

Our new model of neonatal care

Working together across the North of Scotland

Question & Answers – Last updated, April 2026

What is changing with the delivery of neonatal care in Scotland?

Following a national review of maternity and neonatal services in Scotland, the way neonatal intensive care is delivered will be changing. There will be three Neonatal Intensive Care Units providing care for the smallest and sickest babies. These units are in Aberdeen, Glasgow and Edinburgh.

Will the changes affect a lot of people?

Every year in Scotland, around 1 in 10 newborn babies receive neonatal care. Most neonatal care will continue to be delivered in Local Neonatal Units – for example in Inverness or Dundee. For the small number of babies born in the North of Scotland before their mums are 27 weeks' pregnant, or who are very unwell, going to the Neonatal Intensive Care Unit in Aberdeen will be the safest option.

Babies who need certain specialist care, such as heart surgery, will continue to be treated in Glasgow. Babies will continue to be transferred back to their most local neonatal unit for ongoing care as soon as possible.

Which health boards do we mean when we say North of Scotland?

The unit in Aberdeen will provide neonatal intensive care for NHS Grampian, NHS Highland, NHS Orkney, NHS Shetland and NHS Tayside. During times of high demand for cots elsewhere, babies from further away will also be cared for. Teams from across the country will continue to work together to make sure all needs are met, as they do now.

Why is neonatal care in Scotland changing?

Evidence shows the health of the smallest and sickest babies who need neonatal intensive care is improved when they are born and cared for, or transferred to, a unit with a high number of similar cases.

Technology and expertise in maternity, fetal and neonatal care has advanced significantly. Caring for our tiniest and most unwell babies has become more complex. Keeping up very high standards of specialist neonatal care is a challenge when some equipment and procedures may only be needed for a few very unwell babies.

Will some Local Neonatal Units close?

No. Local Neonatal Units across Scotland will continue to offer care to babies who need it, including a level of neonatal intensive care. No neonatal units are closing.

What is changing in terms of the level of care available in different units in the North of Scotland?

A small number of babies born before 27 weeks, or who are extremely unwell, will require to be transferred from NHS Tayside to the Neonatal Intensive Care Unit in Aberdeen. This change hasn't happened yet as funding is to be agreed. A national Task and Finish Group has been set up and their goal is to make progress during 2026.

The changes will only affect a small number of babies who are born with the most serious conditions or very prematurely and need the highest level of care to have the best chance of survival.

Why were Glasgow, Edinburgh and Aberdeen chosen to provide the Neonatal Intensive Care Units?

An expert group, including doctors, nurses and patient representatives, looked in detail at all options. The three chosen units scored the highest against agreed criteria. They also looked at where there was access to neonatal surgery, specialist fetal medicine (when babies are in the womb) and maternal medicine services on the same hospital site.

Having a Neonatal Intensive Care Unit in Aberdeen will mean we can keep highly specialist neonatal services in the North of Scotland for our smallest and sickest babies. Evidence tells us the more frequently a unit cares for these tiny babies, the more expertise they develop in delivering very complex procedures and care for these very small numbers of children.

How will we ensure high standards of care in all neonatal settings?

Most babies who are born and need neonatal care after birth will continue to get that care in their local area, provided by highly trained staff. Where the care they need is not provided locally, the specialist neonatal transport service ScotSTAR will transport babies, as they do now, to the nearest appropriate Neonatal Intensive Care Unit.

When will the changes happen?

Health boards are working together to plan the changes with the support of national guidance. For parents of babies currently in neonatal care, there will be no change.

Has the new way of working been tested?

Yes. This model of care is based on how neonatal care has been delivered in Scotland for many years. For example, babies born in Inverness needing specialist intensive care have for many years had to travel to Aberdeen for intensive care. They are transferred back to Inverness to be closer to home as their condition improves.

NHS Scotland has also tested the changes in Edinburgh and Glasgow. It's also worth noting that having bigger units delivering neonatal intensive care is the way neonatal intensive care is being delivered successfully in other parts of the UK (England, Wales, Northern Ireland).

How will extra care in Aberdeen be accommodated?

Aberdeen will have more cots and staff to receive babies requiring specialist care. The Scottish Government is working with health boards to make sure each of the three neonatal intensive care units can manage the additional work. Staff are also involved in developing local plans.

Who has overall responsibility for making sure the plans are a success in the North of Scotland?

Laura Skaife-Knight, Chief Executive of NHS Grampian, is one of three Health Board Chief Executives co-chairing a national Task and Finish Group. Across the North of Scotland, staff from neonatal, maternity and transport services are working together on the detailed changes.

How will staff in Local Neonatal Units maintain their skills?

Both nursing and medical staff in Local Neonatal Units will continue to have experience in delivering some aspects of intensive care.

We are aware that some of the smallest and sickest babies will be delivered unexpectedly, and some babies in Local Neonatal Units and Special Care Baby Units will deteriorate. They will continue to benefit from expert staff who can help to stabilise their condition before transfer. Specialist skills will need to be maintained beyond the three Neonatal Intensive Care Units and health boards will work together on this. Appropriate learning and development opportunities will be available for staff.

Do the changes mean parents will have to travel to see their baby?

Currently, when babies are admitted to neonatal care, parents either need to travel from home to be with their babies, or they can stay in accommodation close to the hospital.

The changes will mean a very small number of families may have to travel further to be with their baby. However, all parents are offered support with travel costs through the [Young Patients Family Fund](#). If accommodation for parents is not available at the hospital, or nearby, costs for accommodation can also be claimed through this Fund. Babies will be moved back to a unit nearer to home as soon as they are well enough.

Why was Aberdeen chosen as the third site rather than the central belt?

Having a third Neonatal Intensive Care Unit in Aberdeen will make services more accessible for families in the North of Scotland. For those families who live just as close to Glasgow or Edinburgh as they do to Aberdeen, parents will be involved in discussions about where best to transfer their baby for specialist care.

What will happen if I find out before my baby is born that they will need intensive care after birth?

Your care will be planned with the help of a specialist maternity team. They will plan for you to be transferred to a maternity hospital with a Neonatal Intensive Care Unit when it is time to give birth.

Are there any safety issues in moving babies when they are so small?

Moving very premature babies after birth carries risk and, for this reason, most women will be transferred before they give birth. When this is not possible, the ScotSTAR Neonatal Transport Service will transfer babies after birth, as they do now.

The ScotSTAR Neonatal Transport Service is a national service, staffed by specially trained teams who are experienced in the care of premature and unwell babies. The service has dedicated, specialised transport equipment and ambulances. The ScotSTAR service also incorporates Air Ambulance teams, which can support the transfer of babies when required.

Will there be a place for my partner to stay if my baby is born far from home?

We always aim to prevent the separation of families, especially at such a difficult time. Accommodation should be provided by the health board where your baby is being cared for. If this is not possible, the [Young Patients Family Fund](#) supports parents with reasonable accommodation costs. Neonatal Unit staff can help you.