air for pain relief but they do offer a full range of other therapies and the option of water births/or complementary therapies which are often not available in UK maternity units.

In German hospitals, rest is valued and German nurses expect to be called when help is required, so do not hesitate to use the nurse-call system at your bed-side. Each DGP has a Hospital Liaison Officer (HLO) who will act as an interpreter for you and will provide you with any other support you might need. Please ask the nurse for the HLO if required.

2. Birth in a Midwife-led Birthing Unit

Healthy pregnant women may wish to give birth in a German Midwife-led Birthing Unit. This option is not part of BFG HS, so will either be at your own cost or in some instances non-military families may be able to use the AOK insurance. Please see below for details of how to obtain AOK insurance.

3. Homebirth

Due to contractual and legal complexities, BFG HS does not provide a planned homebirth 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
- Or
- Homebirth with a German Independent Midwife at your own cost or, in some instances, non-military families may be able to use their AOK insurance

Please note: BFG HS employees are not 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 to make an informed choice.

For details regarding how to obtain AOK insurance please see the current Civil Secretariat Personnel Management Notice: Medical & Dental Care in European Economic Area Countries, obtained via employers, or the UKSC(G) Portal or the following link:

http://cn4rwss001/uksc/CivSec_BP/2007%20CSPMN/Forms/AllItems.aspx

WHAT TO EXPECT IN HOSPITAL

Registration at the Hospital

Your community midwife will arrange an antenatal appointment for you to be seen by the 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. 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 night clothes, 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 **Mutterpass** (handheld maternity record) so that the midwife and doctor can review your pregnancy and needs.
- The **Child Health Record**, known as the Red Book. This is so that following birth the baby's measurements, examinations and tests taken in hospital can be recorded directly in the book. However you are advised to ask for hospital staff to record in this book because sometimes it is overlooked. (The Red Book is a UK initiative so not normally used in Germany).

The Hospital Team

The maternity unit is under the supervision of a senior consultant known as a Chefarzt in Germany. The senior doctor 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, and are equipped with washing facilities, telephone and television. If you would like to a room to yourself, these may be available at an extra cost to yourself. If this is something that interests you, please ask the nurse or hospital liaison officer for more details, either during pregnancy, labour or on admission to the postnatal ward. When sharing a room, the toilets, showers and bathrooms are located on the main ward. Facilities for patients to store small quantities of food and drink may be available on some units, and in some hospitals it might be possible, at your own cost, to arrange for your partner to stay overnight in a family room to assist with and learn about the care of your baby. If available this facility is quite limited and dependent on availability so please ask if this is preferred by you.

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 community midwife on-call. Please do not leave a message on the midwives office answer phone because the midwives may be out all in the community visiting new mums and babies.

Before you leave home for admission to hospital, you are not required to phone the delivery suite (known in Germany as Kriessal). However, be aware that if you do phone beforehand, at least you will be expected. On arrival at the delivery suite you will be asked to hand over your Mutterpass to the hospital midwife, who will confirm your hospital registration.



Birth Plan

You are advised to point out your preferences about labour and the birth to the 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 Mutterpass. Please know your wishes will be met as far as it is possible, and

explanations given to you 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. The Hospital Liaison Officer, who is commonly referred to as the HLO, is available on request to assist with translating your concerns and enlisting further help if this is what you wish.

Admission Assessment

As part of the assessment process, on admission the hospital midwife will wish to take a tracing of the baby's heart beat and monitor any contractions. This is known as a cardio-topography (CTG). Your blood pressure and pulse will also be taken and you will be asked to give a sample of urine. A vaginal examination will confirm the position of the baby, the stage of labour and the midwife may be able 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 be mobile and to do whatever keeps you most comfortable. The CTG will be repeated at regular intervals during the early part of your labour. Do bring something to keep you occupied such as magazines, music or a book to read because early labour can take time to progress to advanced labour. Whilst tea and coffee is available during the night via vending machines, the cafeteria will 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 are available which includes warm baths, massage, heat treatments, and in some units, homeopathy, aromatherapy, acupuncture or TENs (transcutaneous electrical nerve stimulation) may also be available. In units where a TENs machine is not provided you are welcome to bring your own if you wish to hire one. Your community midwife can provide advice on this.

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 pain-killers by tablet or injection or an epidural. 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 Germany; this is a national policy which means it will not be available in any German maternity unit. However, as mentioned earlier, there are a range of alternative options available to you.

Vaginal Birth

To push and give birth normally, you may choose which ever position you feel most comfortable with. This may be kneeling, lying on your side, crouching using the birthing stool, other positions or even birth in the birthing pool.

During pushing and giving birth, it is important to keep a close watch on you and your baby so (outside the birthing pool) a CTG maybe 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 in Germany, so it will only be done if the need arises at the time of delivery, for example during a forceps delivery.

In Germany, 'fundal pressure' is common practice. 'Fundal pressure' is a process whereby a birth attendant presses down on the top of the mother's abdomen during the pushing phase. Whilst quite a customary practice in

Germany, America and some other countries it is not practiced in UK. Should you wish to decline fundal pressure, you are advised to record this in the Birth Plan section of your Mütterpass and inform the clinical staff supporting you in labour, so that your wishes can be respected.

When the baby is born, the midwife or doctor normally places the baby onto the mum's abdomen – your skin to their skin to help with the baby's temperature regulation – 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.

If agreed with you beforehand, you will be given an injection to help the placenta (afterbirth) to separate and deliver. If there is a delay in this process the midwife or doctor may decide it is necessary to apply pressure onto your abdomen (fundal pressure) to expel the placenta faster to avoid excess blood loss. 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. 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 first assessment. Depending on circumstances you may have a wash, if you wish, prior to going to the post-natal area. If all remains well, you and your baby will be transferred to the postnatal ward. Your baby will have two identity labels affixed before transfer.

Caesarean Birth

If you require birth by caesarean section, an operating room is available in the delivery suite. In some units planned (elective) caesarean sections are carried out in general operating theatres to allow the delivery suite operating room to be available for emergencies. In cases where an epidural/spinal block is used it may be possible for your support person to accompany you to the operating room. Please know 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. There are phones to use on delivery suite, at cost, so bring change. Kindly note, mobile telephone use is restricted in delivery suite and the neonatal unit as it may interfere with sensitive equipment.

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 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 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 know 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 required, you will be provided with support of a lactation consultant. If you are breastfeeding, your baby will not be given formula milk without your consent. If you choose to give your baby formula feed, the nursery nurse 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, sleep or rest in the day is important, 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, discharge can be arranged from four hours to five days after the birth providing you and your baby are well. However not all tests for your baby are reliable if taken too early, so you may wish to stay long enough for examinations and tests on your baby to be undertaken in hospital.

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 are better when conditions are identified and treated early. The tests offered in British Forces Germany are outlined below.



Blood Spot Screening Test (Heel Prick)

The blood is taken by way of a heel prick. In British Forces Germany Health Service, the blood spots are tested for more conditions than would be in Germany or UK alone. This is because the two programmes are combined. At time of print, the blood spots are tested for the following conditions:

Adrenogenital Syndrome

Frequency approx 1/10,000 newborns

Hormone disorder because of a deficiency of the adrenal cortex: Untreated, can cause masculinisation in females, possible fatal progression due to salt depletion. Treatment with hormones

Maple Syrup Disease

Frequency approx 1/200,000 newborns

Deficiency in the depletion of amino acids: Untreated, can cause mental handicap, coma, possible fatal progression. Treatment by means of a special diet.

Biotinidase Deficiency

Frequency approx 1/80,000 newborns

Deficiency in the metabolism of the biotin vitamin: Untreated, can cause skin changes, metabolic crisis, mental handicap, possible fatal progression. Treatment by means of administering biotin.

Carnitine Metabolic Deficiency

Frequency approx 1/100,000 newborns

Metabolic deficiency of fatty acids: Untreated, can cause metabolic crisis, coma, possible fatal progression. Treatment by means of a special diet.

Galactosemia

Frequency approx 1/40,000 newborns

Metabolic deficiency of lactose: Untreated, can cause loss of sight, physical and mental handicap, liver failure, possible fatal progression. Treatment by means of a special diet.

Glutaric Aciduria Type I

Frequency approx 1/80,000 newborns

Deficiency in the depletion of amino acids: Untreated, can cause permanent motoric disturbance, sudden metabolic crisis. Treatment by means of a special diet and administering amino acids.

Hypothyreosis/Hypothyroidism

Frequency approx. 1/4,000 newborns

Hereditary sub-function of the thyroid: Untreated, can cause severe disturbance of physical and mental development. Treatment with hormones.

Isovalericacidemia

Frequency approx 1/50,000 newborns

Deficiency in depletion of amino acids: Untreated, can cause mental handicap, coma. Treatment by means of a special diet and administering amino acids.

LCHAD-, VLCAD Deficiency

Frequency approx 1/80,000 newborns

Metabolic disorder of long-chain fatty acids: Untreated, can cause metabolic crisis, coma, muscle and cardiac insufficiency, possible fatal progression. Treatment by means of a special diet, avoiding periods of starvation.

MCAD Deficiency

Frequency approx 1/10,000 newborns

Deficiency of energy recovery from fatty acids. Untreated, can cause metabolic crisis, coma, possible fatal progression. Treatment by means of administering carnitine, avoiding periods of starvation.

Phenylketonuria

Frequency approx 1/10,000 newborns

Metabolic deficiency of the amino acid phenylalanine: Untreated, can cause fits, spasticity, mental handicap. Treatment by means of a special diet.

Sickle Cell Disorders

Frequency in UK overall 1 in 2,400. Most common in people of Afro Caribbean or sub Saharan origin. Also found in Arab, Mediterranean and Indian origins as well as others

Red blood cell disorders: Untreated, can cause blocked capillaries, stops oxygen to tissues, pain, anaemia, infection susceptibility. Treatment with antibiotics and vaccines to reduce the risk from serious infections.

Cystic Fibrosis (CF)

Frequency in UK - equivalent to 1 in 2,500 babies.

Carriers: 1:24 Caucasians

1:55 UK residents of Asian origin

1:70 UK residents of Indian sub-continent origin

Condition affects certain organs in body particularly pancreas and the lungs. Untreated, can cause thick secretions in these organs cause digestive problems and chest infections. (). Screening results are not 100% conclusive. Treatment includes antibiotics and physiotherapy.

Hip Screening Test

All babies will be examined to ensure their hip joints have developed fully. In some circumstances this may be by an ultrasound scan which will be undertaken during your hospital stay or arranged as an outpatient appointment.

Hearing Screening Test

This test is performed with a hearing measurement device held externally to your baby's ear and detects that the baby is hearing properly. It does not hurt. Preferably, your baby will be asleep or very restful at the time of this test so an accurate reading can be achieved. If you go home before this is done, or the baby is unsettled at the time of testing, an appointment will be made for you to bring your baby back to the hospital at a later date. The community midwife cannot do this test at home.

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.

Vitamin K

In Germany, 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. As it is not possible to predict which 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 in hospital

A minority of babies require protection from Hepatitis B and/or Tuberculosis by vaccination shortly following birth. If your baby requires a vaccination in hospital you will be advised about this. If vaccination is recommended, more information will be provided to you about why, how and when they will be given, including information about the risk and benefits at this time. Otherwise, your health visitor will advise you on the routine schedule of immunisation for all babies when she first visits you at home.

Extra Help

Sometimes extra help is required. In hospital, the Hospital Liaison Officer is available during office hours, to provide further information you may need about the hospital facilities, the registration processes, and out-of-hours in emergencies. 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.

In the hospital and community, you also have access to the on-call community midwife. However, please note this is a telephone service when out-of-hours (5pm – 8:30am).

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 local midwives office.

Going Home

It is a legal requirement to register your baby. Before going home from hospital, you should collect a notification of birth (Geburtsmeldung) from the German Administration Office (office hours only) in the hospital. This will state where and when your baby was born, so you can register your baby through your military unit. Do make sure you are in possession of this notification before you leave the hospital. The Hospital Liaison Officer will provide assistance if required.

It is a legal requirement and your responsibility, both here 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.

The Hospital Liaison Officer will inform your community midwife's office that you have gone home. However, you are also asked to let them know too, particularly if you leave hospital at the weekend, at short notice or late in the day, or if you are discharged from a hospital other than the one planned in pregnancy.

Community Midwife Care

The community midwife will usually visit you the day following your discharge from hospital, to assess and provide care for you and your baby at home. The community midwife will check the tests taken in hospital, and if the baby's heel prick was not taken in hospital you will be given the option of having this test taken at home. The midwife will support you in your feeding choices and ensure you receive the care and advice that you need. If, in exceptional circumstances, you do not hear or see the community midwife on the day after your discharge from hospital, please contact the midwife via your medical centre.

In the postnatal period, at a time agreed with you, the 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 inform you of parenting and baby/toddler groups in your area. These groups are informative and help you to meet other new parents.

REGISTRATION OF BIRTHS

Registration of birth should be completed within 6 weeks. Births are registered by post with the Service Registering Office, G1 (BMD) at HQ UKSC(G) in Rheindahlen (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 can be undertaken by either parent (known as the informant).

The 'informant' completes Form ORS1 (Rev Apr 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 UKSC(G), telephone 02161 472 2100. Before forwarding the Registration Form ORS1 it must be countersigned by a commissioned officer (Captain or above/or equivalent). The following documents must accompany Form ORS1 to register a birth:

Hospital (Krankenhaus) Notification of Birth (Geburtsmeldung)

Birth certificates of both parents (Long version only)

Marriage certificate if married

Original certificates do not need to be forwarded as copies are acceptable, but they must be legible. If you don't have long versions of birth certificates they are available on-line direct from the General Register Office at:

<http://www.gro.gov.uk/gro/content/certificates>

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). Full details of registration and examples of forms can be found at Section 1 to Standing Instructions for British Forces in Germany SIBA(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 should also obtain an International Birth Certificate (at your own small cost) through the Town Hall (Standesamt) 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

If the birth is registered with the Service Registering Officer in HQ UKSC(G) a British Forces UK Birth Certificate 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 (Form C2) are available from the Unit Welfare or Admin Office. Once completed, British passport applications can be forwarded to the Passport Section of British Consulate in Düsseldorf by Unit Admin Office on parent's behalf, along with payment. 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, one of which must be countersigned by a Commissioned officer or equivalent, the cost of which can be reclaimed through their Admin Office. Please bear in mind that passports are now Biometric and photographs have to be exact measurements; please visit British Consulate website for more details:

<http://www.britischebotschaft.de/en/consular/passports/index.htm>

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 longer.



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.dh.gov.uk/travellers>

or by calling the Application Line on 0044 845 6062030. 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 NUMBERS FOR FORCES BABIES BORN 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 MOD has put in place arrangements to make sure an NHS number is issued for each baby born to British Forces personnel 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 UWO.

CHILD BENEFIT

UK Child Benefit forms are available from the Unit Admin Office or via the Midwife. 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.

KINDERGELD

Kindergeld is an allowance paid by the German Government to EU citizens only. The allowance is the difference between UK Child Benefit and full German Kindergeld. To be entitled to Kindergeld you have to be married to a member

of a NATO force and have to be a national of an EU or EEA country. There are a number of other conditions attached to Kindergeld entitlement, such as the child has to be physically present in Germany. Only spouses who are European nationals fulfil eligibility criteria. BFG has no influence over who receives Kindergeld. More information may be obtained via the HIVE or your Unit Welfare Office (UWO).

HEALTH IN PREGNANCY GRANT

This is a one-off payment of £190 (at the time of publishing) available to mums-to-be with effect from 5 April 2009. To claim this grant you must be 25 weeks pregnant or more. It does not depend on your income. Eligibility includes the Service community overseas but there are some exceptions. Please see your Community Midwife (or GP) for more information and a claims form, or go to the worldwide web page:

www.direct.gov.uk/money4mum2be

SURESTART MATERNITY GRANT

This is a one-off payment of £500 for families on low income to help with the extra cost of having a baby. Whilst living in BFG, you may be eligible if you are expecting a baby within 11 weeks, or had a baby in past 3 months, or adopted a baby, have residence or parental order for a baby who is under 12 months and are in receipt of Income Support Working Tax Credit or Child Tax Credit. For more information, please see your UWO or the worldwide web page:

www.dwp.gov.uk/advisers/sb16/ssmg.asp

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.

FURTHER QUESTIONS?



We realise that you may have more questions than this leaflet is able to answer. Therefore **we have provided the space below** for you to write yourself a reminder of any other questions to ask the Midwife, Doctor or UWO.

Further Questions?

SUGGESTIONS?

We hope this information leaflet has helped you understand the situation in BFG. If you have suggestions how we might improve this leaflet in the future, or the BFG HS Maternity Service, we would like to hear from you. You may choose to inform your Midwife or GP of your suggestions, or you may **write your suggestions in the space below** when you no longer want this leaflet and then send it to:

Head of Midwifery Services

HQ BFG HS
Haus Burblick
Gilead
BFPO 39

Thank you for your help

Suggestions?

Useful Contact Details

Your Medical Centre:

Your Named Midwife:

Out of Hours On-Call Midwife:

DGP hospital:

Nearest Non-DGP hospital:

German Emergency Services:

Unit Welfare Officer:

Others:

Hospital Hot Line : **0800 588 9936**

