

Capability frameworks for Victorian maternity and newborn services



Department
of Health

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In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.

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About this document

The maternity and newborn capability frameworks

The maternity and newborn capability frameworks operate as companion documents that:


- support clinicians to partner with women and families to plan for their care through pregnancy, birth and in the postnatal period
- assist health services to make informed decisions about the resources, partnerships and protocols required to manage different complexities of care
- enable a transparent approach to planning and service development at a local level, taking into account community need
- support health service regions and the department to plan for and manage the maternity and newborn service system.

Victorian maternity and newborn services operate in a network across six levels (Figure 1). The *Capability frameworks for Victorian maternity and newborn services* (Department of Health 2021) describe the requirements for providing safe and high-quality maternity and newborn care, across the continuum from pregnancy through to the postnatal period, at each level for public services. The workforce, infrastructure, equipment, clinical support services and governance requirements are also described and must be met at all times to maintain service capability.

This document replaces the *Capability framework for Victorian maternity and newborn services* (Department of Health and Human Services 2019).

Figure 1: The Victorian system of maternity and newborn care



 Services operate in a networked system across six levels of care

The *Capability frameworks for Victorian maternity and newborn services* (the frameworks) are informed by the following principles:

- Maternity care is guided by a wellness model designed around the needs of each woman and her family.
- Health services support women’s choice, continuity of care – including facilitating midwifery continuity of care - and cultural safety.
- Maternity care is provided as close to home as is safe and practicable and includes prompt transfer to local and/or specialised services as appropriate.
- A network of services and an enduring commitment to safety and quality provide the foundation of Victoria’s maternity and newborn service system.
- Consultation, referral and transfer processes are established to support clinical decision making. These processes are agreed and documented by health services within appropriate geographical boundaries.
- Capability refers to the level of care (including the required workforce, infrastructure and equipment, and clinical support services) a health service can continuously meet.
- Health services’ capability is clearly communicated to women and families, the community and other service providers.
- As system manager, the department determines the capability levels of health services, with responsibility for regular review and to work with health services to plan changes to levels of care provided.

The frameworks do not replace or amend current legislation, mandatory standards or accreditation processes. The document assumes that health services provide care in accordance with:

- [Safer Care Victoria, Delivering high-quality healthcare – Victorian clinical governance framework](https://www.bettersafecare.vic.gov.au/publications/clinical-governance-framework) (2017) <https://www.bettersafecare.vic.gov.au/publications/clinical-governance-framework>

- [National Safety and Quality Health Service \(NSQHS\) Standards](https://www.safetyandquality.gov.au/standards/nsqhs-standards) <https://www.safetyandquality.gov.au/standards/nsqhs-standards>.

Maternity and newborn capability levels for Victorian public hospitals are published on the [Department of Health website](https://www.health.vic.gov.au/patient-care/maternity-and-newborn-care-in-victoria) <https://www.health.vic.gov.au/patient-care/maternity-and-newborn-care-in-victoria>.

How to use the frameworks

The frameworks are cumulative in design. This means that all hospitals providing planned maternity and newborn care will meet the requirements (excluding workforce) outlined for lower levels, with additional requirements provided for each advancing capability level. The workforce requirements for each level of care are outlined in full.

While health services will commonly provide a higher level of maternity than newborn care, Table 1 describes the minimum configuration requirements for providing planned maternity and newborn care.

Table 1: Minimum configuration requirements for maternity and newborn care

Maternity service level of care	Minimum newborn service level of care
6	6
5	4
4	3
3	2
2	2
1	1

Victoria's maternity and newborn service system

A wellness model of care recognises that, for most women, pregnancy and childbirth is a normal event with a largely predictable pathway of care. With a large network of Victorian public and private hospitals providing planned maternity and newborn care, most women and babies can access care close to their home. The capacity of Victoria's six regional health services to provide moderate and some high-risk pregnancy care (level 5 maternity care) means that only women requiring the most complex and specialised care (level 6 maternity care) travel to Melbourne.

For a small number of women and babies, emergencies and changes in their care needs do occur. The Paediatric Infant Perinatal Emergency Retrieval (PIPER) service provides a 24-hour statewide advice and retrieval service for women, babies and children with serious medical problems. This world-class service means that clinicians across Victoria can access specialist advice and support at all times and that women birth where it is safest for them to do so.

As an integral component of Victoria's maternity service system, 14 Koori maternity services provide flexible, culturally safe and responsive maternity care for Aboriginal women and their families. Koori maternity guidelines: delivering culturally responsive and high-quality care (Department of Health and Human Services 2017a) requires that public health services and Koori maternity services work together to ensure continuity of care, and to promote the cultural safety and wellbeing of Aboriginal women and their families.

Safety and quality

While Victoria and Australia have one of the lowest maternal and perinatal mortality rates internationally (Consultative Council on Obstetric and Perinatal Mortality and Morbidity 2021), regular monitoring, reviews and sharing of lessons learnt are vital for improving the safety and quality of public and private maternity and newborn services.

The *Capability frameworks for Victorian maternity and newborn services* facilitate a consistent approach to clinical risk assessment and management and support a transparent approach to planning and service development at the local, regional and system levels. There are a number of other mechanisms to support health services to monitor and review their maternity and newborn services to optimise outcomes for women, babies and families.

Six regional maternal and perinatal mortality and morbidity committees, with representatives from all rural and regional service providers, support multidisciplinary learning to strengthen clinical practice across the Victorian maternity and newborn service system.

The Victorian Perinatal Autopsy Service provides timely access to expert perinatal autopsies and investigations as well as education and advice to clinicians and health services.

Safer Care Victoria was established in 2017 to oversee and support health services to provide safe and high-quality care. Safer Care Victoria works with the Department of Health, health services and other bodies to improve the quality and safety of healthcare across the state, to achieve its aim of outstanding healthcare for all Victorians, always. This includes working closely with Victoria's rural, regional and metropolitan health services to strengthen and support provision of safe maternity care. Safer Care Victoria has worked with clinicians and consumers to develop best practice clinical guidance and resources, available through the *Maternity and Neonatal eHandbooks*¹, to improve outcomes and minimise patient harm.

Supported by Safer Care Victoria, the Consultative Council on Obstetric and Perinatal Mortality and Morbidity (CCOPMM) reviews all cases of maternal, perinatal and paediatric mortality and morbidity. Through publishing the Victoria's mothers, babies and children report annually, CCOPMM has a central role in providing expert advice and recommendations to strengthen the safety and quality of Victorian maternity and newborn services.

The annual Victorian perinatal services performance indicators report prepared by Safer Care Victoria (SCV) in consultation with internal and external subject matter experts, presents comparative hospital data on outcomes for mothers and newborns, reporting on 16 safety and quality performance indicators of perinatal care across 13 key performance areas.

The *Victorian health services performance monitoring framework* (Department of Health and Human Services 2019a) also provides public health service managers with regular reports on selected health service performance indicators.

1 <https://www.bettersafecare.vic.gov.au/clinical-guidance/neonatal>; <https://www.bettersafecare.vic.gov.au/clinical-guidance/maternity>

Maternity capability levels

Level 1 maternity service

Service	Description
 <p>Pregnancy care</p>	<p>Routine pregnancy care provided through a general practitioner, specialist and/or midwifery shared care arrangement and in accordance with the Clinical practice guidelines: pregnancy care <https://www.health.gov.au/resources/collections/pregnancy-care-guidelines-and-related-documents>.</p> <p>Partners with Koori Maternity Services in accordance with Koori maternity services guidelines <https://www.health.vic.gov.au/publications/koori-maternity-services-guidelines> to provide culturally safe maternity care to Aboriginal women and families.</p> <p>Routine pregnancy care includes provision of structured education in preparation for birth and parenthood.</p> <p>A pregnancy record available for women – for example, the Victorian Maternity Record <https://www.health.vic.gov.au/patient-care/victorian-maternity-record>.</p> <p>Guidelines for access to the Victorian Patient Transport Assistance Scheme <https://www.health.vic.gov.au/rural-health/victorian-patient-transport-assistance-scheme-vptas>.</p> <p>Works with women and families to plan for the most appropriate place for birth and return to their community following birth.</p>
 <p>Pregnancy assessment</p>	<p>Guidelines for referral to a general practitioner, the nearest emergency department, an urgent care centre or a public maternity service for unplanned and emergency pregnancy assessment.</p> <p>Advice for women regarding reduced fetal movements and has a clinical pathway for management, including escalation.</p>
 <p>Birthing / intrapartum care</p>	<p>No planned births.</p> <p>Management, including transfer and retrieval for women experiencing unplanned and imminent birth.</p> <p>Assessment and management of transfer as required for women and babies who have experienced 'birth before arrival'.</p>
 <p>Postnatal care</p>	<p>Provides routine domiciliary care, including electronic referral to maternal and child health services in accordance with the Postnatal Care Program guidelines for Victorian health services <https://www.health.vic.gov.au/publications/postnatal-care-program-guidelines-for-victorian-health-services>.</p> <p>May provide inpatient postnatal care for women following early discharge from a birthing service.</p> <p>Provides at least level 1 newborn care.</p> <p>Guidelines for discharge and care planning, in accordance with Transition of care – discharge from an acute facility <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/transition-care-discharge-acute-facility>.</p>
 <p>Emergency care</p>	<p>Partners with the Paediatric Infant Perinatal Emergency Retrieval <https://www.rch.org.au/piper/> (PIPER) service for consultation, stabilisation, transfer and retrieval of maternity patients. Provides maternal resuscitation and emergency stabilisation prior to transfer or retrieval.</p>

Workforce

Service	Requirements
Emergency response	Rapid response system ² (for example, 'respond blue') and identified roles on site 24/7 to respond immediately to maternal and newborn emergencies across the facility.
Medical – general practice	Registered medical practitioner, with Certificate of Women's Health or equivalent, credentialed at the service for obstetric care available for women receiving admitted postnatal care.
Midwifery/nursing	Staffing in accordance with the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015 <https://www.health.vic.gov.au/nursing-and-midwifery/safe-patient-care-nurse-to-patient-and-midwife-to-patient-ratios-act-2015> or, in the case of the private sector, the relevant enterprise agreement and statutory requirement. Registered midwives provide routine antenatal and postnatal care through formal shared maternity care arrangements with designated birthing services.
Allied health	Guidelines for referral to the following allied health services: <ul style="list-style-type: none"> • physiotherapy • social work • dietetics • continence advisor or equivalent • pastoral care.
Mental health	Guidelines for referral to clinical mental health practitioners and community mental health services.

Clinical support services

Service	Requirements
Pathology and blood / blood products	Blood and specimen collection and processing accessible (processing may be off-site). Volume expanders on site and accessible 24/7 for immediate management and stabilisation prior to emergency transfer. Guidelines for referral pathways and protocol with an accredited pathology facility <https://www.nata.com.au/>. Provision of blood and blood products in accordance with Victoria's agreement to: <ul style="list-style-type: none"> • the National blood and blood products charter for hospitals <https://www.blood.gov.au/system/files/documents/health-provider-blood-and-blood-products-charter-hospitals_0.pdf> • the National blood and blood products charter for pathology labs <https://www.blood.gov.au/system/files/documents/health-provider-blood-and-blood-products-charter-labs_0.pdf> • Standard 7 of the NSQHS Standards: Blood and blood products <https://www.safetyandquality.gov.au/wp-content/uploads/2012/10/Standard7_Oct_2012_WEB.pdf>.
Diagnostic imaging	Guidelines for referral to diagnostic imaging in accordance with the Clinical practice guidelines: pregnancy care <https://www.health.gov.au/resources/pregnancy-care-guidelines>

2 Australian Standard 4083-2010, AS3745 planning for emergencies in facilities.

Service	Requirements
Pharmacy	Medication available in accordance with the Australian Commission on Safety and Quality in Health Care <https://www.safetyandquality.gov.au/sites/default/files/2021-05/national_safety_and_quality_health_service_nsqhs_standards_second_edition_-_updated_may_2021.pdf> Guidelines for access to pharmacy advice/consultation.
Lactation service	Guidelines for referral to specialist lactation services and advice.
Drug and alcohol services	Guidelines for referral to specialist drug and alcohol services, including smoking cessation.
Maternal and child health services	Guidelines for referral to maternal and child health services, including enhanced maternal and child health services, in accordance with the <i>Child Wellbeing and Safety Act 2005</i> .
Family support services	<u>Family services</u> Guidelines for referral and service planning in accordance with Healthcare that counts <https://www.health.vic.gov.au/publications/healthcare-that-counts-a-framework-for-improving-care-for-vulnerable-children-in> and The Orange Door <https://orangedoor.vic.gov.au/> Child protection notifications are made in accordance with the Children, Youth and Families Act 2005 <https://www.legislation.vic.gov.au/in-force/acts/children-youth-and-families-act-2005/124> where there is significant concern for the wellbeing of a child (including unborn children). <u>Family violence</u> Routine screening for family violence (including referral to support services <https://orangedoor.vic.gov.au/>) is provided in accordance with MARAM Framework and Family Violence Information Sharing Scheme <https://www.vic.gov.au/information-sharing-schemes-and-the-maram-framework>
Interpreter services	Guidelines for access to interpreter services in accordance with the Department of Health Language services policy <https://www.health.vic.gov.au/publications/language-services-policy>.
Cultural safety	Guidelines for referral to Aboriginal Hospital Liaison Officer. Culturally safe maternity care is provided in accordance with Aboriginal cultural safety fixed grant requirements (2020) <https://www.health.vic.gov.au/publications/aboriginal-cultural-safety-fixed-grant-guidelines-cultural-safety-planning-and>

Equipment and infrastructure

Service	Requirements
Birth rooms/ areas	<p>On-site access to equipment required to manage imminent birth and immediate postnatal care as outlined in Appendix 1.</p> <p>On-site access to neonatal resuscitation equipment and medication as outlined in Appendix 2.</p>
Admitted care	Where inpatient postnatal care is provided, access to inpatient facilities in accordance with the Australasian health facilities guidelines <https://www.healthfacilityguidelines.com.au/hpu/maternity-unit-2>.
Non-admitted care	<p>Guidelines for provision of telehealth, in accordance with Better Safer Care – Telehealth decision tool <https://www.bettersafercare.vic.gov.au/clinical-guidance/telehealth/telehealth-decision-tool></p> <p>Access to a clinical information system (Birthing Outcomes System (BOS) or equivalent) at all times during the provision of maternity care, including perioperative spaces.</p> <p>Consultation space and equipment for the provision of routine antenatal and postnatal care.</p>

Clinical governance

Service	Requirements
Service guidelines	<p>Guidelines define the scope of maternity care available at the health service site in accordance with the maternity capability level and provide information on access, admission and discharge.</p> <p>Service partners and the community are provided information about the level of maternity care provided at the health service and how services can be accessed. This information is provided in a format that meets the cultural and communication needs of women and their families.</p>
Shared care	<p>Formal shared care guidelines that:</p> <ul style="list-style-type: none"> • delineate the roles, responsibilities and expectations of healthcare providers³ • clarify expectations and pathways for referral, care and support • support the provision of evidence-based care • facilitate clear communication and provide information to women and their families.

³ These roles, responsibilities and expectations are usually established as part of a shared maternity care affiliate agreement.


Service	Requirements
Consultation, referral and transfer	<p>Guidelines for consultation, referral and transfer established in accordance with regional referral, escalation and transfer pathways ensure:</p> <ul style="list-style-type: none"> • risks and/or care needs of women and babies are identified early and managed effectively, including maternal obesity and social vulnerability • women and families access level 1–5 maternity care within the region • women and babies are supported to return to their local maternity and newborn service as soon as possible after birth • a specialist is available 24/7 to discuss clinical care and escalation (including through formal agreements with another maternity service). <p>Guidelines for PIPER consultation, referral and transfer.</p> <p>Guidelines for referral in accordance with the Statewide Obstetric Referral Criteria for Specialist Clinics <https://src.health.vic.gov.au/specialities></p>
Competence and credentialling	<p>Annual competency assessment and review processes for staff providing maternity care, including for fetal surveillance and neonatal resuscitation.</p> <p>Credentialling processes for medical staff providing maternity care, including for the provision of shared care.</p> <p><https://www.bettersaferecare.vic.gov.au/publications/credentialling-and-scope-of-clinical-practice-for-senior-medical-practitioners-policy></p>
Peer review	<p>Annual peer review processes for staff providing maternity care are consistent with the Australian Commission on Safety and Quality in Healthcare’s Review by peers: a guide for professional, clinical and administrative processes <https://www.safetyandquality.gov.au/sites/default/files/migrated/37358-Review-by-Peers.pdf>.</p>
Clinical review	<p>Process for regular, structured, multidisciplinary review of all maternal and perinatal deaths and severe morbidity, in accordance with Perinatal Society of Australia and New Zealand: Clinical practice guideline for perinatal mortality <https://www.psanz.com.au/guidelines>.</p> <p>Multidisciplinary participation in regional maternal and perinatal mortality and morbidity committees.</p>

Level 2 maternity service

As for level 1, in addition:

Service	Description
 <p>Pregnancy care</p>	<p>Provides maternity care for women experiencing uncomplicated, low-risk pregnancies. Pregnancy care promotes continuity of carer, for example, midwifery continuity of care, GP obstetric care.</p>
 <p>Pregnancy assessment</p>	<p>Midwife available 24/7 to provide on-site pregnancy assessment and referral. Registered medical practitioner with DRANZCOG or equivalent, credentialed at the service for obstetric care, and available 24/7 to provide on-site pregnancy assessment and referral.</p>
 <p>Birthing / intrapartum care</p>	<p>Supports planned births from 37 weeks' gestation up to 42+0 weeks' gestation. May accept care of women marginally below gestational age, when clinically appropriate and following specialist consultation.</p> <p>A second practitioner, trained and skilled in neonatal resuscitation, is present at all births, in accordance with Responsibility for neonatal resuscitation at birth <https://ranzcof.edu.au/wp-content/uploads/2022/05/Responsibility-for-neonatal-resuscitation-at-birth.pdf></p> <p>May provide elective caesarean sections in accordance with RANZCOG: Timing of elective caesarean section at term <https://ranzcof.edu.au/wp-content/uploads/2022/05/Timing-of-elective-caesarean-section-at-term.pdf></p> <p>May provide epidural / spinal analgesia / anaesthesia contingent on capability to:</p> <ul style="list-style-type: none"> • provide continuous cardiotocography (CTG) monitoring • perform emergency caesarean section. <p>The following three clinicians must be in attendance at all caesarean sections:</p> <ul style="list-style-type: none"> • registered medical practitioner (DRANZCOG advanced or equivalent) • registered medical practitioner (JCCA-accredited training or equivalent) • registered medical practitioner, nurse practitioner, registered nurse or midwife, credentialed to provide neonatal resuscitation and emergency stabilisation prior to transfer.⁴ <p>May provide induction of labour for multigravidas women experiencing a low-risk pregnancy in accordance with the Maternity e-handbook: induction of labour <https://www.safercare.vic.gov.au/clinical-guidance/maternity/induction-of-labour>.</p> <p>May provide induction of labour for primiparous women experiencing a low-risk pregnancy where service has 24/7 capability to perform emergency caesarean.</p> <p>Provides fetal surveillance and paired umbilical cord blood gas or lactate analysis in accordance with RANZCOG Intrapartum fetal surveillance clinical guidelines <https://ranzcof.edu.au/wp-content/uploads/2022/05/Intrapartum-Fetal-Surveillance.pdf>.</p> <p>Management of postpartum haemorrhage in accordance with Postpartum haemorrhage (PPH) – prevention, assessment and management <https://www.bettersafercare.vic.gov.au/clinical-guidance/maternity/postpartum-haemorrhage-pph-prevention-assessment-and-management>.</p>

⁴ For further information see: RANZCOG November 2018 [Responsibility for neonatal resuscitation at birth](https://ranzcof.edu.au/wp-content/uploads/2022/05/Responsibility-for-neonatal-resuscitation-at-birth.pdf) <https://ranzcof.edu.au/wp-content/uploads/2022/05/Responsibility-for-neonatal-resuscitation-at-birth.pdf>.

Service	Description
 <p>Postnatal care</p>	<p>Provides inpatient postnatal care.</p> <p>Provides Hospital in the Home for women following birth, in accordance with the Hospital in the Home guidelines <https://www.health.vic.gov.au/patient-care/hospital-in-the-home>.</p> <p>Provides bereavement support and referral.</p> <p>Arranges referral and follow-up for specialist services including urogynecology services.</p> <p>Provides at least level 2 newborn care.</p>

Workforce

Service	Requirements
Emergency response	Rapid response system ⁵ (for example, 'respond blue') and identified roles on site 24/7 to respond immediately to maternal and newborn emergencies across the facility.
Medical – general practice	<p>Registered medical practitioner with DRANZCOG or equivalent, credentialed at the health service for obstetric care, available 24/7.</p> <p>Where epidural/spinal anaesthesia is provided, a registered medical practitioner with DRANZCOG advanced or equivalent, credentialed at the health service for obstetric care, available 24/7.</p> <p>Where elective caesarean services are provided, a registered medical practitioner with DRANZCOG advanced or equivalent, credentialed at the health service for obstetric care.</p>
Medical – anaesthetics	<p>Where epidural/spinal anaesthesia is provided, a registered medical practitioner who has successfully completed JCCA-accredited training or equivalent, credentialed at the health service for anaesthetic care, available 24/7.</p> <p>Where elective caesarean services are provided, a registered medical practitioner who has successfully completed JCCA-accredited training or equivalent, credentialed at the health service for anaesthetic care.</p>
Midwifery/nursing	<p>Staffing in accordance with the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015 <https://www.health.vic.gov.au/nursing-and-midwifery/safe-patient-care-nurse-to-patient-and-midwife-to-patient-ratios-act-2015> or, in the case of the private sector, the relevant enterprise agreement and statutory requirement.</p> <p>Midwife/nursing staff in charge of maternity care on every shift demonstrates competence and recency in fetal surveillance and monitoring.</p> <p>24/7 access to a clinician who has attained the equivalent level of a RANZCOG practitioner level 3 score for routine hourly review of CTGs.</p>
Allied health	<p>Guidelines for referral to the following allied health services:</p> <ul style="list-style-type: none"> • physiotherapy • social work • dietetics • continence advisor or equivalent • pastoral care.
Mental health	Guidelines for referral to clinical mental health practitioners and community mental health services.

⁵ Australian Standard 4083-2010, AS3745 planning for emergencies in facilities.

Clinical support services

As for level 1, in addition:

Service	Requirements
Pathology and blood / blood products	<p>Blood and specimen collection and processing available 24/7 (processing may be off-site). Where epidural/spinal anaesthesia provided:</p> <ul style="list-style-type: none"> • blood group matching available (processing may be off-site) • blood required for immediate management and stabilisation prior to emergency transfer, on site and available 24/7 • on-site blood storage facilities. <p>In addition, where elective caesarean sections provided:</p> <ul style="list-style-type: none"> • group and hold with cross-matched blood held at local pathology service. <p>Guidelines for access to Victorian Perinatal Autopsy Service <https://www.thewomens.org.au/health-professionals/vpas> provider.</p>
Diagnostic imaging	24/7 access to an ultrasound service and medical staff credentialed to perform ultrasounds as an adjunct to medical imaging services.
Bereavement care	<p>Guidelines for bereavement support and referral to specialist grief/bereavement services in accordance with the Perinatal Society of Australia and New Zealand Clinical practice guidelines for perinatal mortality <https://sanda.psanz.com.au/assets/Uploads/Full-Version-PSANZ-Guidelines-2012.pdf>.</p> <p>Guidelines to access a cooling cot from a designated birthing service.</p>

Equipment and infrastructure

As for level 1, in addition:

Service	Requirements
Birth rooms	<p>On-site access to neonatal resuscitation equipment in accordance with the Standards for resuscitation: clinical practice and education <https://resus.org.au/standards-for-resuscitation-clinical-practice-and-education/>.</p> <p>A birthing environment that supports culturally safe care for Aboriginal women and families and in accordance with the Australasian health facilities guidelines <https://www.healthfacilityguidelines.com.au/hpu/maternity-unit-2>.</p> <p>Equipment to support labour, birth and puerperium, including 24/7 on-site access to CTG monitoring.</p> <p>Equipment to perform paired umbilical cord blood gas or lactate analysis, on site and accessible 24/7.</p>
Admitted care	Inpatient maternity care facilities in accordance with the Australasian health facilities guidelines <https://www.healthfacilityguidelines.com.au/hpu/maternity-unit-2>.
Non-admitted care	Consulting space, equipment and staffing in place for non-admitted maternity care that is separate to inpatient/admitted care.

Service	Requirements
Operating rooms	<p>Where epidural/spinal anaesthesia available:</p> <ul style="list-style-type: none"> • 24/7 access to the equipment and space required for caesarean section • perioperative staff available 24/7. <p>Where elective caesareans provided:</p> <ul style="list-style-type: none"> • planned access to the equipment and space required for caesarean section • perioperative staff available. <p>Access to CTG equipment in perioperative rooms to ensure continuous monitoring.</p>






Clinical governance

As for level 1, in addition:

Service	Requirements
Scope of practice	<p>In accordance with the department's Policy and funding guidelines <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services> short-term and unavoidable changes in the scope of maternity care are:</p> <ul style="list-style-type: none"> • formally agreed and documented with local health services and other providers that will be affected (including Ambulance Victoria and PIPER) • communicated with women who are booked in and likely to deliver over the period and women are provided a personalised care plan, including key contacts at both the referring and the receiving hospital(s) • effectively communicated with the local community with advice on how care can be accessed • formally communicated to the department.

Level 3 maternity service

As for level 2, in addition:

Service	Description
 <p>Pregnancy care</p>	<p>Provides comprehensive maternity care for women with normal-risk pregnancies.</p> <p>Responsive pregnancy care models include consultation with specialist pregnancy care programs for specific cohorts (for example, young mums).</p>
 <p>Pregnancy assessment</p>	<p>Midwife available 24/7 to provide on-site unplanned pregnancy assessment and referral.</p> <p>Management of fetal death in utero, including induction and autopsy discussion.</p>
 <p>Birthing / intrapartum care</p>	<p>Planned births from 37 weeks' gestation including provision of elective and emergency caesarean.</p> <p>May provide vaginal birth after caesarean section in accordance with regional consultation, referral and escalation pathways.</p> <p>Epidural/spinal anaesthesia available.</p> <p>Induction of labour for women \geq 37 weeks' gestation.</p> <p>May provide vaginal birth after caesarean section in accordance with RANZCOG: Birth after previous caesarean section <https://ranzcof.edu.au/wp-content/uploads/2022/05/Birth-after-previous-caesarean-section.pdf>, and regional consultation, referral and escalation pathways.</p> <p>Provides elective caesarean sections in accordance with RANZCOG: Timing of elective caesarean section at term <https://ranzcof.edu.au/wp-content/uploads/2022/05/Timing-of-elective-caesarean-section-at-term.pdf>.</p> <p>Emergency caesarean section provided 24/7.</p> <p>May provide a public homebirth program <https://www.health.vic.gov.au/publications/implementing-a-public-home-birth-program-guidance-for-victorian-public-health-services>.</p>
 <p>Postnatal care</p>	<p>Provides at least level 2 newborn care.</p>
 <p>Emergency care</p>	<p>Provides advanced maternal resuscitation and emergency stabilisation before transfer or retrieval.</p> <p>Management of postpartum haemorrhage including operative management – for example, uterine balloon tamponade, laparotomy and uterine brace sutures.</p>

Workforce

Service	Requirements
Emergency response	Rapid response system ⁶ (for example, 'respond blue') and identified roles on site 24/7 to respond immediately to maternal and newborn emergencies across the facility.
Medical – general practice	Registered medical practitioner with DRANZCOG advanced or equivalent, credentialled at the health service for obstetric care, available 24/7.
Medical – anaesthetics	Registered medical practitioner, with JCCA-accredited training or equivalent, credentialled for anaesthetic care, available 24/7.
Midwifery/ nursing	Staffing in accordance with the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015 <https://www.health.vic.gov.au/nursing-and-midwifery/safe-patient-care-nurse-to-patient-and-midwife-to-patient-ratios-act-2015> or, in the case of the private sector, the relevant enterprise agreement and statutory requirement. Midwife/nursing staff in charge of maternity care on every shift demonstrates competence and recency in fetal surveillance and monitoring. 24/7 access to a clinician who has attained the equivalent level of a RANZCOG practitioner level 3 score for routine hourly review of CTGs.
Allied health	Guidelines for referral to the following allied health services: <ul style="list-style-type: none"> • physiotherapy • social work • dietetics • continence advisor or equivalent • pastoral care.
Mental health	Guidelines for referral to clinical mental health practitioners and community mental health services.

Clinical support services

As for level 2, in addition:

Service	Requirements
Pathology and blood / blood products	Blood and blood products required for immediate management and stabilisation on site and accessible 24/7 (prior to emergency transfer if required).
Diagnostic imaging	On-site radiology service available. On-site obstetric ultrasound service available 24/7.

⁶ Australian Standard 4083-2010, AS3745 planning for emergencies in facilities.

Equipment and infrastructure

As for level 2, in addition:

Service	Requirements
Operating rooms	Equipment and space required for caesarean section and management of postpartum haemorrhage accessible 24/7. Perioperative staff available 24/7.






Clinical governance

As for level 2, in addition:

Service	Requirements
Scope of practice	Provides pregnancy and birthing services for women where care has been transferred due to short-term/unavoidable changes in the scope of maternity care for regional level 2 maternity services.

Level 4 maternity service

As for level 3, in addition:

Service	Description
 <p>Pregnancy care</p>	<p>Provides comprehensive maternity care for women with normal and moderate-risk pregnancies.</p> <p>Shared pregnancy care for women with identified risk factors in accordance with regional consultation, referral and escalation criteria.</p>
 <p>Pregnancy assessment</p>	<p>Dedicated space for pregnancy assessment available 24/7.</p> <p>Central point of contact for after-hours assessment / phone triage of women.</p>
 <p>Birthing / intrapartum care</p>	<p>Provides:</p> <ul style="list-style-type: none"> planned births from 34 weeks' gestation induction of labour $\geq 34+0$ weeks' gestation vaginal birth after caesarean section including induction and/or augmentation in accordance with regional consultation, referral and escalation pathways management of uncomplicated vaginal twin births at term and with a predicted birthweight of $\geq 2,000$ grams.
 <p>Postnatal care</p>	<p>Provides at least level 3 newborn care.</p>
 <p>Emergency care</p>	<p>High-dependency unit on site.</p> <p>Where on-site unit not available, provides high-dependency care for maternity patients pending transfer, in accordance with the requirements established in Appendix 3.</p>

Workforce

Service	Requirements
Emergency response	Rapid response system ⁷ (for example, 'respond blue') and identified roles on site 24/7 to respond immediately to maternal and newborn emergencies across the facility.
Medical – general practice	Registered medical practitioner with DRANZCOG advanced or equivalent, credentialed at the health service for obstetric care, available 24/7.
Medical – obstetrics	A registered medical specialist (RANZCOG) or equivalent, credentialed at the health service for obstetric care, as appointed clinical head of service.

⁷ Australian Standard 4083-2010, AS3745 planning for emergencies in facilities.

Service	Requirements
Medical – anaesthetics	A registered medical specialist (ANZCA) or equivalent, credentialed at the health service for anaesthetic care, as appointed clinical head of service. Registered medical practitioner, with JCCA-accredited training or equivalent, credentialed for anaesthetic care, available 24/7.
Midwifery/nursing	Staffing in accordance with the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015 <https://www.health.vic.gov.au/nursing-and-midwifery/safe-patient-care-nurse-to-patient-and-midwife-to-patient-ratios-act-2015> or, in the case of the private sector, the relevant enterprise agreement and statutory requirement. Midwife in charge of birth suite on every shift has completed fetal surveillance education and training program and has attained the equivalent level of a RANZCOG practitioner level 3 score. Where high-dependency care unit is on site, staff with demonstrated competency in critical care on site 24/7.
Allied health	On-site access, during business hours, to the following allied health services: <ul style="list-style-type: none"> • physiotherapy • social work • dietetics. Access to pastoral care. Guidelines for referral to continence advisor or equivalent.
Mental health	Guidelines for referral to clinical mental health practitioners and community mental health services.

Clinical support services

As for level 3, in addition:

Service	Requirements
Pathology and blood / blood products	Blood and blood products required for immediate management and stabilisation on site and available 24/7. Blood and blood products available 24/7.
Pharmacy	On-site pharmacy service during business hours and available 24/7.

Equipment and infrastructure

As for level 3, in addition:




Service	Requirements
High-dependency care	24/7 on-site access to space and equipment required for the provision of high-dependency care for maternity patients in accordance with Appendix 3 .

Clinical governance

As for level 3.

Level 5 maternity service

As for level 4, in addition:

Service	Description
 <p>Pregnancy care</p>	<p>Provides maternity care for women with normal-to moderate-risk pregnancies living within the local community.</p> <p>Designated regional services provide regional access to specialist maternity care for women experiencing moderate-risk pregnancies with:</p> <ul style="list-style-type: none"> • leadership of services within the region for vaginal births after a caesarean • formal referral and intake process for women requiring level 5 maternity care. <p>Provides specialist pregnancy care for women experiencing moderate-risk pregnancies within the region. Care may be provided in partnership with a lower capability maternity service, general practitioner or private service, including endorsed privately practising midwives.</p> <p>Invasive, antenatal diagnostic procedures such as amniocentesis are available.</p> <p>Provides targeted pregnancy care service models for women at increased risk or vulnerability.</p> <p>Shared pregnancy care for women with complex pregnancies, in consultation with a level 6 service.</p>
 <p>Birthing / intrapartum care</p>	<p>Planned management of labour and birth for moderate-risk pregnancies from 31 weeks' gestation.</p> <p>Provides intrapartum blood gas or lactate analysis in accordance with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists' 2019 Intrapartum fetal surveillance guidelines <https://ranzocg.edu.au/wp-content/uploads/2022/05/Intrapartum-Fetal-Surveillance.pdf>.</p> <p>Provides caesarean section for major placenta praevia.</p>
 <p>Postnatal care</p>	<p>Provides specialist postnatal care including urogynaecological services.</p> <p>Provides at least level 4 newborn care.</p>
 <p>Emergency care</p>	<p>On-site access to adult intensive care services for maternity critical care management.</p>

Workforce

Service	Requirements
Emergency response	Rapid response system ⁸ (for example, 'respond blue') and identified roles on site 24/7 to respond immediately to maternal and newborn emergencies across the facility.
Medical – obstetrics	<p>A registered medical specialist (RANZCOG) or equivalent, credentialed at the health service for obstetric care, as appointed clinical head of service.</p> <p>A registered medical specialist (RANZCOG) or equivalent, credentialed at the health service for obstetric care, available 24/7.</p> <p>Registered medical practitioner, level 2 RANZCOG trainee or equivalent, credentialed at the health service for obstetric care (including initiation of management for obstetric emergency and caesarean section) on site 24/7. May be an accredited registrar on the RANZCOG training program.</p> <p>Registered medical practitioner or nurse practitioner with experience in obstetric care on site 24/7.</p>
Medical – anaesthetics	<p>A registered medical specialist (ANZCA) or equivalent, credentialed at the health service for anaesthetic care, as appointed clinical head of service.</p> <p>A registered medical specialist (ANZCA) or equivalent, credentialed at the health service for anaesthetic care, available 24/7.</p> <p>Registered medical practitioner with appropriate experience in obstetric anaesthetics, credentialed to initiate anaesthetic management for obstetric emergencies and caesarean delivery (beyond ANZCA supervision level 1), on site 24/7. May be an accredited registrar on the ANZCA training program.</p>
Midwifery/nursing	<p>Staffing in accordance with the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015 <https://www.health.vic.gov.au/nursing-and-midwifery/safe-patient-care-nurse-to-patient-and-midwife-to-patient-ratios-act-2015> or, in the case of the private sector, the relevant enterprise agreement and statutory requirement.</p> <p>Midwife in charge of birth suite on every shift has completed fetal surveillance education and training program and has attained the equivalent level of a RANZCOG practitioner level 3 score.</p> <p>Staff with demonstrated competency in critical care on site 24/7.</p>
Allied health	<p>On-site access, during business hours, to the following allied health services:</p> <ul style="list-style-type: none"> • physiotherapy • social work • dietetics. <p>Guidelines for referral to continence advisor or equivalent.</p> <p>Access to pastoral care.</p>
Mental health	On-site access, during business hours, to clinical mental health consultation-liaison service.

⁸ Australian Standard 4083-2010, AS3745 planning for emergencies in facilities.

Clinical support services

As for level 4, in addition:

Service	Requirements
Bereavement care	On-site access to a cooling cot.

Equipment and infrastructure

As for level 4, in addition:

Service	Requirements
Birth rooms	24/7 on-site access to equipment to perform fetal scalp blood sampling.
Intensive care	24/7 on-site access to intensive care services for maternity patients.




Clinical governance:

As for level 4, in addition:

Service	Requirements
Competence and credentialling	Provides level 1–4 maternity services within the region support for credentialling processes for medical staff providing maternity care including shared care. Provides level 1–4 maternity services within the region support to complete annual competency assessment and review processes for staff providing maternity care.
Peer review	Provides regional level 1–4 maternity services support for the completion of annual peer review processes for staff providing maternity care.
Clinical review	Regional level 5 maternity services provide leadership and support of regional maternal and perinatal mortality and morbidity committees.

Level 6 maternity service

As for level 5, in addition:

Service	Description
 <p>Pregnancy care</p>	<p>Provides maternity care of any risk level for women living within the local community.</p> <p>Provides statewide access to specialised maternity care for women experiencing a high-risk pregnancy (any gestation), labour and birth including care for suspected or known placenta accreta, increta and percreta.</p> <p>Specialist on-site services for all levels of maternal complexity.</p> <p>Provides maternal fetal medicine service.</p>
 <p>Postnatal care</p>	<p>Provides level 6 newborn care.</p>
 <p>Emergency care</p>	<p>Full range of expertise to support critically ill woman and all unexpected maternal emergencies.</p>

Workforce

Service	Requirements
Emergency response	Rapid response system ⁹ (for example, 'respond blue') and identified roles on site 24/7 to respond immediately to maternal and newborn emergencies across the facility.
Medical – obstetrics	<p>A registered medical specialist (RANZCOG) or equivalent, credentialed at the health service for obstetric care, as appointed clinical head of service.</p> <p>A registered medical specialist (RANZCOG) or equivalent, credentialed at the health service for obstetric care, available 24/7.</p> <p>A designated registered medical practitioner, level 2 RANZCOG trainee or equivalent, credentialed at the health service for obstetric care (including initiation of management for obstetric emergency and caesarean section) on site 24/7. May be an accredited registrar on the RANZCOG training program.</p> <p>Registered medical practitioner or nurse practitioner with appropriate experience in obstetric care on site 24/7.</p>
Medical – anaesthetics	<p>A registered medical specialist (ANZCA) or equivalent, credentialed at the health service for anaesthetic care, as appointed clinical head of service.</p> <p>A registered medical specialist (ANZCA) or equivalent, credentialed at the health service for anaesthetic care, available 24/7.</p> <p>Registered medical practitioner with appropriate experience in obstetric anaesthetics, credentialed to initiate anaesthetic management for obstetric emergencies and caesarean delivery (beyond ANZCA supervision level 1), on-site 24/7. May be an accredited registrar on the ANZCA training program.</p>

⁹ Australian Standard 4083-2010, AS3745 planning for emergencies in facilities.

Service	Requirements
Midwifery/nursing	Staffing in accordance with the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015 <https://www.health.vic.gov.au/nursing-and-midwifery/safe-patient-care-nurse-to-patient-and-midwife-to-patient-ratios-act-2015> or, in the case of the private sector, the relevant enterprise agreement and statutory requirement. Midwife in charge of birth suite on every shift has completed fetal surveillance education and training program and has attained the equivalent level of a RANZCOG practitioner level 3 score. Staff with demonstrated competency in critical care on site 24/7.
Allied health	On-site access, during business hours, to the following allied health services: <ul style="list-style-type: none"> • physiotherapy • social work • dietetics • continence advisor or equivalent • pastoral care.
Mental health	On-site clinical mental health consultation-liaison service during business hours and available 24/7.

Clinical support services

As for level 5, in addition:

Service	Requirements
Pathology and blood / blood products	On-site access to pathology services 24/7 including for: <ul style="list-style-type: none"> • biochemistry • haematology • microbiology • serology and blood bank.
Diagnostic imaging	Full range of on-site imaging services available 24/7.
Drug and alcohol services	On-site specialist drug and alcohol services.

Equipment and infrastructure

As for level 5, in addition:

Service	Requirements
Birth rooms	Equipment to provide intra-arterial blood pressure monitoring on site and accessible 24/7. Portable ultrasound machine accessible within birth suite 24/7.



Clinical governance

As for level 5, in addition:

Service	Requirements
Competence and credentialling	Provides level 5 maternity services support for credentialling processes for medical staff providing maternity care including shared care. Provides level 5 maternity services support to complete annual competency assessment and review processes for staff providing maternity care.
Peer review	Provides level 5 maternity services support for the completion of annual peer review processes for staff providing maternity and care.

Newborn capability levels

Level 1 newborn service

Service	Description
 <p>Emergency care</p>	<p>Partners with PIPER for consultation, transfer and retrieval of newborns.</p> <p>Provides resuscitation and emergency stabilisation of babies prior to retrieval/transfer for unexpected presentations and 'births before arrival'.</p>
 <p>Newborn care</p>	<p>Provides domiciliary postnatal care for well newborns $\geq 37+0$ weeks gestation or newborn birthweight of $\geq 2,500$ grams.</p> <p>May provide postnatal inpatient care (at the bedside) following early transfer from a birthing service or birth before arrival.</p> <p>Partners with Koori Maternity Services in accordance with Koori maternity services guidelines to provided culturally safe care to Aboriginal babies and their families.</p>

Workforce

Service	Requirements
Emergency response	Rapid response system (for example, 'respond blue') ¹⁰ with identified roles on site 24/7 to respond immediately to newborn emergencies across the facility
Medical – general practice	Registered medical practitioner, credentialed at the health service for newborn care available for newborns receiving admitted postnatal care.
Midwifery/nursing	Staffing in accordance with the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015 or, in the case of the private sector, the relevant enterprise agreement and statutory requirement.
Allied health	Guidelines for referral to the following community-based allied health services: <ul style="list-style-type: none"> • newborn physiotherapy • newborn occupational therapy • social work • speech pathology • dietetics • audiology • pastoral care.

¹⁰ Australian Standard 4083-2010, AS3745 planning for emergencies in facilities.

Clinical support services

Service	Requirements
Diagnostic imaging	Established diagnostic imaging referral pathways (within region).
Pathology and blood / blood products	<p>Blood and specimen collection with processing available (processing may be off-site) including:</p> <ul style="list-style-type: none"> • bilirubin testing • newborn bloodspot screening in accordance with the Victorian newborn screening policy and guidelines <https://www.health.vic.gov.au/publications/newborn-bloodspot-screening-policy-and-guidelines>. <p>Point of care blood glucose testing using a glucometer.</p> <p>Guidelines for referral pathways and protocol with accredited pathology facility.</p> <p>Provision of blood and blood products in accordance with Victoria's agreement to:</p> <ul style="list-style-type: none"> • the National blood and blood products charter for hospitals <https://www.blood.gov.au/system/files/documents/health-provider-blood-and-blood-products-charter-hospitals_0.pdf> • the National blood and blood products charter for pathology labs <https://www.blood.gov.au/system/files/documents/health-provider-blood-and-blood-products-charter-labs_0.pdf> • Standard 7 of the NSQHS Standards: Blood and blood products <https://www.safetyandquality.gov.au/wp-content/uploads/2012/10/Standard7_Oct_2012_WEB.pdf>.
Pharmacy	<p>Medication available in accordance with the Australian Commission on Safety and Quality in Health Care <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/national-safety-and-quality-health-service-standards-second-edition>.</p> <p>Guidelines for pharmacy advice/consultation.</p>
Ophthalmology	Guidelines for referral to paediatric ophthalmology services.
Interpreter services	Guidelines for access to interpreter services in accordance with the Department of Health Language services policy < https://www.health.vic.gov.au/publications/language-services-policy >.
Maternal and Child Health Services	Guidelines for referral to maternal and child health services, including enhanced maternal and child health services, in accordance with the <i>Child Wellbeing and Safety Act 2005</i> .

Service	Requirements
Family support services	<p><u>Family services</u></p> <p>Guidelines for referral and service planning in accordance with <u>Healthcare that counts</u> <https://www.health.vic.gov.au/publications/healthcare-that-counts-a-framework-for-improving-care-for-vulnerable-children-in> and <u>The Orange Door</u> <https://orangedoor.vic.gov.au/>.</p> <p>Child protection notifications are made in accordance with the <u>Children, Youth and Families Act 2005</u> <https://www.legislation.vic.gov.au/in-force/acts/children-youth-and-families-act-2005>, where there is significant concern for the wellbeing of a child (including unborn children).</p> <p><u>Family violence</u></p> <p>Routine screening for family violence (including referral to support services (<https://orangedoor.vic.gov.au/>)) provided in accordance with <u>MARAM Framework and Family Violence Information Sharing Scheme</u> <https://www.vic.gov.au/information-sharing-schemes-and-the-maram-framework></p>

Equipment and infrastructure

Service	Requirement
Nursery	<p>Designated resuscitation bay/space with on-site access to neonatal resuscitation equipment and medication as outlined in Appendix 2.</p> <p>Guidelines for provision of telehealth, in accordance with <u>Better Safer Care - Telehealth decision tool</u>, <https://www.bettersafecare.vic.gov.au/clinical-guidance/telehealth/telehealth-decision-tool></p>



Clinical governance

Service	Requirement
Service guidelines	<p>Guidelines define the scope of newborn care available at the health service site in accordance with newborn capability level, and provide information on access, admission and discharge.</p> <p>Service partners and the community are provided information regarding the level of newborn care provided at the health service and how services can be accessed. This information is provided in a format that meets the cultural and communication needs of consumers.</p>

Service	Requirement
Consultation, referral and transfer	<p>Processes are established to support staff to recognise the acute deterioration of a baby (for example, ViCTOR charts <https://www.safercare.vic.gov.au/clinical-guidance/paediatric/victor>).</p> <p>Guidelines for consultation, referral and transfer are established in accordance with agreed regional referral, escalation and transfer pathways to ensure that:</p> <ul style="list-style-type: none"> • risks and/or care needs of babies are identified early and managed effectively • babies are supported to return to their local maternity and newborn service as soon as possible after transfer • staff providing newborn care (including clinical support staff) can easily access expert advice within the region • roles and responsibilities of the referring and receiving services are understood. <p>Guidelines for PIPER consultation, referral and transfer.</p> <p>Review of all newborn PIPER transfers.</p>
Competence and credentialling	<p>Annual competency assessment and review processes for staff providing newborn care.</p> <p>Credentialling processes for medical staff providing newborn care <https://www.bettersafercare.vic.gov.au/publications/credentialling-and-scope-of-clinical-practice-for-senior-medical-practitioners-policy>.</p>
Peer review	<p>Annual peer review processes for staff providing newborn care are consistent with the Australian Commission on Safety and Quality in Healthcare's Review by peers: a guide for professional, clinical and administrative processes <https://www.safetyandquality.gov.au/sites/default/files/migrated/37358-Review-by-Peers.pdf>.</p>

Level 2 newborn service

As for level 1, in addition:

Service	Description
 <p>Emergency care</p>	<p>Provides advanced resuscitation and emergency stabilisation of babies in resuscitation bay/space prior to retrieval/transfer.</p>
 <p>Newborn care</p>	<p>Provides care for mildly unwell newborns $\geq 37+0$ weeks gestation or newborn birthweight of $\geq 2,500$ grams.</p> <p>Provides short-term care for minor conditions not requiring specialist medical treatment including:</p> <ul style="list-style-type: none"> • mild respiratory distress (oxygen therapy requirement ≤ 30 per cent for less than six hours) • incubator care for less than six hours • single light phototherapy • commencement of gavage feeding, in preparation for transfer. <p>Guidelines for referral to the Victorian Infant Hearing Screening Program <https://www.rch.org.au/vihsp/> for a newborn hearing screening test.</p> <p>Provides routine screening for congenital heart disease as per Neonatal e-handbook: Oxygen saturation screening for newborns <https://www.safercare.vic.gov.au/clinical-guidance/neonatal/oxygen-saturation-screening-for-newborns>.</p> <p>May accept care of newborns marginally below the gestational age/birthweight, when clinically appropriate and following specialist consultation.</p>

Workforce

Service	Requirements
Emergency response	Rapid response system (for example, 'respond blue') ¹¹ with identified roles on site 24/7 to respond immediately to newborn emergencies across the facility
Medical – general practice	Registered medical practitioner credentialed at the health service for newborn care available 24/7.
Midwifery/ nursing	Staffing in accordance with the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015 < https://www.health.vic.gov.au/nursing-and-midwifery/safe-patient-care-nurse-to-patient-and-midwife-to-patient-ratios-act-2015 > or, in the case of the private sector, the relevant enterprise agreement and statutory requirement.

¹¹ Australian Standard 4083-2010, AS3745 planning for emergencies in facilities.

Service	Requirements
Allied health	<p>Guidelines for referral to the following community-based allied health services:</p> <ul style="list-style-type: none"> • newborn physiotherapy • newborn occupational therapy • social work • speech pathology • dietetics • audiology • pastoral care.

Clinical support services

As for level 1, in addition

Service	Requirements
Pathology and blood/blood products	<p>Blood and specimen collection with processing available 24/7 (processing may be off-site). Point of care bilirubin testing using a transcutaneous bilirubinometer.</p>
Bereavement care	<p>Guidelines for access to bereavement support and referral to specialist grief/bereavement services in accordance with the Perinatal Society of Australia and New Zealand's <i>Clinical practice guidelines for perinatal mortality</i> <https://sanda.psanz.com.au/assets/Uploads/Full-Version-PSANZ-Guidelines-2012.pdf>.</p> <p>Guidelines for access to a cooling cot from a designated newborn service.</p>

Equipment and infrastructure

As for level 1, in addition




Service	Requirements
Nursery	<p>Designated space and equipment required for the provision of level 2 newborn care including:</p> <ul style="list-style-type: none"> • an incubator for thermoregulatory care • a phototherapy light • continuous cardiorespiratory and pulse oximetry monitoring. <p>Guidelines for accessing a portable incubator in accordance with the <i>Statewide incubator care guideline</i> <https://www.rch.org.au/uploadedFiles/Main/Content/piper/Statewide-incubator-care-guideline.pdf>.</p>

Clinical governance

As for level 1.

Level 3 newborn service

As for level 2, in addition:

Service	Description
 <p>Emergency care</p>	<p>Provides:</p> <ul style="list-style-type: none"> • advanced resuscitation with capacity to intubate and mechanically ventilate, pending transfer • acute management of pneumothorax via needle aspiration, in consultation with PIPER and pending transfer • administration of surfactant, in consultation with PIPER and pending transfer. <p>May also provide acute management of pneumothorax via insertion of an intercostal catheter, in consultation with PIPER and pending transfer.</p>
 <p>Newborn care</p>	<p>Provides care for mildly/moderately unwell newborns $\geq 34+0$ weeks' gestation or newborn birthweight of $\geq 2,000$ grams.</p> <p>Non-invasive ventilation respiratory support (continuous positive airway pressure or hi-flow):</p> <ul style="list-style-type: none"> • ≤ 30 per cent oxygen therapy • up to 72 hours. <p>Provides ongoing care for mildly/moderately unwell babies including:</p> <ul style="list-style-type: none"> • incubator care • phototherapy • gavage feeding • continuous cardiorespiratory and/or pulse oximetry monitoring • intravenous therapy including for fluids or antibiotics • non-invasive blood pressure monitoring • care for stable babies receiving treatment for neonatal abstinence syndrome, in accordance with regional referral and escalation pathways. <p>May accept care of newborns marginally below the gestational age/birthweight, when clinically appropriate and following specialist consultation.</p>
 <p>Ongoing care</p>	<p>Ongoing care of preterm and convalescing stable newborns (of any weight) transferred from a level 4–6 newborn service and with $\geq 32+0$ weeks corrected age.</p> <p>Provides Hospital in the Home for newborns, in accordance with the Hospital in the Home guidelines <https://www.health.vic.gov.au/patient-care/hospital-in-the-home>.</p>

Workforce

Service	Requirements
Emergency response	Rapid response system (for example, 'respond blue') ¹² with identified roles on site 24/7 to respond immediately to newborn emergencies across the facility.
Medical – paediatrics	Registered medical specialist (RACP – general paediatrics) or equivalent credentialed at the health service for newborn care: <ul style="list-style-type: none"> • on site for ward rounds seven days per week • available 24/7. Registered medical practitioner or nurse practitioner with appropriate experience in newborn care on site 24/7.
Midwifery/nursing	Staffing in accordance with the <i>Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015</i> < https://www.health.vic.gov.au/nursing-and-midwifery/safe-patient-care-nurse-to-patient-and-midwife-to-patient-ratios-act-2015 > or, in the case of the private sector, the relevant enterprise agreement and statutory requirement. Staff with demonstrated competence and recency of practice in the administration of non-invasive ventilation (continuous positive airway pressure or hi-flow) rostered 24/7. Staff with competence in the provision of level 3 newborn care, outlined in the service description, onsite 24/7.
Allied health	Access to the following allied health services: <ul style="list-style-type: none"> • newborn physiotherapy • newborn occupational therapy • social work • speech pathology • dietetics • audiology • pastoral care.

Clinical support services

As for level 2, in addition:

Service	Requirements
Pathology and blood / blood products	Blood gas, electrolyte and full blood count with results available 24/7.
Diagnostic imaging	Radiology service available 24/7.

12 Australian Standard 4083-2010, AS3745 planning for emergencies in facilities.

Equipment and infrastructure

As for level 2, in addition:



Service	Requirements
Nursery	Nursery facilities and space are secure and provided in accordance with <i>Australasian health facility guidelines: intensive care – neonatal/special care nursery</i> < https://healthfacilityguidelines.com.au/hpu/maternity-unit-2 >. 24/7 access to equipment required for the provision of level 3 newborn care.

Clinical governance

As for level 1.

Level 4 newborn service

As for level 3, in addition:

Service	Description
 <p>Newborn care</p>	<p>Provides care for moderately unwell newborns $\geq 32+0$ weeks' gestation or newborn birthweight of $\geq 1,500$ grams.</p> <p>Non-invasive ventilation respiratory support (continuous positive airway pressure or hi-flow):</p> <ul style="list-style-type: none"> • ≤ 40 per cent • up to 96 hours. <p>Establish and maintain umbilical venous catheters (up to 48 hours).</p> <p>Management of central venous lines following transfer from a higher capability service.</p> <p>Designated regional services provide regional access to specialist newborn care in accordance with local referral and escalation pathways and in collaboration with PIPER.</p> <p>May accept care of newborns marginally below the gestational age/birthweight, when clinically appropriate and following specialist consultation.</p>
 <p>Ongoing care</p>	<p>Ongoing care of stable, convalescing newborns (of any weight) transferred from a level 5 or 6 newborn service and with $\geq 31+0$ weeks' corrected age.</p>

Workforce

Service	Requirements
Emergency response	Rapid response system (for example, 'respond blue') ¹³ with identified roles on site 24/7 to respond immediately to newborn emergencies across the facility.
Medical – paediatrics	Registered medical specialist (RACP – general paediatrics) or equivalent, credentialed at the health service for newborn care available 24/7. Registered medical practitioner with experience in general paediatrics, or nurse practitioner, credentialed at the health service for newborn care on site 24/7. May be an accredited registrar on the RACP – general paediatrics training program.
Midwifery/nursing	Staffing in accordance with the <i>Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015</i> < https://www.health.vic.gov.au/nursing-and-midwifery/safe-patient-care-nurse-to-patient-and-midwife-to-patient-ratios-act-2015 > or, in the case of the private sector, the relevant enterprise agreement and statutory requirement. Staff with demonstrated competence and recency of practice in administration of non-invasive ventilation (continuous positive airway pressure or hi-flow) rostered 24/7. Staff with competence in the provision of level 4 newborn care, outlined in the service description, on site 24/7

¹³ Australian Standard 4083-2010, AS3745 planning for emergencies in facilities.

Service	Requirements
Allied health	Access to the following allied health services: <ul style="list-style-type: none"> • newborn physiotherapy • social work • speech pathology • dietetics • newborn occupational therapy • audiology • pastoral care.

Clinical support services

As for level 3, in addition:

Service	Requirements
Pathology and blood / blood products	Point-of-care testing: <ul style="list-style-type: none"> • haemoglobin.
Diagnostic imaging	Guidelines for referral to: <ul style="list-style-type: none"> • newborn MRI • echocardiography services • newborn ultrasonography.
Pharmacy	On-site pharmacy service during business hours and available 24/7.

Equipment and infrastructure

As for level 3, in addition:



Service	Requirements
Nursery	24/7 access to equipment required for the provision of level 4 newborn care.

Clinical governance

As for level 1.

Level 5 newborn service

As for level 4, in addition:

Service	Description
 <p>Newborn care</p>	<p>Provides care for unwell newborns $\geq 31+0$ weeks' gestation or newborn birthweight of $\geq 1,250$ grams including non-invasive ventilation respiratory support (continuous positive airway pressure or hi-flow) ≤ 50 per cent.</p> <p>Provides:</p> <ul style="list-style-type: none"> • tracheal intubation for surfactant replacement therapy • total parenteral nutrition (proficiency in administration and maintenance) • central venous catheters (for example, umbilical) and peripherally inserted central catheters • management of pneumothorax. <p>Designated regional services have established processes for consultation, referral and transfer of babies in the region needing level 5 care, in collaboration with PIPER.</p> <p>May accept care of newborns marginally below the gestational age/birthweight, when clinically appropriate and following specialist consultation.</p>
 <p>Ongoing care</p>	<p>Ongoing care of stable, convalescing newborns (of any weight) transferred from a level 6 newborn service and with $\geq 30+0$ weeks corrected age.</p>

Workforce

Service	Requirements
Emergency response	Rapid response system (for example, 'respond blue') ¹⁴ with identified roles on site 24/7 to respond immediately to newborn emergencies across the facility.
Medical – paediatrics	<p>Registered medical practitioner with experience in general paediatrics, or nurse practitioner (including six months neonatal intensive care experience) or equivalent, credentialed at the health service for newborn care (including establishment and maintenance of ventilation for neonates) on site 24/7. May be an accredited registrar on the RACP – general paediatrics training program.</p> <p>Registered medical practitioner or nurse practitioner with appropriate experience in newborn care on site 24/7.</p>
Medical – neonatology	<p>Registered medical specialist (RACP – neonatal/perinatal medicine) or equivalent credentialed at the health service for newborn care:</p> <ul style="list-style-type: none"> • on site during business hours • available 24/7.

14 Australian Standard 4083-2010, AS3745 planning for emergencies in facilities.

Service	Requirements
Midwifery/nursing	Staffing in accordance with the <i>Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015</i> < https://www.health.vic.gov.au/nursing-and-midwifery/safe-patient-care-nurse-to-patient-and-midwife-to-patient-ratios-act-2015 > or, in the case of the private sector, the relevant enterprise agreement and statutory requirement. Staff with demonstrated competence and recency of practice in the administration of non-invasive ventilation (continuous positive airway pressure or hi-flow) rostered 24/7. Staff with competence in the provision of level 5 newborn care, outlined in the service description, on site 24/7.
Allied health	On-site access during business hours to the following allied health services: <ul style="list-style-type: none"> • newborn physiotherapy • newborn occupational therapy • speech pathology • dietetics • social work • audiology • pastoral care.

Clinical support services

As for level 4, in addition:

Service	Requirements
Pathology and blood / blood products	Point-of-care testing: <ul style="list-style-type: none"> • electrolytes • blood gases.
Pharmacy	Guidelines for access to sub-specialist paediatric advice – for example, parenteral nutrition support.
Bereavement care	On-site access to a cooling cot.

Equipment and infrastructure

As for level 4, in addition:

Service	Requirements
Nursery	24/7 access to equipment required for the provision of level 5 newborn care. Facilitate regional access/use of portable transport incubators in accordance with the <i>Statewide incubator guidelines</i> < https://www.rch.org.au/piper/guidelines/Statewide_incubator_documents/ >.


Clinical governance

As for level 1, in addition:

Service	Requirements
Consultation, referral and transfer	Consultation and referral pathways to newborn and paediatric specialties including surgical services.

Level 6a newborn service

As for level 5, in addition:

Service	Description
 <p>Newborn care</p>	<p>Specialist newborn care (including intensive care) for critically unwell newborns of any gestation.</p> <p>Provides care for:</p> <ul style="list-style-type: none"> • complications of extreme prematurity • term babies with non-surgical critical illness. <p>Support for women with pregnancies with known fetal abnormality requiring consultation or treatment immediately following birth.</p>

Workforce

Service	Requirements
Emergency response	Rapid response system (for example, 'respond blue') ¹⁵ with identified roles on site 24/7 to respond immediately to newborn emergencies across the facility.
Medical – paediatrics	Designated registered medical practitioner with experience in general paediatrics, or nurse practitioner (including 12 months' neonatal intensive care experience), or equivalent, credentialed at the health service for newborn care (including establishment and maintenance of ventilation for neonates) on site 24/7. May be an accredited registrar on the RACP – general paediatrics advanced training program. Registered medical practitioner or nurse practitioner with appropriate experience in newborn care on site 24/7.
Medical – neonatology	Registered medical specialist (RACP – neonatal/perinatal medicine) or equivalent, credentialed at the health service for newborn care, appointed as clinical head of service. Registered medical specialist (RACP – neonatal/perinatal medicine) or equivalent and credentialed at the health service for newborn care: <ul style="list-style-type: none"> • on site during business hours • available 24/7.
Medical – developmental medicine / paediatric sub-speciality	Registered medical specialists (RACP – neonatal/perinatal medicine) with expertise in newborn follow-up for very premature newborns and complex medical conditions, appointed.

¹⁵ Australian Standard 4083-2010, AS3745 planning for emergencies in facilities.

Service	Requirements
Midwifery/nursing	<p>Staffing in accordance with the <i>Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015</i> <https://www.health.vic.gov.au/nursing-and-midwifery/safe-patient-care-nurse-to-patient-and-midwife-to-patient-ratios-act-2015> or, in the case of the private sector, the relevant enterprise agreement and statutory requirement.</p> <p>Staff with demonstrated competence and recency of practice in the administration of mechanical ventilation and non-invasive ventilation (continuous positive airway pressure or hi-flow) rostered 24/7.</p> <p>Staff with competence in the provision of level 6a newborn care, outlined in the service description, including critical care, on site 24/7.</p>
Allied health	<p>On-site access during business hours to the following allied health services:</p> <ul style="list-style-type: none"> • newborn physiotherapy • newborn occupational therapy • speech pathology • dietetics • social work • audiology • pastoral care.

Clinical support services

As for level 5, in addition:

Service	Requirements
Pathology and blood / blood products	On-site access to pathology services 24/7, including for serology and blood bank.
Diagnostic imaging	<p>24/7 on-site access to:</p> <ul style="list-style-type: none"> • newborn MRI • echocardiography services • newborn ultrasonography.
Pharmacy	Provides access to sub-specialist paediatric advice.
Bereavement care	Guidelines for bereavement support and referral to specialist grief/bereavement services in accordance with the Perinatal Society of Australia and New Zealand's <i>Clinical practice guidelines for perinatal mortality</i> < https://sanda.psanz.com.au/assets/Uploads/Full-Version-PSANZ-Guidelines-2012.pdf >.

Equipment and infrastructure

As for level 5, in addition:

Service	Requirements
Nursery	24/7 access to equipment required for the provision of level 6a newborn care.


Clinical governance

As for level 5, in addition:

Service	Requirements
Competence and credentialling	Provides level 3–5 newborn services credentialling process support for medical staff providing newborn care. Provides level 3–5 newborn services support to complete annual competency assessment and review processes for staff providing newborn care.
Peer review	Provides level 3–5 newborn services support for the completion of annual peer review processes for staff providing newborn care.

Level 6b newborn service

As for level 6a, in addition:

Service	Description
 <p>Newborn care</p>	<p>Specialist newborn care for critically unwell newborns of any gestation. Provides newborn surgery.</p> <p>Support for women with pregnancies with a known fetal abnormality requiring consultation, treatment or surgery immediately following birth.</p>

Workforce

Service	Requirements
Emergency response	Rapid response system (for example, 'respond blue') ¹⁶ with identified roles on site 24/7 to respond immediately to newborn emergencies across the facility.
Medical – paediatrics	<p>Designated registered medical practitioner with experience in general paediatrics or nurse practitioner (including 12 months neonatal intensive care experience), or equivalent, credentialed at the health service for newborn care (including establishment and maintenance of ventilation for neonates) on site 24/7. May be an accredited registrar on the RACP – neonatal/perinatal medicine advanced training program.</p> <p>Registered medical practitioner or nurse practitioner with appropriate experience in newborn care on site 24/7.</p>
Medical – neonatology	<p>Registered medical specialist (RACP – neonatal/perinatal medicine) or equivalent, credentialed at the health service for newborn care, appointed as clinical head of service.</p> <p>Registered medical specialist (RACP – neonatal/perinatal medicine) or equivalent and credentialed at the health service for newborn care:</p> <ul style="list-style-type: none"> • on site during business hours • available 24/7.
Medical – surgery	<p>Registered medical specialist (RACS – paediatric surgery) or equivalent credentialed at the health service for neonatal care:</p> <ul style="list-style-type: none"> • on site during business hours • available 24/7. <p>Registered medical practitioner with appropriate experience in general paediatrics – surgery:</p> <ul style="list-style-type: none"> • on site during business hours • available 24/7. <p>May be an accredited registrar on the RACS – general surgery advanced training program.</p>

¹⁶ Australian Standard 4083-2010, AS3745 planning for emergencies in facilities.

Service	Requirements
Medical – anaesthetics	<p>Registered medical specialist (ANZCA) credentialled at the health service for anaesthetic care:</p> <ul style="list-style-type: none"> • on site during business hours • available 24/7. <p>Registered medical practitioner with appropriate experience in neonatal anaesthetics credentialled to initiate anaesthetic management for newborns (beyond ANZCA supervision level 1):</p> <ul style="list-style-type: none"> • on site during business hours • available 24/7. <p>May be an accredited registrar on the ANZCA training program.</p>
Medical – developmental medicine / paediatric sub-speciality	<p>Registered medical specialists (RACP – neonatal/perinatal medicine) with expertise in newborn follow-up for very premature newborns and complex medical and surgical conditions accessible.</p> <p>Registered medical specialists with expertise in clinical and diagnostic paediatric sub-specialties accessible.</p>
Midwifery/nursing	<p>Staffing in accordance with the <i>Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015</i> <https://www.health.vic.gov.au/nursing-and-midwifery/safe-patient-care-nurse-to-patient-and-midwife-to-patient-ratios-act-2015> or, in the case of the private sector, the relevant enterprise agreement and statutory requirement.</p> <p>Staff with demonstrated competence and recency of practice in the administration of mechanical ventilation and non-invasive ventilation (continuous positive airway pressure or hi-flow) rostered 24/7.</p> <p>Staff with competence in providing level 6b newborn care, outlined in the service description, including newborn surgery and critical care, on site 24/7.</p>
Allied health	<p>On-site access during business hours to the following allied health services:</p> <ul style="list-style-type: none"> • newborn physiotherapy • newborn occupational therapy • speech pathology • dietetics • social work • audiology • pastoral care.

Clinical support services

As for level 6a.

Equipment and infrastructure

As for level 6a, in addition:

Service	Requirements
Nursery	24/7 access to equipment required for providing level 6b newborn care.
Operating rooms	24/7 capability to provide newborn surgery.

Clinical governance

As for level 6a.

Appendix 1: Birth pack contents

The birth pack should contain the following equipment:

- umbilical cord clamps × 2
- sterile disposable metal scissors
- sterile disposable metal clamps × 2
- suction catheter – size 10
- underpad
- pads (mother)
- name bands × 2 (baby)
- gloves
- protective gown or disposable plastic apron
- face shield (or goggles and mask)
- biohazard bags × 2
- plastic container (for placenta)
- large plastic zip-lock bags and woolen hat (to maintain temperature for the baby and management of pre-term babies)
- neonatal bag and mask
- suction catheter – size 10 (baby)
- documentation (i.e. emergency birth flowchart, maternal/newborn observations/APGAR score charts, transfer forms)

In addition to this you will need:

- warm towel to dry the baby
- warm (if possible) soft wraps × 2
- linen (baby)
- towels and blankets (mother)
- syringes 2ml × 1 and needles (19G blunt and 23/25G for maternal medications).

Appendix 2: Resuscitation equipment and drugs for Victorian level 1 services

The following represents equipment requirements for neonatal resuscitation and stabilisation. It is tailored specifically for implementation by level 1 maternity services.

Further information can be obtained from PIPER Neonatal Education.

General equipment

ANZCOR ¹⁷ Neonatal Resuscitation Equipment List	Level 1 services
Firm, horizontal, padded resuscitation surface	Yes
Overhead warmer	Yes
Light for the area	Yes
Clock with timer in seconds	Optional
Warmed towels or similar covering	Yes
Polyethylene bag or sheet, big enough for a baby less than 1,500 g birth weight	Yes
Stethoscope, neonatal size preferred	Optional (paediatric size ok)

Equipment for *airway* management

ANZCOR List	Level 1 services
Suction apparatus and suction catheters (6F, 8F, and either 10F or 12F)	Yes
Oropharyngeal airways (sizes 0 and 00)	Yes

¹⁷ Australian and New Zealand Committee on Resuscitation 2017, Guideline 13.1 – Introduction to resuscitation of the newborn infant.

Intubation equipment

ANZCOR List	Level 1 services
Laryngoscopes with infant blades (00, 0, 1)	Size 0, 1 essential; 00 optional
Spare bulbs, and batteries	Yes
Endotracheal tubes (sizes 2.5, 3, 3.5, and 4 mm ID, uncuffed, no eye)	Yes
Endotracheal stylet or introducer	Yes
Supplies for fixing endotracheal tubes (e.g. scissors, tape)	Yes
End-tidal carbon dioxide detector (to confirm intubation)	Yes
Meconium suction device (to apply suction directly to endotracheal tube)	Optional
Magill forceps, neonatal size (optional)	Yes
Laryngeal Mask airway, size 1	Yes

Equipment for supporting *breathing*

ANZCOR List	Level 1 services
Face masks (range of sizes suitable for premature and term infants)	Yes

Positive-pressure ventilation device

ANZCOR List	Level 1 services
T-piece device or flow-inflating bag with a pressure safety valve and manometer	Yes – flow inflating bag not recommended, T-piece desirable
Self-inflating bag (approximately 240 ml) with a removable oxygen reservoir	Yes – self-inflating bag mandatory

Medical gases

ANZCOR List	Level 1 services
Source of medical oxygen (reticulated and/or cylinder, allowing flow rate of up to 10L/min) with flow meter and tubing	Yes
Source of medical air with air/oxygen blender	Yes
Feeding tubes for gastric decompression (e.g. size 6 & 8F)	Yes

Equipment for supporting the *circulation*

ANZCOR List	Level 1 services
Umbilical venous catheter (UVC) kit (including UVC size 5F)	Yes
Peripheral IV cannulation kit	Yes
Skin preparation solution suitable for newborn skin	Yes
Tapes/devices to secure UVC/IV cannula	Yes
Syringes and needles (assorted sizes)	Yes
Intraosseous needles	Yes

Drugs and fluids

ANZCOR List	Level 1 services
Adrenaline (epinephrine): 1:10 000 concentration (0.1 mg/mL)	Yes
Volume expanders	Optional
Normal saline	Yes
Blood suitable for emergency neonatal transfusion needs to be readily available for a profoundly anaemic baby	Optional

Documentation

[Resuscitation record sheet](https://www.neoresus.org.au/wp-content/uploads/2014/12/NEONATAL-RESUSCITATION-RECORD_V2.pdf) <https://www.neoresus.org.au/wp-content/uploads/2014/12/NEONATAL-RESUSCITATION-RECORD_V2.pdf>

Acknowledgement

Developed in conjunction with Paediatric Infant Emergency Retrieval (PIPER) Education.

Appendix 3: High-dependency care capabilities (if no on-site HDU)

Basic respiratory support (BRS)

Ability to maintain adequate ventilation and oxygen saturations.

Basic cardiovascular support (BCVS)

Intravenous anti-hypertensives to control blood pressure in pre-eclampsia.

Arterial line used for pressure monitoring or sampling, as required.

Advanced cardiovascular support (ACVS)

Provides intravenous anti-arrhythmic/antihypertensive/vasoactive drugs, as required.

Continuous electrocardiography monitoring and interpretation.

Neurological support

Magnesium infusion to control seizures.

Workforce

As per level 4, in addition:

- Nursing staff with demonstrated competency and recency of practice in the administration of invasive monitoring and vasopressors, available 24//7.

Glossary

Term	Meaning in this document
24/7	24 hours a day, seven days a week.
Access/accessible	Refers to the ability to utilise resources, a service or the skills of a suitably qualified person without difficulty or delay (may be located on site or off site in accordance with requirements).
Available	Refers to the ability to immediately access and utilise resources, a service or the skills of a suitably qualified person. In relation to workforce, an available staff member is formally on-call and can be immediately contacted to provide advice and/or deliver face-to-face care within the timeframes agreed by the health service.
Initiate anaesthetic management (beyond ANZCA supervision level 1)	Registered medical practitioner locally assessed as capable to initiate anaesthetic management without the requirement for a supervisor present.
Birth before arrival	A baby born before the mother reaches a hospital.
Business hours	Commonly defined as Monday to Friday, 9.00 am to 5.00 pm. Business hours may otherwise be determined by the health service.
Clinical mental health consultation-liaison service	This service comprises specialist mental health assessment, intervention and management for hospital patients requiring immediate mental health care as well as providing support and training to hospital staff.
Competency	Refers to the current set of skills, knowledge and practice expertise required to provide care that is safe and of a high-quality. ¹⁸ Competency is usually demonstrated through: <ul style="list-style-type: none"> • regular training and education • ongoing workplace assessment and review • recency of practice (within 12 months). <p>Fetal surveillance</p> <p>Health services will determine the minimum competency required for staff providing maternity care in accordance with their capability level. The RANZCOG FSEP program provides information regarding the knowledge and skills attained at each practitioner level and may provide a useful guide for health services.</p> <p>The following resources are provided to support health services to establish and maintain appropriate levels of fetal surveillance competency:</p> <ul style="list-style-type: none"> • RANZCOG Fetal Surveillance Education Program¹⁹ – provides information on the knowledge and skills attained at each practitioner level • RANZCOG <i>Intrapartum fetal surveillance clinical guideline – 4th edition</i>²⁰

18 Adapted from: [NICE Competency framework for health professionals using patient group directions \(2017\)](https://www.nice.org.uk/guidance/mpg2/resources) <<https://www.nice.org.uk/guidance/mpg2/resources>>.

19 [Fetal Surveillance Education Program](https://www.fsep.edu.au/Home) <<https://www.fsep.edu.au/Home>>.

20 RANZCOG [Intrapartum fetal surveillance clinical guideline](https://www.fsep.edu.au/What-We-Offer/2-Clinical-Guideline) <<https://www.fsep.edu.au/What-We-Offer/2-Clinical-Guideline>>.

Term	Meaning in this document
Competency (continued)	<p>Newborn resuscitation</p> <p>Health services providing level 1–2 maternity care and level 1 newborn care are required to ensure 24/7 on-site access to staff competent in providing basic newborn resuscitation.</p> <p>Health services providing level 3–6 maternity care and 2–6 newborn care are required to ensure 24/7 on-site access to staff competent in providing advanced newborn resuscitation.</p> <p>The following resources are provided to support health services to establish and maintain appropriate levels of newborn resuscitation competency:</p> <ul style="list-style-type: none"> • Paediatric Infant Perinatal Emergency Retrieval (PIPER) Neonatal Education²¹ • Practical Obstetric Multi-Professional Training (PROMPT).²² <p>Critical care</p> <p>The following examples are provided to support health services establish and maintain appropriate levels of critical care competency:</p> <p>Australian College of Nursing, Graduate, Certificate in Critical Care²³</p> <p>Flinders University, Acute Care Nursing (Critical Care)²⁴</p> <p>Deakin University, Master of Nursing Practice (Critical Care)²⁵</p> <p>Australian College of Neonatal Nursing.²⁶</p>
Credentiailling	<p>The formal process of checking that medical staff are appropriately qualified, registered and experienced to deliver safe, high-quality care.</p> <p>Credentiailling is a requirement for hospital accreditation under the <i>National Safety and Quality Health Service Standards</i>. It is a formal process to verify the qualifications, experience, professional standing, competencies and other relevant professional attributes of staff to provide safe and high-quality care.</p> <p>For registered medical specialists, credentiailling is as per <i>Credentiailling and scope of clinical practice for medical practitioners policy</i>.</p> <p>For registered medical practitioners (non-specialists) and non-medical health professionals, credentiailling is a health service process whereby a registered medical specialist, or other suitably qualified person, assesses and documents that a health professional is appropriately qualified and competent to deliver safe, high-quality care within a specified scope of practice.</p>
Designated	<p>Agreed site or service for a defined purpose.</p> <p>A designated registered medical practitioner is readily contactable and able to attend immediately.</p>
Dedicated space	<p>Agreed area with the necessary equipment and resources for clinical assessment and care (including for the promotion of cultural safety).</p>

21 [PIPER neonatal education](https://www.rch.org.au/piper/education/Neonatal_Education/) <https://www.rch.org.au/piper/education/Neonatal_Education/>.

22 [PROMPT - improving management of obstetric emergencies](https://www.vmia.vic.gov.au/tools-and-insights/patient-safety/prompt-) <https://www.vmia.vic.gov.au/tools-and-insights/patient-safety/prompt->.

23 [Critical Care Nursing – course overview](https://www.acn.edu.au/education/postgraduate-course/critical-care-nursing#1516767684525-0ab1d7a7-c8e85c7c-5a448d17-6378) <https://www.acn.edu.au/education/postgraduate-course/critical-care-nursing#1516767684525-0ab1d7a7-c8e85c7c-5a448d17-6378>.

24 [Acute Care Nursing \(Critical Care\) Postgraduate course](https://www.flinders.edu.au/study/courses/postgraduate-acute-care-nursing-critical-care) <https://www.flinders.edu.au/study/courses/postgraduate-acute-care-nursing-critical-care>.

25 [Master of Nursing Practice \(Critical Care\)](https://www.deakin.edu.au/study/find-a-course/nursing-and-midwifery/critical-care-nursing) <https://www.deakin.edu.au/study/find-a-course/nursing-and-midwifery/critical-care-nursing>

26 [Becoming a Neonatal Nurse](https://www.acnn.org.au/neo-nursing/) <https://www.acnn.org.au/neo-nursing/>.

Term	Meaning in this document
Guideline	Evidence-based statement(s) and/or recommendations that assist decision making to optimise patient care and outcomes. Guidelines include information and advice regarding referral pathways.
Imminent birth	The birth of a baby is likely to happen very soon.
Maternity	Incorporates pregnancy, birth and up to six weeks postpartum.
Newborn	A baby aged from birth to 28 days (corrected for prematurity).
Obstetric ultrasound	<p>A non-invasive medical test to support diagnosis and management. Common uses of the procedure include: determining pregnancy including multiple pregnancies; assessing fetal growth and wellbeing; evaluating the position of the fetus and placenta; and diagnosing congenital abnormalities of the fetus.</p> <p>Interpretation of obstetric ultrasound should be undertaken by an appropriately trained medical practitioner.</p>
On-site/On site	Located within the facility or on an adjacent campus.
Or equivalent	<p>A health professional determined via a credentialling process to have met the required workforce capability level. This applies to but is not limited to the following health professionals:</p> <ul style="list-style-type: none"> • registered medical practitioners with Limited Registration (or Provisional Registration) on either the Specialist Pathway – specialist recognition or the Specialist Pathway – area of need • registered medical practitioners on accredited training programs with previous training undertaken interstate.
Partnership/partners	Partnerships support and facilitate maternity and newborn services of different capability levels to share knowledge, information and advice.
Point-of-care testing	<p>Also referred to as bedside testing.</p> <p>Diagnostic testing takes place at or near the point of care – at the time and place of patient care.</p>
Postnatal care	<p>Supports women to recover and adjust following childbirth, establish breastfeeding and develop early parenting skills.</p> <p>The <i>Postnatal care program guidelines for Victorian health services</i> (Department of Health 2012) provide guidance on postnatal care provided by public health services in the six weeks post-childbirth.</p>
Puerperium	The period of time (about six weeks) after childbirth during which the mother’s reproductive organs return to their original non-pregnant condition.
Pregnancy assessment unit	An area established for urgent maternal and fetal assessment relating to conditions including, but not limited to, pre-eclampsia, preterm rupture of membranes, antepartum haemorrhage, threatened premature labour, intractable vomiting and hypertension.

Term	Meaning in this document
Referral pathway	A shared and agreed process by which a patient is referred from one service provider to another. This includes agreed referral criteria, consistent management of referrals and timely communication between service providers regarding the outcome of the referral.
Region/regional	An area of rural Victoria in which health services work in partnership.
Service (health)	Refers to a clinical service provided under the auspices of an organisation or facility. The word 'facility' usually refers to a physical or organisational structure that may operate a number of services of a similar or differing capability level.
Service (as referred to in clinical support services).	Refers to equipment and workforce required to deliver clinical support services.
Shared care	Antenatal care provided by a community maternity service provider (doctor and/or midwife) in collaboration with hospital medical and/or midwifery staff under an established agreement.
Support	Refers to the provision of informed advice and the sharing of knowledge and experiences between maternity service clinicians and health services for the provision of safe and high-quality care.
Telehealth	Refers to the real-time and remote provision of clinical assessment, intervention and/or consultation services by a health professional to a patient (and/or their carer/s) using audio-visual information technologies. Video consulting is one of the main ways telehealth is improving access to healthcare services for patients and is a requirement of telehealth capability. ²⁷
Volume expanders	A plasma or blood substitute for increasing blood volume.

27 Adapted from: [Department of Health – Telehealth](https://www.health.gov.au/health-topics/health-technologies-and-digital-health/about/telehealth) <<https://www.health.gov.au/health-topics/health-technologies-and-digital-health/about/telehealth>>.

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