

Standards for Maternal and Neonatal Services in South Australia 2020 Clinical Directive

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1. Policy Statement

This clinical directive has been developed in accordance with contemporary professional quality and safety standards, and establishes the minimum standards for the provision of maternity and neonatal services in South Australia. Recommendations made by the South Australian Maternal, Perinatal and Infant Mortality Committee¹ have been considered in the development of this document. These standards have been aligned with the National Maternity Capability Framework¹, and the South Australia Health Maternal and Neonatal Clinical Services Capability Framework².

The development of this criterion-based framework recognises the work undertaken in New South Wales, as produced in the *NSW Health Guide to Role Delineation of Health Services, 3rd Ed 2002*³.

2. Introduction and background

Although the document has primarily been produced for application within the public health sector, it is acknowledged that the standards of practice outlined in the document are also relevant to private health services and may subsequently be used as a reference for maternity and neonatal services in this sector. This current version recognises the regionalisation of health care that has evolved over recent years, which demands a more coordinated approach to improving maternity and neonatal services.

It aligns with South Australia's Strategic Plan 2017-2020⁴, which clearly articulates the need for an integrated approach to services is driven by methodical collaboration of disciplines and professionals, working together to achieve the best outcome.

The criterion-based framework used in this document determines the minimum standard that should be afforded for each level of complexity of care for maternity and/or neonatal services. In consideration of the quality and safety of care, the framework defines the relevant workforce, equipment, protocols and service arrangements that need to be formally in place to ensure the continuity of a particular level of service.

3. Maternity & Neonatal Services in SA

The majority of the babies born in South Australia occur in the Adelaide metropolitan region (20,064 births were recorded in South Australia in 2016, of these 81% were born in the suburbs of Adelaide). As indicated in the Maternal, Perinatal and Infant Mortality in South Australia 2016 report, the remainder were born at the 20 country/rural hospitals scattered across South Australia⁵.

Maternity

Within the Adelaide metropolitan region there are currently two public Hospitals with Level 6 maternity facilities, namely the Flinders Medical Centre (FMC) in the south, and the Lyell McEwin Hospital (LMH), in the north. Whilst the Women's & Children's Hospital (WCH) supports the largest number of births of any maternity unit in the state it does not have onsite adult intensive care facilities and currently operates as a Level 5 maternity site.

South Australia also has five (5) private maternity units, situated in metropolitan Adelaide, providing level 4 and 5 maternity services whilst undertaking 20% (i.e. approximately 4,100) of South Australia's births each year⁶.

Of the country/rural maternity units there are two (2), Mt Gambier & Pt Augusta, providing level 4 'moderate risk' maternity care, approximately twenty (20) maternity units providing 'normal/low risk' level 3 maternity care and the remainder of the health units providing either level 1 or 2 maternity care whereby they are restricted in providing birth services at these sites. 3,600 births occur in the country sites across South Australia⁶.

Neonatal

Within the Adelaide metropolitan region there are currently two public hospitals with Level 6 neonatal facilities, namely the Women's and Children's Hospital in the centre of the metropolitan area and Flinders Medical Centre situated in the south; there is also a large Level 5 neonatal unit at the Lyell McEwin Hospital in the northern metropolitan region.

Of the five (5) private maternity units, situated in metropolitan Adelaide, two (2) Ashford and Calvary Hospitals provide Level 5 neonatal care and the remainder (Burnside, Flinders Private and North Eastern Community) provide Level 4 neonatal services.

In addition Pt Augusta and Mt Gambier both have a 4 bed, Level 4 Nursery. All other birthing units in country health have a Level 3 Nursery, with the remainder of the country health units providing either level 1 or 2 neonatal care.

4. Use of this Clinical Directive

It is envisaged that the standards of practice outlined in this clinical directive will be used by health care providers and service planners with the aim of providing an objective, standardised system for describing the scope and level of maternity and neonatal services provided by a particular unit and/or organisation. It is recognised that the facilities available for the mother, neonate and her family should be conducive to the care that meets their normal physiological needs.

Health managers have the opportunity and obligation to determine their maternity and neonatal health care roles within this service delineation framework.

This document does not provide clinical practice protocols for maternal and/or neonatal care and it is intended that health units utilise the South Australian Perinatal Practice Guidelines, available at <https://extapps.health.sa.gov.au/PracticeGuidelines>, or www.sahealth.sa.gov.au/perinatal for this purpose.

It is also strongly recommended that each unit providing maternity and neonatal services has a comprehensive selection of specific procedures/protocols developed in accordance with best practice principles, relevant to the local workforce, their credentials and support services provided.

It is acknowledged that whilst the standards of practice referred to in this clinical directive have been prepared in consideration of the available information and contemporary professional practice, they are confined to the minimal requirements to provide a safe service but are not prescriptive and some degree of variation may exist at any given service in response to local circumstances.

It is also important to note that a health unit may provide both maternal and neonatal services and yet each individual service may vary in the level of complexity of care provided (i.e. level 6 maternity and level 5 neonatal).

The role of a service described within a service delineation framework relies on the presence of a health care workforce appropriately qualified to execute the services defined. Mandatory credentialing and competency assessment processes of the relevant health care workforce should therefore complement the role of each facility.

The ongoing development of state-wide clinical directives relevant to maternal and neonatal services should align with the standards of practice referred to in this document. The current state-wide clinical directives can be found: www.sahealth.sa.gov.au/perinatal.

5. Principles

General

Within a quality and safety framework, levels of maternity and neonatal care described in this clinical directive promote locally based management of 'low risk' pregnancies whilst also supporting the concept of cascading, increasingly 'at risk' pregnancies being managed in larger maternity services, with access to more comprehensive facilities and a greater range of clinical expertise

The levels of care are determined by the workforce, facilities, equipment, support services, education and organisational quality and risk management systems available at each service. Whilst it is recognised that variations in the services provided may be warranted as unique patients, resources and limitations to services arise, it is recommended that these variations are documented and substantiated with an appropriate risk management policy and strategy.

This clinical directive recognises the need to:

- > define relevant areas of responsibility for individual health units,
- > define the scope of safe clinical care complimentary of the complexity of care required by the woman and/or her newborn,
- > establish referral practices and retrieval
- > transport services enabling the timely transfer of care between different organisations as determined by the patient's complexity of care needs
- > establish the necessary professional and technical infrastructure within the health service, and
- > develop services to the level necessary to meet the needs of the relevant catchment's population,

and may be useful when a health unit:

- > is planning for maternity and/or neonatal services,
- > wishes to commence providing a higher level of care,
- > evaluates its services for accreditation, licensing or review for health service agreement purposes.

Determining the risk factors

Pregnancy, birthing and parenting are significant, meaningful life events and consumers of maternity and neonatal services have the right to receive accessible and safe quality services.

Contemporary maternal and neonatal clinical practice standards dictate that establishing routine preconception health screening as women commence at reproductive age. Also, it is recognised that providing comprehensive antenatal care will optimise the health outcomes for both the mother and her baby with early diagnosis and management of risk factors and/or complications.

Antenatal care should commence at or as close to ten (10) weeks gestation as possible. Furthermore, women should then be encouraged to maintain regular antenatal assessment for the duration of the pregnancy.

There is a progressive level of risk for pregnant women and their fetus, ranging from low to very high. Pregnant women should have their perinatal care managed at a health unit that has a compliment of appropriately credentialed health practitioners, (including medical officers), capable of providing care and services to meet the needs of the woman. Women with risk factors requiring more complex care should have their antenatal management plan modified accordingly.

It is accepted that the level of maternal and neonatal care provided is dependent upon the:

- > facilities available at the particular health unit,
- > credentials and experience of staff available at the particular health unit to manage the identified and potential complications.

All health services should have a well-established communication system facilitating the timely transfer or retrieval of the patient to a health unit that can provide the required care.

Risk factors

There are many perinatal risk factors, including fetal gestational age that should be considered when determining the appropriate level of care for the mother or fetus. Relevant recognised risk factors may include, but are not restricted to:

Medical History

- > age > 35 years
- > renal disease
- > anaemia, < Hb110g/L & MCV < 80fl
- > cardiac disease with some organic or functional impairment
- > hypertension, for example diastolic pressure 90-100 mm/Hg
- > bleeding diathesis
- > history of epilepsy
- > history of depression or anxiety
- > asthma requiring treatment during pregnancy
- > previous venous thrombosis/embolism
- > diabetes Type 1 or 2
- > systemic lupus erythematosus
- > ethnic group at increased risk of hereditary disease
- > current psychotropic medication
- > known carrier or family history of hereditary condition
- > medical conditions plus or minus drug therapy, which may have fetal effects.

Obstetric history - previous:

- > caesarean section or scarred uterus
- > postpartum haemorrhage in excess of one (1) litre
- > shoulder dystocia requiring internal manoeuvres
- > neonate requiring intensive care for an unexplained reason
- > perinatal death not related to preterm birth
- > parity - ≥ para five (5)
- > previous genetic abnormality
- > incompetent cervix
- > mid trimester abortion
- > pre-term labour

Obstetric history - previous: (continued)

- > difficult labour/birth
- > low birthweight infant
- > perinatal death not related to preterm birth
- > blood group antibodies
- > significant birth injury
- > recurrent miscarriage
- > uterine rupture.

Current pregnancy:

- > multiple pregnancy
- > gestational diabetes requiring medication
- > woman refusing assessment for gestational diabetes mellitus
- > fetal abnormality detected on ultrasound
- > carrier status of infections or infectious illness during early pregnancy
- > sexually transmitted disease diagnosed during pregnancy
- > drug dependence
- > heavy alcohol consumption
- > extreme psychological issues / illness
- > potential anaesthetic problems / anaesthetic risk factors
- > obvious abnormalities of skeleton, gait or posture
- > assisted conception
- > weight >100kg or BMI > 35kg/m²
- > smoking
- > significant mental health issues requiring medication
- > hyperemesis gravidarum
- > cholestasis.
- > hypertension and/or pre-eclampsia
- > woman declining morphology ultrasound
- > abnormal placentation (including placenta praevia)
- > polyhydramnios or oligohydramnios
- > suspected fetal macrosomia
- > suspected fetal intrauterine growth restriction or small-for-gestational age
- > antepartum haemorrhage
- > post-term pregnancy (≥ 42 completed weeks; that is, ≥ 294 days)
- > pre-term rupture of membranes

Current pregnancy: (continued)

- > malpresentation, for example breech
- > placenta praevia
- > previous post-partum haemorrhage or retained products
- > suspected cephalopelvic disproportion
- > prolonged rupture of membranes
- > prolapsed cord or cord presentation
- > confirmed non-reassuring fetal heart problems
- > current major depression or generalised anxiety
- > active genital herpes at time of labour.

The early identification of these risk factors, timely referral, and the provision of appropriate care will promote good physical and mental health outcomes for the woman and her infant, whilst optimising the efficient use of the finite health resources.

All South Australian maternal and neonatal care providers are encouraged to call the SA Perinatal Consultant Advice Line (Ph: 81619999 – request “*Perinatal Consultant Advice Line*”) (PAL) to access a perinatal consultant, (Obstetrician or Neonatologist), available 24 hours a day, 7 days a week to receive expert clinical advice to support them in the management of the patient requiring urgent or emergency care. Consultants from South Australia’s larger metropolitan public maternity hospitals staff the PAL roster. MedSTAR, (Ph: 137827); the statewide retrieval service, should be contacted to transport those patients requiring an emergency retrieval. SA Ambulance, (Ph 000) should be contacted to transport the stable patient requiring transfer of care.

Models of Care

Maternity and neonatal services are influenced by models of care that have been developed in response to:

- > the demand for family centred care
- > demand from women
- > a need for a greater focus on women-centred care
- > primary health care principles and community-based approaches
- > a strengthening of the interface between hospital care and community-based care.

The most significant change in care for pregnant women over the past few years is the recognition of the benefits of the continuity of a known care provider throughout the continuum of care for the perinatal period. It is acknowledged that pregnancy care provided within a continuum of care model will enhance maternal satisfaction and better health outcomes for the woman and her baby.

Health units at all levels involved in maternity services should consider offering a range of models depending on demand, staff and facilities available, recognising that midwives are the most appropriate carers for women with a normal health pregnancy and acknowledging that women with an increased risk will need specialist obstetric care.

Description of some maternity models of care

Midwifery led care model

The midwifery led model of care was developed as a continuum of care with arrangements for consultation and referral to registered medical officers and midwives as indicated. It has been established as a model that enhances midwifery practice and provides safe maternal care with medical support at hand; if required. It involves a small team of midwives attending to the antenatal, intrapartum and postnatal care of the pregnant woman who meets a predetermined risk criterion. Midwives attend to the majority of the antenatal/postnatal care in a roster/on-call arrangement, and may involve the client's registered medical officer.

GP obstetric shared-care model

The General Practitioner (GP) obstetric shared-care model is based on the philosophy that a GP's care is integral to a family's health needs.

Women wishing to attend a South Australian public hospital for childbirth have the option of GP obstetric shared care if they meet a predetermined risk criterion. In this model, the GP, who has undertaken extra training to become accredited shared-care provider, manages most of the antenatal and postnatal care, while the public hospital staff provides the inpatient and some outpatient obstetric care. This model is supported by the South Australian GP Obstetric Shared Care Protocols¹⁴, developed within a statewide collegial framework. This model allows easy access to a range of supportive health care staff and services available in public hospitals.

Private funded model

As a predominantly medical model of care; a pregnant woman can access private funded maternal care with their preferred obstetrician and access a privately funded maternity unit for components of the perinatal care.

In some country areas of South Australia, the model is slightly altered with a mix of public and private care. In this situation, the local registered medical officer and/or obstetrician offer private funded antenatal care and continue to support the woman through her birth in the local public hospital as a public patient.

Endorsed Midwife model

Women can access a privately-practicing endorsed midwife who commonly provides the required perinatal care in the woman's home. An endorsed midwife is recognised by the Nursing Midwifery Board of Australia indicating the midwife is competent to: provide pregnancy, labour, birth and postnatal care to women and their infants; and is qualified to provide the associated services and order diagnostic investigations appropriate to the endorsed midwife's scope of practice.

Caseload midwifery model

A caseload model of midwifery care is essentially where a midwife co-ordinate's the care of a woman through the continuum of pregnancy, labour, birth and the postnatal period.

The principle that guides this model of care is that each woman will have 'known' midwives whom she meets regularly during her pregnancy. The care can be provided in the community, the woman's home or in hospital.

The midwife consults with a range of maternal and neonatal health practitioners as indicated by the woman's condition.

Midwifery Group Practice is the name given to a number of caseload models of midwifery care around the world and in South Australia. The Nursing & Midwifery SA Public Sector Enterprise Agreement includes specific requirements for midwifery group practice⁷.

The three (3) public metropolitan maternity units in South Australia offer a Planned Birth at Home service in conjunction with a Midwifery Group Practice model⁸.

Aboriginal family birthing programs

Aboriginal family birthing programs employ Aboriginal Maternal and Infant Care (AMIC) workers; i.e. Aboriginal women who have undertaken or working towards a Certificate IV in Aboriginal and/or Torres Strait Islander Health Care Training/Practice. The AMIC worker collaborates with a range of maternal and neonatal health practitioners as an intellectual and inter-cultural partnership that aim to provide culturally focussed perinatal care the antenatal, birthing and postnatal periods for the Aboriginal woman and their families during pregnancy, birth and the postnatal period. The collegial relationship established between the AMIC worker, nurtures trust and rapport within the team, and subsequently reflects in the woman's confidence and thus improves her willingness to access health services.

Specialist Medical model

A model whereby maternal and/or neonatal care is provided at a level 4, 5 or 6 maternity hospital by a specialist Obstetrician in conjunction with a specialist Neonatologist and a range of allied health staff according to the woman's and /or her baby's needs.

Public funded model

The woman may not have the same doctor or midwife throughout the pregnancy and those caring for her during the antenatal period may not be involved with her labour, birth or postnatal period. Usually there are different medical and midwifery staff in the different sections of the hospital who provide care for different aspects of the woman's maternity experience. These health units may participate in the training of doctors and midwives, and women and babies in these settings may therefore have their care managed by health professionals in training whilst under the supervision of the medical specialist or registered midwife.

Workforce implications

It is fundamental that the maternal and neonatal services staff, facilities and equipment available at each level of service is appropriate to optimise the health outcomes for both the woman and her infant.

The workforce engaged to provide the designated maternal and neonatal services at each health service should be appropriately credentialed within the defined competencies and professional standards of practice as indicated by their specific professional body.

It is acknowledged that the availability and competence of the maternity services workforce, resource allocation and historical practices will influence the range of models of care that can be offered at any one maternity service.

The work force at health services providing less complex care must have clinical capabilities to support the woman and/or neonate's care until assistance from the more qualified perinatal staff and/or the retrieval services is available.

Clinician authorisation to Practice

Determinants of the suitability of the maternity services workforce available at each level of service are included in these standards, but the management of any maternal and/or neonatal health practitioner's authorisation to practice, remains the responsibility of the employing health service.

All maternal and neonatal health practitioners should who have the skills and qualifications to provide safe perinatal care and be registered to practise their profession.

The registered midwife should provide all maternity care and have demonstrable core competencies as indicated by the *Australian Nursing & Midwifery Accreditation Council – National Competency Standards for the Midwife*⁹.

Registered and enrolled nurses, midwifery students and Aboriginal Maternity Infant Care Workers supporting any maternal and neonatal care must have that care supervised by a registered midwife.

Level 1 and 2 health units must ensure all health practitioners can safely manage an emergency pregnancy presentation and are competent in the management of imminent birth as well as the appropriate transfer of the pregnant woman, postnatal woman and/or neonate to a Level 3-6 maternal site for more complex care.

Workforce education

The presence of suitable professionals who hold specialist care qualifications compatible within the defined level of care is described in these standards.

These staff should have access to relevant, appropriate continuing education to maintain their professional standards of practice.

Quality, safety & risk management

The fundamental premise in caring for a pregnant woman or neonate is that the health care is provided in a setting that is appropriate for any presenting risk factors.

Those health units undertaking a responsibility to provide birthing services need to ensure these include access to operating room facilities and an appropriate workforce to accommodate an elective caesarean section at >39 weeks gestation, (these may be at an alternate appropriately staffed and resourced maternity unit within close proximity), and access to a Category One Caesarean section within time frames determined in accordance with the *Category One Caesarean Section: Standards for the Management in South Australia 2018*¹⁰.

The local health unit managers and registered medical officers have a responsibility to inform the community of the limitations regarding maternal and/or neonatal services in the district. The “*Patient Information Brochure Maternal & Neonatal Services in SA 2020*” is available ([Appendix 1](#)).

It is essential that each health unit providing maternal and neonatal services identifies and manages the level of risk acceptable to their own particular staffing and resources. These management strategies should include consultant advice and contemporaneous documentation when establishing a management plan for a patient with identified risk factors.

In support of optimal outcomes for the mother and baby, it is intended that maternal and neonatal health service providers utilise the South Australian Perinatal Practice Guidelines to ensure the provision of individualised care for pregnant women and their babies, with uniform clinical assessment, decision-making and practice. These are available via the SA Health website⁶.

Further to this, maternal and neonatal service health practitioners should be supported by organisational policies that recognise the implications of role delineation and their specific geographical isolation. It is imperative that organisations with limited maternal and/or neonatal services provide policies outlining a safe and efficient process of transporting the woman and her fetus/neonate presenting with complications, to an appropriate site where the clinical care needs can be met.

In accordance with the documentation standards outlined in the South Australian State Records General Disposal Schedule¹¹, the *South Australian Pregnancy Record MR 31*¹² should be considered the woman’s main record for recording antenatal care.

Effective risk management includes strategies such as formal incident and complaints monitoring and tracking systems, infection control programs, regular audit of documentation in the medical record (both paper based and electronic), in addition to a systematic process of credentialing of clinical staff. Patient outcomes and clinical practices need to be monitored and audited to ensure optimal care and services are achieved. All South Australian health units providing birthing services are required to comply with the documentation requirements determined by the SA Pregnancy Outcome Unit, including the completion of the *SA Supplementary Birth Record* that should be completed after each birth and forwarded to the SA Pregnancy Outcome Unit for correlation and further analysis.

6. Description of the six levels of service delineation

- > Complexity of Care
- > Facilities
- > Workforce
- > Diagnostic Services
- > Support Services
- > Clinical Governance
- > Services Links
- > Education and Research

LEVEL 1

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Level 1 Complexity of Care	
Maternal	No routine management of the pregnant woman, but will have appropriate formal policy/protocols to guide staff, in the safe, local management of the woman presenting with an unexpected emergency in pregnancy and /or imminent birth.
	Capacity to provide emergency care to support obstetric women until her transfer of care or a retrieval service is available.
	Some local registered medical officer services may be available in the local area for the management of the postpartum women with no identified risk factors.
	In some instances; the postpartum women may be supported by a community midwifery service.
Neonatal	No routine management of the neonate.

Level 1 Facilities		
Birth rooms	No designated maternity care facilities.	
	Emergency resuscitation equipment available 24 hours per day, seven days per week.	
Nursery	No designated neonatal care facilities.	
	Emergency resuscitation equipment available 24 hours per day, seven days per week.	
Operating Rooms	No designated operating room facilities.	
Intensive Care	Adult	No local intensive care services available.
	Neonatal	

Level 1 Workforce		
Medical	Obstetric	No requirement for Obstetrician.
	General Practice	General Practitioner(s) available.
	Anaesthetics	No requirement for an Anaesthetists.
	Paediatrics	No requirement for Paediatrician.
Midwifery	May or may not have registered midwives available.	
	May or may not have a community midwife available.	
Nursing	Registered general nurses available.	

Level 1 Workforce (continued)	
Allied Health	Limited allied health staff available and usually none designated to maternal and/or neonatal care but will have appropriate formal policy/protocols to guide staff, in the safe referral to specialist allied health services as required.

Level 1 Diagnostics Services	
Pathology	Have access to limited pathology services with no 'on call' capacity for specimen analysis available.
Diagnostic Medical Imaging	Have access to limited medical imaging diagnostic services with no 'on call' capacity and no local perinatal nuclear medicine services available.

Level 1 Support Services	
Blood and blood products	Have no emergency Group O Negative red cells available on site, with no 'on call' capacity.
Pharmacy	Have access to limited pharmacy services with no 'on call' capacity
Mental Health	Limited mental health staff available but will have appropriate formal policy/protocols to guide staff, in the safe referral of the patient to mental health services as required.
Drugs and alcohol services	Limited local drug and alcohol health staff available but will have appropriate formal policy / protocols to guide staff in the safe referral of the patient to drug and alcohol health services as required.
Research	No expectation to be involved in research related to perinatal care. May wish to facilitate research related to perinatal care that is conducted by others.
Statewide Support	No expectation to be involved in strategic support for maternal and neonatal statewide services.

Level 1 Clinical Governance	
Guidelines Will have formal policy/ protocols which guide staff in:	securing immediate access to the South Australian Perinatal Practice Guidelines available at https://extapps.health.sa.gov.au/PracticeGuidelines , or www.sahealth.sa.gov.au/perinatal at all times.
	appropriate documentation and registration of the unexpected / unplanned birth.
	timely and effective reporting of hazards, adverse effects and sentinel events as per the local safety learning system https://www.sahealth.sa.gov.au/safetylearningsystem .

Level 1 Clinical Governance (continued)	
Credentialing	It is the mandatory role of the employing organisation to ensure adequate formal appointment and credentialing processes are in place for all clinical staff.
Peer review	Evaluation/auditing processes available to ensure the organisation provides safe, quality care and complies with the organisation's accreditation and SA Health's Health Service Agreement requirements.
Credentialing	It is the mandatory role of the employing organisation to ensure adequate formal appointment and credentialing processes are in place for all clinical staff.
Peer review	Evaluation/auditing processes available to ensure the organisation provides safe, quality care and complies with the organisation's accreditation and SA Health's Health Service Agreement requirements.

Level 1 Services Links	
Transfer guidelines	the management of the safe and efficient transfer of care and transport of the pregnant woman and her fetus/neonate.
Will have formal policy/ protocols which guide staff in:	accessing consultant specialist advice to support the management of the patient requiring urgent or emergency maternal and neonatal care; this may include the SA Perinatal Emergency Advice Line where expert clinical advice from the Consultant Obstetrician or Neonatologist is available 24 hours a day, 7 days. The SA Perinatal Emergency Advice Line Consultant may direct the local staff in their management of the patient requiring urgent transport and may also liaise with the statewide emergency retrieval service (MedSTAR), when an emergency retrieval is required.
Communication guidelines	Have formal policy/protocols which guide staff in the telecommunication links that have been established with the statewide retrieval services (MedSTAR).

Level 2 Education	
All registered nursing/ midwifery and medical practitioners	Have access to regular emergency care and resuscitation education programs and competent in adult basic life support resuscitation.
	Have access to and must attend education on the management of imminent birth.

LEVEL 2

Level 2 Complexity of Care	
Maternal	Capacity to manage the care of the 'low risk' pregnant woman during the antenatal and postnatal periods. No capacity to manage planned intrapartum care.
	Will have formal policy/protocols to guide staff, in the safe, local management of the pregnant woman presenting with 'risk factors', or the intrapartum period or with an unexpected emergency until her transfer of care or a retrieval service is available.
	In some instances; the 'low risk' postpartum women may be supported by a community midwifery service.
Neonatal	Capacity to manage the care of the 'low risk' neonate care in the community. No capacity to manage the planned care for the 'qualified' or admitted neonate.
	Capacity to provide emergency care to support the sick neonate until the retrieval service arrives.
	Some local registered medical practitioner(s) may be available in the area for the management of the healthy newborn baby who has no identified risk factors.
	In some instances, the healthy newborn may be supported by a community midwifery service.

Level 2 Facilities	
Birth rooms	No designated maternity care facilities.
	Emergency resuscitation equipment available 24 hours per day, seven days per week.
Nursery	No designated neonatal care facilities.
	Emergency resuscitation equipment available 24 hours per day, seven days per week.

Level 2 Workforce	
Medical	Have Registered General Practitioner(s) available.
Midwifery	Have registered midwives available.

Level 2 Diagnostics Services	
Pathology	Have access to limited pathology services with no 'on call' capacity for specimen analysis available.

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Level 2 Support Services	
Blood and blood products	Have no emergency Group O Negative red cells available on site, with no 'on call' capacity.
Pharmacy	Have access to limited pharmacy services with no 'on call' capacity.
Mental Health	Limited mental health staff available but will have appropriate formal policy/protocols to guide staff, in the safe referral of the patient to mental health services as required.
Drugs and alcohol services	Limited local drug and alcohol health staff available but will have appropriate formal policy / protocols to guide staff in the safe referral of the patient to drug and alcohol health services as required.
Research	No expectation to be involved in research related to perinatal care. May wish to facilitate research related to perinatal care that is conducted by others.
Statewide Support	No expectation to be involved in strategic support for perinatal statewide services.

Level 2 Clinical Governance	
Guidelines	Whilst it is recognised that variations in the services provided may be warranted as unique patients, resources and limitations to services arise, it is recommended that these variations are documented and substantiated with an appropriate risk management policy and strategy.
Will have formal policy/protocols which guide staff in:	securing immediate access to the <i>South Australian Perinatal Practice Guidelines</i> available https://extapps.health.sa.gov.au/PracticeGuidelines or www.sahealth.sa.gov.au/perinatal .
	the assessment and management the antenatal and postnatal care for women with no identified risk factors.
	management, appropriate documentation and registration of the unexpected birth.
	timely and effective reporting of hazards, adverse effects and sentinel events as per the local safety learning system https://www.sahealth.sa.gov.au/safetylearningsystem .

Level 2 Clinical Governance (continued)	
Credentialing	It is the mandatory role of the employing organisation to ensure adequate formal appointment and credentialing processes are in place for all clinical staff.
Peer review	Evaluation/auditing processes available to ensure the organisation provides safe, quality care and complies with the organisation's accreditation and SA Health's Health Service Agreement requirements.

Level 2 Services Links	
Transfer guidelines Will have formal policy/protocols which guide staff in:	the management of the safe and efficient transfer of care and transport of the pregnant woman, post-natal woman and her fetus/neonate.
	accessing consultant specialist advice to support the management of the patient requiring urgent or emergency maternal and/or neonatal care; this may include the SA Perinatal Emergency Advice Line where expert clinical advice from the Consultant Obstetrician or Neonatologist is available 24 hours a day, 7 days. The SA Perinatal Emergency Advice Line Consultant may direct the local staff in their management of the patient requiring urgent transport and may also liaise with the statewide emergency retrieval service (MedSTAR), when an emergency retrieval is required.
	the appropriate documentation and registration of the unexpected / unplanned birth.
Communication guidelines	Have formal policy/protocols which guide staff in the telecommunication links that have been established with the statewide maternal and neonatal retrieval services, including (MedSTAR).

Level 2 Education	
All registered nursing/ midwifery and medical practitioners	have access to regular emergency care and resuscitation education programs and competent in adult and neonate basic life support resuscitation.
	have access to and must attend education on the management of imminent birth.

LEVEL 3

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Level 3 Complexity of Care	
Maternal	Capacity to provide safe care for the woman with a singleton pregnancy with identified as 'low risk' at a gestation ≥ 37 weeks.
	Will provide a range of models of maternity care that complement the demographics and needs of the local community.
Neonatal	Capacity to provide safe care for the singleton neonate that weighs $\geq 2500\text{g}$ at birth and the neonate requiring convalescent care ≥ 36 (corrected gestation) weeks, who weighs $>2000\text{g}$ when supported by Neonatologist/Paediatrician consultant advice from a Level 4,5 or 6 service.
	Will have formal policy/protocols to guide staff, in the safe, appropriate, local management of the neonate with a birth weight $\geq 2500\text{g}$, and the neonate requiring convalescent care ≥ 36 (corrected gestation) weeks, who weighs $>2000\text{g}$ when supported by the Neonatologist/Paediatrician consultant advice from a Level 4,5 or 6 service.
	Will have formal policy/protocols to guide staff, in the safe, appropriate, local management of the neonate with a birth weight $<2500\text{g}$, and/or any neonate with risk factors or complications, until transfer of care or a retrieval service is available.
	Local registered medical practitioner(s) available in the area for the management of the healthy newborn baby who has no identified risk factors.
	In some instances, the healthy newborn may be supported by a community midwifery service.

Level 3 Facilities	
Birth rooms	Designated birthing rooms in the health unit.
	Maternity unit is equipped with cardiotocograph monitoring for antenatal and intrapartum care.
	Have an ultrasound machine available for use in the maternity unit including the labour and birth suite/ward/room.
	Emergency adult resuscitation equipment is in close proximity to the maternity unit and is available 24 hours per day, seven days per week.
Maternity beds	A range of antenatal and postnatal care facilities with allocated inpatient maternity beds.

Level 3 Facilities (continued)		
Nursery	Designated neonatal care facilities for transitional and stabilisation of the unexpectedly sick singleton neonate.	
	Nursery equipped to provide: <ul style="list-style-type: none"> ▪ radiant heat ▪ convection- warmed heat ▪ oxygen analysis ▪ pulse oximetry ▪ phototherapy ▪ 'point of care' blood sugar analysis. 	
	Emergency neonatal resuscitation equipment available 24 hours per day, seven days per week.	
Operating Rooms	Will have operating room facilities available with 'on call' arrangements 24 hours per day, seven days per week, maintained in accordance with the relevant professional standards including the Australian College of Operating Rooms Standards ¹³ .	
Intensive Care	Adult	No local intensive care services available.
	Neonatal	

Level 3 Workforce		
Medical	Obstetric	No requirement for Obstetrician
	General Practice	Registered medical practitioner(s) with credentials as a specialist GP obstetrician or GP obstetric proceduralist who has formal arrangements to undertake the South Australian GP Obstetric Shared-Care Program ¹⁴ .
		Appropriately credentialed registered medical practitioner(s) available and able to be in attendance at the health unit within 60 minutes.
		At least three (3) appropriately credentialed registered medical practitioner(s) rostered and available 24 hours per day, seven days per week and able to assist with a Category 1 Caesarean section and achieve birth within 60 minutes from booking the procedure. (one registered medical practitioner to perform the caesarean section, one to undertake the anaesthetic and one to attend to the neonate's needs immediate post-birth).

Level 3 Workforce (continued)		
Medical (continued)	Anaesthetics	Appropriately credentialed registered medical practitioner(s) (GP anaesthetist or specialist anaesthetist) available able to attend the health unit within 60 minutes and/or perform an anaesthetic within 60 minutes.
Paediatrics	No requirement for Paediatrician.	
Midwifery	A registered midwife or registered nurse/midwife appointed as head of midwifery and neonatal nursing services. Must be \geq Level 3 as per the Nursing & Midwifery SA Public Sector Enterprise Agreement ⁷ .	
	Have registered midwives rostered and available 24 hours per day, seven days per week.	
	Have community midwives available.	
	Have registered midwives rostered and available 24 hours per day, seven days per week and able to assist with a Category 1 Caesarean section and achieve birth within 60 minutes from booking the procedure.	
	Have access to a Lactation Consultant for advice.	
Neonatal	Have registered midwives or registered nurses available for neonatal care in the nursery area.	
Nursing	Have access to appropriately qualified operating room staff that are available 24 hours per day, seven days per week and able to assist with a Category 1 Caesarean section and achieve birth within 60 minutes from booking the procedure (these may be at an alternate appropriately staffed and resourced maternity unit within close proximity).	
Allied Health	Limited allied health staff available and usually none designated to maternal and/or neonatal care but will have appropriate formal policy/protocols to guide staff, in the safe referral to specialist allied health services as required.	
Trainees	Health professional trainees may be on campus, providing services whilst under the supervision of their accredited registered health practitioner.	

Level 3 Diagnostics Services	
Pathology	Have access to limited pathology services with no 'on call' capacity for specimen analysis available.
Diagnostic Medical Imaging	Have access to limited medical imaging diagnostic services with no 'on call' capacity and no local perinatal nuclear medicine services available.

Level 3 Support Services	
Blood & blood products	Have Group O Negative red cells available on site, with no 'on call' capacity. These red cells are for emergency use only.
Pharmacy	Have access to limited local pharmacy services with no 'on call' capacity.
Mental Health	Limited local mental health staff available but will have appropriate formal policy/protocols to guide staff, in the safe referral of the patient to mental health services as required.
Drugs and alcohol services	Limited local drug and alcohol health staff available but will have appropriate formal policy / protocols to guide staff in the safe referral of the patient to drug and alcohol health services as required.
Research	No expectation to be involved in research related to perinatal care. May wish to facilitate research related to perinatal care that is conducted by others.
Statewide Services	No expectation to be involved in strategic support for perinatal statewide services.

Level 3 Clinical Governance	
Whilst it is recognised that variations in the services provided may be warranted as unique patients, resources and limitations to services arise, it is recommended that these variations are documented and substantiated with an appropriate risk management policy and strategy	
Guidelines Will have formal policy/ protocols which guide staff in the	assessment and management of the 'low risk', uncomplicated, singleton pregnancy.
	safe, appropriate care for women undergoing cardiotocograph monitoring.
	management of: <ul style="list-style-type: none"> ▪ the woman requiring a caesarean section Category 1 Caesarean section birth able to achieve birth within 60 minutes of the booking the procedure, in accordance with the <i>Category One Caesarean Section: Standards for Management in South Australia 2018</i>¹⁰, ▪ an elective caesarean section for the woman with a singleton pregnancy >39 weeks gestation, (unless medically indicated), ▪ the planned transfer of the woman to an alternate health maternity unit prior to the scheduled elective caesarean section date when < 39 weeks or with complications. ▪ assessment and management of intrapartum and postnatal pain.

Level 3 Clinical Governance (continued)	
<p>Guidelines</p> <p>Will have formal policy/ protocols which guide staff in the</p> <p>(Continued)</p>	<p>safe, appropriate, local management of the neonate:</p> <ul style="list-style-type: none"> ▪ that has a birth weight <2500g and /or requires more complex care until transfer of care or a retrieval service is available, and ▪ requiring convalescent care ≥36 (corrected gestation) weeks, who weighs >2000g when supported by Neonatologist/Paediatrician consultant advice from a Level 4, 5 or 6 neonate service.
	<p>management of breastfeeding support</p>
	<p>process of securing consultation advice and management plan from a specialist Neonatologist/ Paediatrician to assist in the management of the neonate requiring more complex care such as:</p> <ul style="list-style-type: none"> ▪ phototherapy ▪ gavage feeding.
	<p>immediate access to the <i>South Australian Perinatal Practice Guidelines</i> available</p> <p>https://extapps.health.sa.gov.au/PracticeGuidelines or www.sahealth.sa.gov.au/perinatal.</p>
	<p>timely and effective reporting of hazards, adverse effects and sentinel events as per the local safety learning system</p> <p>https://www.sahealth.sa.gov.au/safetylearningsystem.</p>
<p>Credentialing</p>	<p>It is the mandatory role of the employing organisation to ensure adequate formal appointment and credentialing processes are in place for all clinical staff.</p>
<p>Peer review</p>	<p>Evaluation/auditing processes available to ensure the organisation provides safe, quality care and complies with the organisation's accreditation and SA Health's Health Service Agreement requirements.</p>

Level 3 Services Links	
<p>Transfer guidelines</p> <p>Will have formal policy/protocols which guide staff in:</p>	<p>the management of the planned, safe and early transfer of the pregnant woman:</p> <ul style="list-style-type: none"> ▪ with 'moderate – high risk' factors ▪ likely to birth <37 weeks gestation ▪ with any higher order pregnancy.
	<p>the management of the planned, safe and early transfer of the neonate:</p> <ul style="list-style-type: none"> ▪ with birth weight <2500g ▪ born <37 weeks gestation and /or ▪ requires more complex care.

Level 3 Services Links (continued)	
<p>Transfer guidelines</p> <p>Will have formal policy/protocols which guide staff in:</p> <p>(Continued)</p>	<ul style="list-style-type: none"> accessing consultant specialist advice to support the management of the patient requiring urgent or emergency maternal and neonatal care; this may include the SA Perinatal Emergency Advice Line where expert clinical advice from the Consultant Obstetrician or Neonatologist is available 24 hours a day, 7 days. The SA Perinatal Emergency Advice Line Consultant may direct the local staff in their management of the patient requiring urgent transport and may also liaise with the statewide emergency retrieval service (MedSTAR), when an emergency retrieval is required.
<p>Communication guidelines</p> <p>Will have formal policy/protocols which guide staff in the</p>	<p>telecommunication links that have been established with the statewide retrieval services (MedSTAR).</p>
	<p>local management of securing regular 'second set of eyes' for fetal monitoring surveillance assessment.</p>

Level 3 Education	
<p>All registered nursing/ midwifery staff and medical practitioners will have access to</p>	<p>Regular emergency care and resuscitation education programs and annual competency assessment of adult and neonate basic life support skills.</p>
	<p>A perinatal emergency care program of education, as directed in the <i>Perinatal Emergency Education Strategy Policy Directive</i>¹⁵.</p>
<p>Local registered medical practitioners should be supported in appropriate professional development including accreditation through the <i>South Australian GP Obstetric Shared-Care Program</i>¹⁴.</p>	

Level 4 Complexity of Care	
Maternal	Capacity to provide safe care for the woman with a singleton pregnancy or a twin pregnancy with 'low risk' factors and/or minor complications ≥ 34 weeks gestation.
	Will provide a range of models of maternity care that complement the demographics and needs of the local community.
	Will have access to a community midwifery service.
Neonatal	Capacity to provide safe care for the neonate that weighs $\geq 2000g$ at birth and the neonate requiring convalescent care ≥ 34 weeks gestation, who weighs $>1700g$ when supported by Neonatologist/Paediatrician consultant advice from a Level 5 or 6 neonate service.
	Capacity to provide safe care for neonates who can be managed in a bassinet or cot, and/or require incubator care for short term transitional problems or convalescing after an acute illness which can reasonably be expected to resolve. For example: <ul style="list-style-type: none"> ▪ respiratory distress requiring oxygen $< 30\%$ oxygen for ≤ 4 hours, (longer duration or higher FiO_2 requires consultation with Neonatologist at a Level 6 neonatal service), ▪ minor additional care requirements, such as IV access for antibiotics.
	Local registered medical officer available in the area to support the management of the healthy newborn baby who has no identified risk factors.
	In some instances, the care of the healthy newborn may be supported by a community midwifery service.

Level 4 Facilities	
Birth rooms	Designated birthing rooms in the health unit.
	Equipped to provide cardiotocograph monitoring for antenatal and intrapartum care, which will include fetal scalp blood sampling.
	Have an ultrasound machine available for use in the maternity unit including the labour and birth suite/ward/room.
	Emergency adult resuscitation equipment is in close proximity to the maternity unit and is available 24 hours per day, seven days per week.
Maternity beds	A range of antenatal, intrapartum and postnatal care facilities with allocated inpatient maternity beds.

Level 4 Facilities (continued)		
Nursery	Designated special care nursery for transitional care and stabilisation of the unexpectedly sick neonate and also for the care of the uncomplicated convalescent preterm and term infant.	
	Nursery equipped to provide <ul style="list-style-type: none"> ▪ radiant heat ▪ convection- warmed heat ▪ incubator ▪ oxygen therapy for short term oxygenation < 4 hours via humidified head box or cot oxygen < 30% FiO₂. (longer duration or higher FiO₂ requires consultation with Neonatologist at a Level 6 neonatal service) ▪ oxygen analysis for continuous inspired oxygen therapy ▪ pulse oximetry ▪ phototherapy ▪ gavage feeding ▪ infusion pump for safe management IV therapy or infusion ▪ point of care blood sugar analysis. 	
	Emergency neonatal resuscitation equipment available 24 hours per day, seven days per week.	
Operating Rooms	Will have operating room facilities available with 'on call' arrangements 24 hours per day, seven days per week, maintained in accordance with the relevant professional standards including the Australian College of Operating Rooms Standards ¹³ .	
Intensive Care	Adult	No local intensive care services available.
	Neonatal	

Level 4 Workforce		
Medical	At least three (3) Registered medical officers rostered and available 24 hours per day, seven days per week and able to assist with a Category 1 Caesarean section and achieve birth within 45 minutes from booking the procedure. (one to perform the caesarean section, one to undertake the anaesthetic and one to attend to the neonate's needs, including immediately post birth).	
	Obstetric	An appointed/nominated specialist Obstetrician who is accountable for the maternity clinical practices.
		Accredited Specialist obstetrician(s) available to support the service 24 hours per day, seven days per week.

Level 4 Workforce (continued)		
Medical (cont.)	General Practice	Appropriately credentialled registered medical practitioner(s) available and able to be in attendance at the health unit within 45 minutes.
		Registered medical practitioner(s) with credentials as a specialist GP obstetrician or GP obstetric proceduralist who has formal arrangements to undertake the South Australian GP Obstetric Shared-Care Program ¹⁴ .
	Anaesthetics	Appropriately credentialled registered medical practitioner(s) (GP anaesthetist or specialist anaesthetist) available able to attend the health unit within 45 minutes of the need and/or perform an anaesthetic within 45 minutes of the need.
	Paediatrics	An appointed/nominated specialist Paediatrician with post graduate qualifications in NICU or with neonatal/special care experience, who is accountable for the neonatal clinical practices.
Paediatrician is available for supervision of clinical care, who is able to attend an elective caesarean section as scheduled and able to attend within 45 minutes and able to assist with a Category 1 Caesarean section and achieve birth within 45 minutes from booking the procedure.		
Midwifery	A registered midwife or registered nurse/midwife appointed as head of midwifery and neonatal nursing services. Must be ≥ RM or RN/RM Level 3 as per the Nursing & Midwifery SA Public Sector Enterprise Agreement ⁷ .	
	Have registered midwives rostered and available 24 hours per day, seven days per week.	
	Have a community midwife available.	
	Have registered midwives rostered and available 24 hours per day, seven days per week and able to assist with a Category 1 Caesarean section and achieve birth within 45 minutes from booking the procedure.	
	Have access to a Lactation Consultant for advice.	
Neonatal	Have access to appropriately qualified registered midwives/nurses to manage the neonatal care in the nursery area.	
Nursing	Have access to appropriately qualified operating room staff that are available 24 hours per day, seven days per week and able to assist with a Category 1 Caesarean section and achieve birth within 45 minutes from booking the procedure (these may be at an alternate appropriately staffed and resourced maternity unit within close proximity).	
Allied Health	Limited allied health staff available and usually none designated to maternal and/or neonatal care but will have appropriate formal policy/protocols to guide staff, in the safe referral to specialist allied health services as required.	

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Level 4 Diagnostics Services	
Pathology	Have access to limited pathology services with 'on call' arrangements 24 hours per day, seven days per week for some specimen analysis.
Diagnostic Medical Imaging	Have no local perinatal nuclear medicine services available but have access to limited medical imaging diagnostic services with 'on call' arrangements 24 hours per day, seven days per week for some diagnostic medical imaging.

Level 4 Support Services	
Blood and blood products	Have limited blood and blood products available on site, with 'on call' arrangements 24 hours per day, seven days per week for urgent requests.
Pharmacy	Have access to limited local pharmacy services with 'on call' capacity 24 hours per day, seven days per week some for some urgent requests.
Mental Health	Local mental health staff available and able to provide mental health assessment, with established links with community mental health teams and will have appropriate formal policy/protocols to guide staff, in the safe management of psychiatric emergencies.
Drugs and alcohol services	Limited local drug and alcohol health staff available but will have appropriate formal policy / protocols to guide staff in the safe referral of the patient to drug and alcohol health services as required.
Research	No expectation to be involved in research related to perinatal care. May wish to facilitate research related to perinatal services that is conducted by others.
Statewide Support	No expectation to be involved in strategic support for perinatal statewide services.

Level 4 Clinical Governance	
Whilst it is recognised that variations in the services provided may be warranted as unique patients, resources and limitations to services arise, it is recommended that these variations are documented and substantiated with an appropriate risk management policy and strategy.	
Guidelines Will have formal policy/protocols which guide staff in the:	assessment and management of the woman with singleton or twin pregnancy with 'low risk' and/or minor complications at ≥ 34 weeks.

Level 4 Clinical Governance (continued)	
Whilst it is recognised that variations in the services provided may be warranted as unique patients, resources and limitations to services arise, it is recommended that these variations are documented and substantiated with an appropriate risk management policy and strategy.	
Guidelines (cont.) Will have formal policy/ protocols which guide staff in the:	short term management of the pregnant woman requiring complex care until her transfer of care or a retrieval service is available.
	safe, appropriate care for women undergoing cardiotocograph monitoring, which will include fetal scalp blood sampling.
	management of the woman requiring: <ul style="list-style-type: none"> ▪ a Category 1 Caesarean section ensuring birth within 45 minutes of the booking the procedure, in accordance with the Category One Caesarean Section: Standards for Management in South Australia 2018⁹. ▪ an elective caesarean section i.e. > 39weeks gestation (unless medically indicated). ▪ a transfer to an alternate health maternity unit prior to the scheduled elective caesarean section date. ▪ assessment and management of intrapartum and postnatal pain.
	management of breastfeeding support.
	process of securing consultation advice from a specialist Neonatologist/ Paediatrician to assist in the management of the neonate requiring more complex care, including: <ul style="list-style-type: none"> ▪ phototherapy ▪ gavage feeding.
	<ul style="list-style-type: none"> ▪ immediate access to the South Australian Perinatal Practice Guidelines available https://extapps.health.sa.gov.au/PracticeGuidelines or www.sahealth.sa.gov.au/perinatal.
	appropriate documentation and registration of the unexpected birth.
	timely and effective reporting of hazards, adverse effects and sentinel events as per the local safety learning system https://www.sahealth.sa.gov.au/safetylearningsystem .
	safe, appropriate, local management of the neonate: <ul style="list-style-type: none"> ▪ that has a birth weight <2000g and /or requires more complex care until transfer of care or a retrieval service is available. ▪ requiring convalescent care ≥34 (corrected gestation) weeks, who weighs >1700g when supported by Neonatologist/Paediatrician consultant advice from a Level 5 or 6 neonate service.
Credentialing	It is the mandatory role of the employing organisation to ensure adequate formal appointment and credentialing processes are in place for all clinical staff.
Peer review	Evaluation/auditing processes available to ensure the organisation provides safe, quality care and complies with the organisation's accreditation and SA Health's Health Service Agreement requirements.

Level 4 Services Links	
Transfer guidelines Will have formal policy/protocols which guide staff in the:	safe, appropriate, early transfer of care of the pregnant woman: <ul style="list-style-type: none"> ▪ < 34weeks gestation, ▪ with a high order pregnancy (other than 'low risk twins' ≥34 weeks), ▪ with 'moderate- high' risk factors or complications.
	safe, appropriate, early transfer of care of the neonate born: <ul style="list-style-type: none"> ▪ < 34weeks gestation ▪ with a birth weight <2000g ▪ requiring more complex care or with complications.
	accessing consultant specialist advice to support the management of the patient requiring urgent or emergency maternal and/or neonatal care; this may include the SA Perinatal Emergency Advice Line where expert clinical advice from the Consultant Obstetrician or Neonatologist is available 24 hours a day, 7 days. The SA Perinatal Emergency Advice Line Consultant may direct the local staff in their management of the patient requiring urgent transport and may also liaise with the statewide emergency retrieval service (MedSTAR), when an emergency retrieval is required.
Communication guidelines Will have formal policy/protocols which guide staff in the:	telecommunication links that have been established with the statewide retrieval services (MedSTAR).
	local management of securing regular 'second set of eyes' for fetal monitoring surveillance assessment.

Level 4 Education	
All registered nursing/ midwifery staff and medical practitioners will have access to	Regular emergency care and resuscitation education programs and annual competency assessment of adult and neonate basic life support skills
	A perinatal emergency care program of education, as directed in the <i>Perinatal Emergency Education Strategy Policy Directive</i> ¹⁵ .
Will have the capacity to support registered medical officers in their professional development to secure and sustain their accreditation with the <i>South Australian GP Obstetric Shared-care Program</i> ¹⁴	

LEVEL 5

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Level 5 Complexity of Care	
Maternal	Capacity to provide safe care for the woman with 'low – high' risk factors with an inborn singleton ≥ 31 weeks gestation or twin pregnancy at ≥ 32 weeks gestation, including the multidisciplinary care for most medical conditions and pregnancy related illnesses.
	Will have access to a community midwifery service.
Neonatal	Capacity to provide safe care for the neonate ≥ 31 weeks that weighs $\geq 1500g$ at birth and the stable neonate transferred for convalescence care ≥ 32 (corrected gestation) weeks that weighs $\geq 1350g$ when supported with consultant advice by a Neonatologist/Paediatrician from a Level 6 Neonate service as required.
	Capacity to provide safe care for the neonate who can be managed in a bassinet or cot, and/or require incubator care for complications requiring: <ul style="list-style-type: none"> ▪ Oxygen $\leq 35\%$ FiO_2 and / or Continuous Positive Airway Pressure ≤ 8cms H_2O pressure (higher FiO_2 and/or an increase in airway pressure requires consultation with Neonatologist /Paediatrician at a Level 6 neonatal service). ▪ High flow nasal cannula 5-6litres/min. ▪ Cardiorespiratory monitoring. ▪ IV access for infusion, antibiotics or parenteral nutrition (<7 days). ▪ Umbilical venous catheter for hypoglycaemia – short term ≤ 3 days. ▪ Intubation for surfactant administration. Pending retrieval only: <ul style="list-style-type: none"> ▪ Umbilical arterial catheterisation ▪ Short-term intubation and ventilator care (anticipated ≤ 4 hours).
	Capacity to provide safe care for the neonate (singleton and twin) that: <ul style="list-style-type: none"> ▪ has a birth weight $\geq 1500g$. ▪ is inborn singleton at ≥ 31 weeks gestation or twin pregnancy at ≥ 32 weeks gestation. ▪ have been transferred to the unit for convalescence care ≥ 32 (corrected gestation) weeks that weighs $\geq 1350g$ when supported with consultant advice by a Neonatologist/Paediatrician from a Level 6 service as required. ▪ require more complex care until transfer of care or a retrieval service is available.
	A community neonatal nurse service is available to support the care of the neonate after discharge.

Level 5 Facilities		
Birth rooms	Designated birthing rooms in the health unit.	
	Equipped to provide cardiotocograph monitoring for antenatal and intrapartum care, which will include fetal scalp blood sampling.	
	Have an ultrasound machine(s) is located in the birth suite.	
	Emergency adult resuscitation equipment in the maternity unit and is available 24 hours per day, seven days per week.	
Maternity beds	Allocated antenatal, intrapartum and postnatal care facilities within a designated maternity/birthing unit.	
Nursery	Designated neonatal nursery with the capability of providing neonatal special care which is maintained in accordance with the Australasian Health Facility Guidelines ¹⁶ .	
	Nursery equipped to provide: <ul style="list-style-type: none"> ▪ radiant heat ▪ incubator ▪ mechanical ventilator ▪ Continuous Positive Airway Pressure respiratory support ▪ high flow nasal cannula respiratory support ▪ pulse oximeter and cardiorespiratory monitoring ▪ infusion pumps for safe management of intravenous therapy or infusion ▪ umbilical catheterisation ▪ parenteral nutrition ▪ gavage feeding ▪ phototherapy. 	
	Have immediate access to a blood gas machine for measurement of blood gas, plasma glucose and electrolytes.	
	Emergency neonatal resuscitation equipment available 24 hours per day, seven days per week.	
Operating Rooms	Will have operating room facilities available with 'on call' arrangements 24 hours per day, seven days per week, maintained in accordance with the relevant professional standards including the Australian College of Operating Rooms Standards ¹³ .	
Intensive Care	Adult	Have adult high dependency unit on site and have access to adult intensive care services, which may be on site.
	Neonatal	Have neonatal special care services.

Level 5 Workforce		
Medical	Obstetrics	Have a specialist Obstetrician appointed/nominated as Unit Head of the obstetric services.
		Have accredited Specialist obstetrician(s) available to support the service 24 hours per day, seven days per week.
		Have a designated specialist obstetrician available for consultation 24 hours a day, seven days a week and able to attend a Category 1 Caesarean section and achieve birth within 30 minutes from booking the procedure.
		Have a designated specialist obstetrician or obstetric registrar on site 24 hours a day, seven days a week and able to attend a Category 1 Caesarean section and achieve birth within 30 minutes from booking the procedure.
	Anaesthetics	Have an appointed/nominated specialist Anaesthetist as head of obstetric anaesthetic services.
		Have specialist anaesthetists accredited and credentialled in the provision of obstetric anaesthesia, analgesia, including epidural analgesia in labour, and available for consultation within 30 minutes of the need and able to assist with a Category 1 Caesarean section and achieve birth within 30 minutes from booking the procedure.
		Have a designated anaesthetic registrar on site 24 hours a day, seven days a week.
		Have neonate anaesthetic services as per the SA Health Anaesthetic Services – Children, Clinical Services Capability Framework ¹⁷ .
	Neonatal / Paediatrics	Have an appointed/nominated specialist Paediatrician or Neonatologist as head of neonatal services
		Have Paediatricians/Neonatologists available, with one designated to be available for consultation 24 hours a day, seven days a week and able to attend within 30 minutes, including being able to assist with a Category 1 Caesarean section and achieve birth within 30 minutes from booking the procedure.
		Have appropriately accredited paediatric registrar / nurse practitioner with a designated role to support the neonatal services and is available 24 hours per day, seven days per week.
	Physicians & subspecialty	Have access to full range of physicians, subspecialty physicians and surgeons appropriate for maternity and neonatal services ² .

Level 5 Workforce (continued)		
Medical (cont.)	Maternal Fetal Medicine Sub-Specialists	Have access to specialist Obstetricians with subspecialist certification in Maternal Fetal Medicine available for consultation 24 hours a day, seven days a week.
	Psychiatrists	Have access to specialist Psychiatrist services available for consultation 24 hours a day, seven days a week.
Nursing & Midwifery	An appointed Registered Nurse / Midwife with a relevant post graduate qualification as Director of the maternal and neonatal nursing and midwifery services. Must be ≥ RN/RM Level 5 as per the Nursing & Midwifery SA Public Sector Enterprise Agreement ⁷ .	
Maternity - Nursing & Midwifery	The birth suite/birthing unit is managed by a registered midwife or registered nurse / midwife with appropriate post registration qualifications ≥ Level RM3 as per the Nursing & Midwifery SA Public Sector Enterprise Agreement ⁷ .	
	Each designated clinical area within the maternity unit is managed by a registered midwife.	
	Have registered midwives rostered and available 24 hours per day, seven days per week.	
	Have access to a community midwife service.	
	Have registered midwives rostered and available 24 hours per day, seven days per week and able to assist with a Category 1 Caesarean section and achieve birth within 30 minutes from booking the procedure.	
	Will have access to an onsite Diabetes Educator, experienced in maternity care.	
	Have a designated registered midwife or registered nurse / midwife educator with a post registration education qualification assigned to the maternal services ¹⁸ .	
Neonatal - Nursing & Midwifery	An appointed registered nurse and/or registered midwife with relevant post graduate qualifications as manager of the neonatal services. Must be ≥ Level 3 as per the Nursing & Midwifery SA Public Sector Enterprise Agreement ⁷ .	
	At least 40% of the neonatal unit registered nurses and / or midwives have appropriate post registration neonatal qualifications.	
	At least 90% of the neonatal unit nursing and midwifery staff are registered nurses or registered midwives.	
	Have a designated registered nurse or registered midwife or registered nurse/ midwife educator with a post registration Neonatal Care and education qualifications, assigned to the neonatal unit ¹⁸ .	
Nursing	Have appropriately qualified operating room staff available 24 hours per day, seven days per week and able to assist with a Category 1 Caesarean section and achieve birth within 30 minutes from booking the procedure.	
Biomedical Engineering	Have access to biomedical engineering staff to support the management of the equipment provided.	

Level 5 Workforce (continued)	
Aboriginal Health Care	Have access to Aboriginal Maternal Infant Care Workers and Aboriginal Health Care Workers.
Allied Health	Have allied health staff available for maternal and/or neonatal care, including physiotherapists experienced in pelvic floor physiotherapy.
Culturally & Linguistically Diverse	Have access to a comprehensive Interpreter Service.
Trainees	Provide on campus supervised practice for health professional trainees, in conjunction with their accredited registered health practitioner.

Level 5 Diagnostics Services	
Pathology	Have a comprehensive range of pathology services with 'on call' arrangements 24 hours per day, seven days per week for specimen analysis.
Diagnostic Medical Imaging	Have 24 hours per day, seven days a week arrangement for adult and neonatal diagnostic medical imaging, including the availability of obstetric ultrasound, interventional radiology, CT and MRI with 'on call' capacity for out of hours requests.

Level 5 Support Services	
Blood and blood products	Have comprehensive blood and blood product services available 24 hours per day, seven days a week.
Pharmacy	Have a comprehensive pharmacy service on site with 'on call' arrangements 24 hours per day, seven days per week.
Mental Health	Have a full range of in-house mental health services, including established links with community mental health teams.
Drugs and alcohol services	Have access to a full range of drug and alcohol health services with relevant staff available 'on call', seven days per week.
Research	Should be involved in a comprehensive range of research related to maternal and/or neonatal care.

Level 5 Support Services (continued)	
Statewide Support	Will provide organisational and clinical support for the management of the <i>South Australian GP Obstetric Shared-care Program</i> ¹⁴ , including the capacity to support registered medical officers in their professional development to secure and sustain their accreditation within the program.
	Will assist the statewide maternal and neonatal retrieval services and MedSTAR as required.
	Will provide statewide support to maternal and neonatal services, enhancing the capacity of those services providing less complex care. Examples include: <ul style="list-style-type: none"> ▪ regular clinical peer review ▪ ongoing educational support ▪ development of appropriate maternal and neonatal clinical protocols, policies and procedures ▪ 24-hour clinical advice and support provided by a consultant ▪ facilitating patient transfer for more complex care ▪ provision of clinical teams capable of undertaking an emergency medical retrieval when appropriate.

Level 5 Clinical Governance	
Whilst it is recognised that variations in the services provided may be warranted as unique patients, resources and limitations to services arise, it is recommended that these variations are documented and substantiated with an appropriate risk management policy and strategy	
Guidelines Will have formal policy/ protocols which guide staff in the:	safe, appropriate, local management of the woman with an inborn singleton ≥ 31 weeks gestation or twin pregnancy at ≥ 32 weeks gestation, including the multidisciplinary care for most medical conditions and pregnancy related illnesses.
	safe, appropriate, local management of the woman and or neonate requiring more complex care, until their transfer of care or a retrieval service is available.
	safe care for the neonate ≥ 31 weeks that weighs $\geq 1500g$ at birth and the stable neonate transferred for convalescence care ≥ 32 (corrected gestation) weeks that weighs $\geq 1350g$ when supported with consultant advice by a Neonatologist/Paediatrician from a Level 6 Neonate service as required.
	immediate access to the <i>South Australian Perinatal Practice Guidelines</i> available https://extapps.health.sa.gov.au/PracticeGuidelines or www.sahealth.sa.gov.au/perinatal .
	timely and effective reporting of hazards, adverse effects and sentinel events as per the local safety learning system https://www.sahealth.sa.gov.au/safetylearningsystem .

Level 5 Clinical Governance (continued)	
Credentialing	It is the mandatory role of the employing organisation to ensure adequate formal appointment and credentialing processes are in place for all clinical staff.
Peer review	Evaluation/auditing processes available to ensure the organisation provides safe, quality care and complies with the organisation's accreditation and SA Health's Health Service Agreement requirements.

Level 5 Services Links	
Transfer guidelines Will have formal policy/protocols which guide staff in the:	safe, timely and efficient transport of the pregnant woman with: <ul style="list-style-type: none"> ▪ significant complications, ▪ with a gestation less < 31 weeks, or ▪ with a gestation <32 weeks twin pregnancy.
	safe, timely and efficient transport for the neonate born <ul style="list-style-type: none"> ▪ singleton <31 weeks gestation and twin <32 weeks gestation with significant complications, requiring more complex care ▪ with a birth weight <1500g.
	management of those patients from other sites transferred in accordance with local service delineations for care.
Communication guidelines	Have appropriate formal policy/protocols which guide Consultant Specialists staff members when supporting clinicians seeking advice regarding: <ul style="list-style-type: none"> ▪ fetal surveillance interpretation ▪ the assessment and management of the pregnant woman, and ▪ the assessment and management of the neonate.
	Have formal communication links with health units providing Level 6 maternal and neonatal service for advice and referral of the pregnant woman or neonate with more complex needs.
	Have appropriate formal policy/protocols which guide Consultant Specialists staff to assist the statewide retrieval service, (i.e. MedSTAR) as required.
	Have established formal communication strategies to support the SA Health Perinatal Emergency Education Program ¹⁵ .
	Have established formal communication links with community health care, child protection, mental health and family and community health services.

Level 5 Education	
All registered nursing/ midwifery staff and medical practitioners will have access to:	Regular emergency care and resuscitation education programs and annual competency assessment of adult and neonate basic life support skills.
	A perinatal emergency care program of education, as directed in the Perinatal Emergency Education Strategy Policy Directive ¹⁵ .
Have the capacity to support education and ongoing professional development programs ensuring the competency of the registered midwives and/or nurses as per the Australian Nursing & Midwifery Council (ANMC) <i>National Competency Standards for a Midwife or National Competency Standards for a Nurse</i> ⁹ .	

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LEVEL 6

Level 6 Complexity of Care	
Maternal	Capacity to provide comprehensive multidisciplinary management of the 'low - high risk' pregnant women at any gestation and including any higher order multiple pregnancy.
Neonatal	Capacity to provide multidisciplinary comprehensive management of the 'low- high' risk neonates including medical conditions at any gestation and those from higher order pregnancy.
	Capacity to manage some surgical conditions including those arising due to complications of prematurity and transfer of care of neonates with complex cardiac and / or surgical conditions to a centre with access to onsite paediatric sub speciality services as per the per the SA Health Surgical Services – Children, Clinical Services Capability Framework ¹⁹ .
	Capacity to manage neonates with complex congenital and surgical conditions including stabilisation prior to transfer for cardiac surgery at interstate sites only at a centre with onsite paediatric sub speciality services as per the per the SA Health Surgical Services – Children, Clinical Services Capability Framework ¹⁹ .

Level 6 Facilities	
Birth rooms	Designated birthing rooms in the health unit.
	Equipped to provide cardiotocograph monitoring for antenatal and intrapartum care, which will include fetal scalp blood sampling.
	Have ultrasound machine(s) is located in the birth suite.
	Emergency adult resuscitation equipment in the maternity unit and is available 24 hours per day, seven days per week.
Maternity beds	Allocated antenatal, intrapartum and postnatal care facilities within a designated maternity/birthing unit.
Nursery	Designated neonatal nursery to provide neonatal intensive care beds which are maintained in accordance with the Australasian Health Facility Guidelines ¹⁶ .

Level 6 Facilities (continued)		
Nursery (cont.)	Nursery equipped to provide: <ul style="list-style-type: none"> ▪ radiant heat ▪ incubator care ▪ cardiorespiratory and pulse oximetry monitoring ▪ oxygen analyser for continuous inspired oxygen therapy ▪ transcutaneous or end tidal co2 monitoring ▪ airway support including mechanical ventilation and inhaled nitric oxide therapy ▪ therapeutic hypothermia and cerebral function monitoring ▪ safe management of intravenous, intra-arterial and central venous lines with controlled infusions using both syringe drivers and infusion pumps ▪ parenteral nutrition ▪ peritoneal dialysis ▪ exchange transfusion. 	
	Have biomedical engineering staff to support the management of the equipment provided.	
	Have a blood gas machine for measurement of blood gas, plasma glucose and electrolytes available in the neonatal unit.	
	Emergency neonatal resuscitation equipment available 24 hours per day, seven days per week.	
Operating Rooms	Will have operating room facilities available with 'on call' arrangements 24 hours per day, seven days per week, maintained in accordance with the relevant professional standards including the Australian College of Operating Rooms Standards ¹³ .	
Intensive Care	Adult	Have adult intensive care services unit on site.
	Neonatal	Have neonatal intensive care services on site.

Level 6 Workforce		
Medical	Obstetric	Have a specialist Obstetrician appointed/nominated as Unit Head of the obstetric services.
		Have an accredited Specialist obstetrician(s) available to support the service 24 hours per day, seven days per week.
		Have a designated specialist Obstetrician available for consultation 24 hours a day, seven days a week and able to attend a Category 1 Caesarean section and achieve birth within 30 minutes from booking the procedure.
		Have a designated obstetric registrar on site 24 hours a day, seven days a week.
	Anaesthetics	Have an appointed specialist Anaesthetist as head of obstetric anaesthetic services.
		Have specialist anaesthetists accredited and credentialed in the provision of obstetric anaesthesia, analgesia, including epidural analgesia in labour, and available for consultation within 30 minutes of the need and able to assist with a Category 1 Caesarean section and achieve birth within 30 minutes from booking the procedure.
		Have an anaesthetic registrar on site 24 hours a day, seven days a week.
		Have neonate anaesthetic services as per the SA Health Anaesthetic Services – Children, Clinical Services Capability Framework ¹⁷ .
	Neonatal / Paediatrics	Have an appointed specialist Neonatologist as head of neonatal services.
		Have a minimum of four (4) FTE neonatologists on staff, with one available for consultation and able to attend within 30 minutes to provide support 24 hours a day, seven days a week, including being able to assist with a Category 1 Caesarean section and achieve birth within 30 minutes from booking the procedure.
		Have a designated neonatal registrar/nurse practitioner available on site 24 hours a day, seven days a week.
		Have ability to supervise (with recognised Royal Australian College Practitioners accredited supervisor) a Neonatal Advanced Trainee enrolled in Neonatal – Perinatal Training.
	Maternal Fetal Medicine Sub-Specialists	Have access to specialist Obstetricians with subspecialist certification in Maternal Fetal Medicine available for consultation 24 hours a day, seven days a week.

Level 6 Workforce (Continued)		
Medical (cont.)	Physicians & subspecialty	Have access to full range of physicians, subspecialty physicians and surgeons appropriate for maternity and neonatal services ² .
	Psychiatrists	Have access to specialist Psychiatrist services available for consultation 24 hours a day, seven days a week.
Nursing & Midwifery	An appointed Registered Nurse / Midwife with a relevant post graduate qualification as Director of the maternal and neonatal nursing and midwifery services. Must be ≥ RN/RM Level 5 as per the Nursing & Midwifery SA Public Sector Enterprise Agreement ⁷ .	
Maternity-Nursing & Midwifery	The birth suite/birthing unit is managed by a registered midwife or registered nurse / midwife with appropriate post registration qualifications ≥ Level RM3 as per the Nursing & Midwifery SA Public Sector Enterprise Agreement ⁷ .	
	Each designated clinical area within the maternity unit is managed by a registered midwife.	
	Have registered midwives rostered and available 24 hours per day, seven days per week.	
	Have access to a community midwife service.	
	Have registered midwives rostered and available 24 hours per day, seven days per week and able to assist with a Category 1 Caesarean section and achieve birth within 30 minutes from booking the procedure.	
	Will have access to an onsite Diabetes Educator, experienced in maternity care.	
	Have a designated registered midwife or registered nurse / midwife educator with a post registration education qualification assigned to the maternal services ¹⁸ .	
	Will have access to a Lactation Consultant.	
Trainees	Provide on campus supervised practice for health professional trainees, in conjunction with their accredited registered health practitioner.	

Level 6 Workforce (Continued)	
Neonatal - Nursing & Midwifery	An appointed registered nurse or registered nurse / midwife as Manager of the neonatal services. Must be \geq Level 3 as per the Nursing & Midwifery SA Public Sector Enterprise Agreement ⁷ .
	At least 50% of the registered nurses and /or registered midwives employed in the neonatal unit have appropriate post registration neonatal qualifications.
	At least 100% of the neonatal intensive care unit nursing/midwifery staff are registered nurses and/or registered midwives.
	Have a designated registered midwife and /or registered nurse each shift to attend resuscitations.
	Have a neonatal nursing care outreach program.
	Have a community neonatal nurse service available to support the neonate who has been in the neonatal intensive care unit and/or special care unit after discharge.
	Have a designated registered midwife and /or registered nurse appointed as the clinical coordinator, to manage the post discharge follow-up of high-risk neonates.
Nursing	Have a designated registered nurse and/or registered midwife with a post registration Neonatal Care and education qualifications, assigned to the neonatal unit ¹⁵ .
	Have appropriately qualified operating room staff available 24 hours per day, seven days per week and able to assist with a Category 1 Caesarean section and achieve birth within 30 minutes from booking the procedure.
Other Staff	Have nominated staff to manage the interface between staff and equipment used for neonatal intensive care.
	Have nominated staff to manage and support the information management systems for the neonatal services.
Biomedical Engineering	Have biomedical engineering staff to support the management of the equipment provided.
Aboriginal Health Care	Have access to Aboriginal Maternal Infant Care Workers and Aboriginal Health Care Workers and/or Aboriginal Liaison Workers.
Allied Health	Have a full range of allied health staff available, including physiotherapists experienced in pelvic floor physiotherapy, with 'on call' arrangements for advice 24 hours per day, seven days per week (child protection, dietetics, audiology, speech therapy, occupational therapy, social work, physiotherapy, genetics).

Level 6 Diagnostics Services	
Pathology	Have a comprehensive range of pathology services with 'on call' arrangements 24 hours per day, seven days per week for specimen analysis.
Diagnostic Medical Imaging	Have 24 hours per day, seven days a week arrangement for adult and neonatal diagnostic medical imaging, including the availability of obstetric ultrasound, interventional radiology, CT and MRI with 'on call' capacity for out of hours requests.

Level 6 Support Services	
Blood & blood products	Have comprehensive blood and blood product services available 24 hours per day, seven days a week.
Pharmacy	Have a comprehensive pharmacy service on site with 'on call' arrangements 24 hours per day, seven days per week.
Mental Health	Have a full range of in-house mental health services, including established links with community mental health teams.
Culturally & Linguistically Diverse	Have access to a comprehensive Interpreter Service 24 hours per day, seven days per week.
Drugs and alcohol	Have access to a full range of drug and alcohol health services with 'on call' arrangements seven days per week.
Research	Should undertake a comprehensive range of research related to maternal and neonatal care.
Statewide Support	Have appropriately qualified staff available 24 hours per day, seven days a week to support the statewide retrieval services.
	Will provide statewide support to maternal and neonatal services, enhancing the capacity of those services providing less complex care. Examples include: <ul style="list-style-type: none"> ▪ regular clinical peer review ▪ ongoing educational support ▪ development of appropriate maternal and neonatal clinical protocols, policies and procedures ▪ 24-hour clinical advice and support provided by a consultant ▪ facilitating patient transfer for more complex care provision of clinical teams capable of undertaking an emergency medical retrieval when appropriate.

Level 6 Support Services (continued)	
Statewide Support	Will provide Obstetricians and Neonatologists for the SA Emergency Perinatal Advice Line services roster and to assist the statewide maternal and neonatal retrieval services and MedSTAR as required.
	Will provide organisational and clinical support for the management of the <i>South Australian GP Obstetric Shared-care Program</i> ¹⁴ , including the capacity to support registered medical officers in their professional development to secure and sustain their accreditation within the program.

Level 6 Clinical Governance	
Whilst it is recognised that variations in the services provided may be warranted as unique patients, resources and limitations to services arise, it is recommended that these variations are documented and substantiated with an appropriate risk management policy and strategy	
Guidelines Will have formal policy/protocols which guide staff in the	assessment and management of maternal and/or neonatal care.
	immediate access to the <i>South Australian Perinatal Practice Guidelines</i> available https://extapps.health.sa.gov.au/PracticeGuidelines or www.sahealth.sa.gov.au/perinatal .
	timely and effective reporting of hazards, adverse effects and sentinel events as per the local safety learning system https://www.sahealth.sa.gov.au/safetylearningsystem .
Credentialing	It is the mandatory role of the employing organisation to ensure adequate formal appointment and credentialing processes are in place for all clinical staff.
Peer review	Will undertake regular clinical audits to ensure best practice clinical outcomes including perinatal mortality/morbidity review.
	Evaluation/auditing processes available to ensure the organisation provides safe, quality care and complies with the organisation's accreditation and SA Health's Health Service Agreement requirements.

Level 6 Services Links	
Transfer guidelines	Have appropriate formal policy/protocols which guide staff in accepting transferred patients from other sites in accordance with local service delineations.
Communication guidelines	Have appropriate formal policy/protocols which guide Consultant Specialists staff members when supporting clinicians seeking advice regarding: <ul style="list-style-type: none"> ▪ fetal surveillance interpretation, ▪ the assessment and management of the pregnant woman, and ▪ the assessment and management of the neonate
	Have appropriate formal policy/protocols which guide Consultant Specialists staff providing clinical advice when; <ul style="list-style-type: none"> ▪ rostered to the SA Perinatal Emergency Advice Line, ▪ assisting the SA Neonatal Regional Retrieval Service, supporting the statewide retrieval services i.e. MedSTAR
	Have established formal communication strategies to support the SA Health Perinatal Emergency Education Program ¹⁵ .
	Have established formal communication links with community health care, child protection, mental health and family and community health services.

Level 6 Education	
All registered nursing/midwifery staff and medical practitioners will have access to	regular emergency care and resuscitation education programs and annual competency assessment of adult and neonate basic life support skills
	a perinatal emergency care program of education, as directed in the Perinatal Emergency Education Strategy Policy Directive ¹⁵ .
Have the capacity to support education and ongoing professional development programs ensuring the competency of the midwives and/or nurses as per the Australian Nursing & Midwifery Council (ANMC) <i>National Competency Standards for a Midwife or National Competency Standards for a Nurse</i> ⁹ .	
Will support undergraduate and postgraduate education programs for allied health, nursing/midwifery and medical students, in collaboration with the relevant tertiary education centre	

7. National Safety and Quality Health Service Standards

							
National Standard 1 Clinical Governance	National Standard 2 Partnering with Consumers	National Standard 3 Preventing & Controlling Healthcare-Associated Infection	National Standard 4 Medication Safety	National Standard 5 Comprehensive Care	National Standard 6 Communicating for Safety	National Standard 7 Blood Management	National Standard 8 Recognising & Responding to Acute Deterioration
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8. Definitions

Aboriginal Maternal and Infant Care (AMIC) workers

Aboriginal Maternal and Infant Care (AMIC) workers, are Aboriginal women who have undertaken or working towards a Certificate IV in Aboriginal and /or Torres Strait Islander Health Care Training /Practice, and work in collaboration with registered midwives and registered medical officers in intellectual and inter-cultural partnerships that aim to provide culturally focussed maternal and neonatal care the antenatal, birthing and postnatal periods for Aboriginal mothers and their families.

Community midwifery service

Where registered midwife(s) provide community-based midwifery care in conjunction with other maternal and neonatal health care providers.

Credentialing

The recognition of professional or technical competence through registration, certification, licensure, admission to association membership, the award of a diploma, or degree, etc.

Criterion-based

Refers to a standard set of terms or principles used to evaluate, categorise or form a judgment.

MedSTAR

MedSTAR is South Australia's single emergency medical retrieval service. MedSTAR also provides 24/7 clinical support and advice to country and metropolitan health services and the SA Ambulance Service.

Definitions (continued)

Obstetric shared-care

A statewide framework whereby accredited GPs are supported by a participating public hospital to provide antenatal and postnatal care whilst birthing responsibilities remain with the participating public hospital program. The maternal and neonatal providers working within this model of care are supported by agreed protocols guiding the administrative and clinical management of the program.

Perinatal Emergency Advice Line

The SA Perinatal Emergency Advice Line was established in October 2009 by the SA Maternal & Neonatal Clinical Network as a 24/7 service, supporting South Australian healthcare providers requiring urgent or emergency obstetric and neonatal clinical advice. An Obstetrician or Neonatologist consultant is available to provide maternal and/or neonatal clinical advice.

SA Perinatal Practice Guidelines

Statewide clinical guidelines published by SA Health that assist maternal and neonatal service providers and have been developed in consideration of research and best available research.

9. Associated Directives / Guidelines & Resources

Clinical Directives, Policy Directives and Perinatal Practice Guidelines are available at: <https://extapps.health.sa.gov.au/PracticeGuidelines> or www.sahealth.sa.gov.au/perinatal.

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10. South Australian Department for Health and Wellbeing 2019, *Category One Caesarean Section: Standards for Management in South Australia 2018*, South Australian Government, viewed 21 June 2019, www.sahealth.sa.gov.au/perinatal.
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South Australian Department for Health and Wellbeing 2019, *South Australian Perinatal Practice Guidelines*, South Australian Government, available <https://extapps.health.sa.gov.au/PracticeGuidelines> or www.sahealth.sa.gov.au/perinatal.

11. Acknowledgements

This document was first produced in 1987, with subsequent revisions in 1995, 1999, 2010, 2015 facilitated by the relevant state-wide maternal and neonatal executive committee with assistance by lead clinicians from across South Australian.

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12. Document Ownership & History

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Does this policy amend or update an existing policy? **Y**
If so, which version? **V1**
Does this policy replace another policy with a different title? **N**
If so, which policy (title)?

Approval Date	Version	Who approved New/Revised Version	Reason for Change
3/02/21	V3.1	Chair, SA Maternal, Neonatal & Gynaecology Community of Practice	Minor amendment to clarify nursery level for rural hospitals
03/04/2020	V3	SA Health Commissioning and Performance Division	Formally reviewed in line with 1-5 year scheduled timeline for review
01/03/2014	V2	SA Health Portfolio Executive	Formally reviewed in line with 1-5 year scheduled timeline for review
12/4/2010	V1	SA Health Safety & Quality Strategic Governance Committee	Original SA Health Portfolio Executive approved version.

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Maternal and Neonatal Services in South Australia 2020 Clinical Directive

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Public –I2-A3

How do I know the level of maternity or neonatal service that can be provided at the health service I access for my pregnancy care?

The maternity care clinicians where you are receiving your pregnancy care will explain to you the level of care that they can provide.

Do all health units have the capacity to care for all patients?

Most maternity or neonatal units across the state have limitations on the type and complexity of patients that they can safely care for. Your local health service will aim to keep your health care as close to your home as possible. Occasionally, your clinical condition, or that of your baby may require transfer to an alternate site that is better equipped to provide more complex care.

Note

SA Health does not accept responsibility for the quality or accuracy of material on websites linked from this site and does not sponsor, approve or endorse materials.

The clinical material offered in this statewide standard/policy provides a minimum standard, but does not replace or remove clinical judgement or the professional care and duty necessary for each specific patient case. Where care deviates from that indicated in the statewide guideline contemporaneous documentation with explanation must be provided.

For more information

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SA Maternal Neonatal Gynaecology Community
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WCHN Regional Office
Alan Campbell Building
72 Kermode St
North Adelaide SA 5006 www.wchn.sa.gov.au

Copies of this publication are available from
www.health.sa.gov.au/ppg

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in languages other than English, call the Interpreting and Translating
Centre and ask them to call The Department of Health.
This service is available at no cost to you, contact (08) 8226 1990.

Standards for Maternal & Neonatal Services in South Australia

2020

Confidentiality

Health practitioners working within SA Health are obligated to protect the confidentiality of all clients consistent with current legislation. Health practitioners are very respectful of their clients' needs.



Government
of South Australia

SA Health



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Background

Pregnancy and birthing are significant, meaningful life events. South Australian's have the right to receive accessible and safe quality perinatal services as close to home as possible.

To ensure optimal health outcomes for both mother and baby, standards for maternity and neonatal services in South Australia are in place.

The Standards for Maternal & Neonatal Services in SA provides a criterion-based framework that determines the minimum standard that should be provided for each level of care within maternity and/or neonatal services. The framework defines the required workforce, equipment, protocols and service arrangements that need to be formally in place to ensure safe and effective care.

How many levels of perinatal service are there in the SA?

South Australia has six levels of maternity and neonatal care. Level 1 has no resources to provide birthing services and with the increasing capability each level provides more complex care, and Level 6 providing for those requiring the most complex care.

How do I know what level of care I or my baby requires?

The clinicians at each maternity or neonatal unit across the state will explain to you what care can be provided at their particular site and if you require more complex care.

Your care or that of your baby may need to be transferred to an alternate site where more complex care can be provided.

The aim is to ensure you and your baby has access to the best possible care available.

Why we need standards

The Standards for Maternal & Neonatal Services in SA recognise the need to:

- define the scope of safe clinical care that a perinatal health service can provide to a woman and/or her newborn,
- establish referral practices when a woman is transferred between different organisations to access more complex care
- establish the required maternity and neonatal staff and equipment necessary to care for a woman and/or her newborn.