

Criteria for planned birth in Gwenllian Ward, Bronglais Hospital

Guideline information

Guideline number: 1376

Classification: Clinical

Supersedes:

Local Safety Standard for Invasive Procedures (LOCSSIP) reference: NA

National Safety Standards for Invasive Procedures (NatSSIPs) standards: NA

Version number: Version 1

Date of Equality Impact Assessment: 10/06/2025

Approval information

Approved by: Maternity Written Document Control Group

Date of approval: 06/01/2026

Date made active: 16/03/2026

Review date: 06/01/2029

Summary of document:

Criteria for planned birth in Bronglais hospital.

Scope:

This guideline is for health care professionals who support women when planning birth in the appropriate setting most suitable for them and their babies

The guidance below uses the term 'woman' (pronouns she or her) to describe individuals whose sex assigned at birth was female, whether they identify as female, male or non-binary. It is important to acknowledge it is not only people who identify as women for whom it is necessary to access women's health and reproductive services. Therefore, this should include people who do not identify themselves as women but who are pregnant or have recently given birth. Obstetric and Midwifery services and delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender identity does not align with the sex that they were assigned at birth

To be read in conjunction with:

[991 Maternity Triage Guideline](#) – Opens in a new tab

Patient information:

Owning group: Maternity Guideline, Audit and Research Group.06/01/2026

Executive Director Job title: Chief Operating Officer.

Reviews and updates:

Version 1 New guideline 6.1.2026

Keywords :Birthing Criteria, Bronglais Hospital

Glossary of terms

BGH - Bronglais general Hospital

GGH - Glangwili general Hospital

SCBU - Special care Baby Unit

Contents

| | |
|---|---|
| Guideline information | 1 |
| Approval information | 1 |
| Scope..... | 4 |
| Aim..... | 4 |
| Objectives | 4 |
| Introduction | 4 |
| Criteria for planned Birth at BGH | 4 |
| Maternal and fetal Medical Conditions | 4 |
| Other considerations when considering suitability for planned birth at BGH..... | 5 |

Scope

This guideline is for health professionals to support women when planning birth in the appropriate setting most suitable for them and their babies.

Aim

To clarify criteria for planning birth on Gwenllian ward, Bronglais Hospital.

Objectives

The aim of the guideline will be met by staff understanding;

- Criteria for planned birth at Bronglais
- Maternal and Fetal medical conditions that require referral to appropriate birth centre with neonatal facilities.

Introduction

Bronglais Hospital (BGH), Aberystwyth does not have in-patient neonatal facilities (i.e. SCBU/ neonatal unit). There is one dedicated neonatal room for stabilising unwell babies prior to transfer to a hospital with the specialist neonatal facilities. Care is provided by the paediatricians and Gwenllian Midwives. In view of this it is important to apply careful consideration before recommending or planning birth in BGH, of women who's babies is at an increased risk of needing admission to a neonatal unit. In these circumstances birth in a unit with available facilities should be recommended.

Criteria for planned Birth at BGH

- Babies not anticipated to require prolonged transitional care or neonatal input/ care
- Gestation ≥ 37 weeks
- Singleton Fetal growth $>10^{\text{th}}$ centile with normal Dopplers with no known risk factors.

Maternal and fetal Medical Conditions

Women and babies diagnosed with the following medical conditions should not birth in BGH and require referral to an appropriate birth centre with dedicated SCBU / Neonatal facilities

- Cardiac Disease known to be associated with intrapartum complications
- Insulin Dependent Diabetic
- Persistent Platelets $<100 \times 10^9 /L$
- Multiple pregnancy
- BMI >50 having planned Caesarean birth
- Fetal abnormality (needs discussion with UHW Fetal medicine and neonatal team locally – follow individual neonatal referral plan).
- Fetal Growth $\leq 3^{\text{rd}}$ centile
- Abnormal Fetal Doppler studies
- Spontaneous labour OR where birth is clinically indicated $<37/40$
- Maternal Substance Misuse and/ or prescribed medication which may be lead to baby needing intervention following birth (follow individual neonatal plan as per paediatric referral plan).
- Preterm pre-labour PPRM) rupture of membrane.

Women with confirmed PPROM should be counselled on an individual basis, in the absence of risk factors consideration can be given to birthing in BGH >37/40 but should be made on an individual basis in conjunction with the consultant obstetrician and the woman.

Other considerations when considering suitability for planned birth at BGH

- Consideration should be given to the most appropriate place of birth for a planned caesarean birth performed at <39/40 weeks.
- Any maternal condition requiring post op support which is not available at BGH (to be considered on an individual basis).
- **Individualised care planning and consideration of transfer of care for women from BGH to GGH who have a history of a previous bowel or bladder injury may be considered, if the presence of a general surgeon or urologist is required.**