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Clinical Services Capability Framework

Maternity Services

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Module overview

Please note: This module must be read in conjunction with the Fundamentals of the Framework (including glossary and acronym list).

Scope

The Clinical Services Capability Framework (CSCF) provides a statewide framework for describing the minimum service requirements needed to deliver safe and effective healthcare at different service levels. It supports consistent planning, governance, and risk management across health services by outlining capability criteria that promote patient safety, quality care, and appropriate service delivery. The CSCF also provides a common language for healthcare providers and planners, helping to ensure services are delivered in the right setting, with the appropriate workforce, resources, and clinical support.

In the context of ongoing work to develop Maternity services in Queensland, this module will be regularly reviewed and updated to ensure ongoing alignment with legislation, regulations, standards, policies, and contemporary maternity care practices.

Principles

Care is safe and feels safe for the woman

- Individualised care is provided in partnership with the woman.[1,2]
- The unique challenges in Queensland in terms of geography, distance and access to maternity facilities (including those with advanced capabilities) require a coordinated approach to individualised care.[1]
- Women generally seek care where they feel safest. Care close to home feels safe for many women.[1,3]
- Care is guided by ongoing assessment that will ensure the woman receives care from appropriately trained maternity clinicians, at the right time, in the most suitable level of service.[1]
- The assessment of clinical safety is a dynamic process that continues throughout pregnancy, labour, birth and the postnatal period and considers the needs of the woman, baby, support person/s and the health professionals providing the care as planned or who are called upon in an emergency.[1]
- Evidence-based, multimodal information should be provided in ways that consider the cultural, linguistic and developmental needs of women to support informed decision-making throughout pregnancy, including potential risks and benefits. [1,2,3]

- Service provision includes application of a principle-based approach which supports mother-baby bonding and minimises separation.[1,2,3]

Continuity of carer is prioritised within a multidisciplinary team

- The relational aspect of continuity of carer is built on an ongoing partnership between the woman and her known maternity care provider, fostering trust, mutual respect, emotional safety, and a deeper understanding of the woman's individual needs, preferences, and circumstances.[4,5,6]
- Where continuity of carer is not possible across the continuum of pregnancy, birth and the post birth period, effective clinical handover, timely communication, and comprehensive documentation between members of the interprofessional team are essential to support safe, coordinated, and woman-centred pregnancy care.[4,7]
- Equitable and timely access to multidisciplinary maternity care, established referral pathways and support services is integral across all maternity service models, enabling women to access appropriate assessment, prevention, treatment and ongoing support regardless of geographic location.[4,5,7]

Trauma-informed care

- Trauma-informed care is a core principle underpinning service delivery, ensuring care is safe, equitable, culturally responsive and centred on the needs and experiences of women, babies and families.[8,9]

Clinical governance is embedded at both local and system levels

- All levels of governance of maternity services require specific and multidisciplinary clinical input from maternity clinicians (medical practitioners and midwives).
- Queensland maternity services must be supported by a workforce that is appropriately qualified, credentialed and available to meet the capability requirements of the relevant CSCF level.
- Local and system wide governance frameworks must include provisions for the situation where pregnancy or birth complexity exceeds the capability of the local service to actively support, timely consultation, escalation, referral, and transfer processes must be in place to support safe and coordinated care with a higher level maternity service. Clinical management beyond a service's capability must occur in consultation with an appropriately resourced higher level maternity service.
- The establishment of formal and informal relationships with the networks and systems that support the service include but are not necessarily limited to Retrieval Services Queensland, Queensland Ambulance Service, and higher level CSCF services.

Quality & Safety

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

- Queensland Clinical Care Guidelines
- Queensland Health Clinical Governance Framework
- Clinical Excellence Queensland
- National Safety and Quality Health Service (NSQHS) standards
- Queensland Maternal and Perinatal Quality Council (QMPQC)
- Queensland Maternity and Neonatal Clinical Network
- ACM National Midwifery Guidelines for Consultation and Referral
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists – Maternity Case in Australia and Statements and Guidelines.

Defining risk in maternity services

How individuals interpret and define 'safety' and 'risk' depends on their role, experiences and to some extent their location, within the maternity context. Even within the three main groups of stakeholders, women, clinicians and health executive, there are sub-groups with their own interpretations.[1,2,3,4,5]

Risk in maternity services is dynamic and may change throughout pregnancy, labour, birth and the postnatal period. There is no single accepted definition of a low-, normal-, increased- or high-risk pregnancy, nor is there a universally validated tool that can accurately predict risk for all women and babies.[9,10,13]

Risk assessment is an ongoing process that relies on the recognition and interpretation of changing clinical, psychosocial and contextual factors. Changes in risk may occur gradually or unexpectedly and require timely reassessment and response.[9,10,13,15]

Risk is experienced and perceived differently by women, families and healthcare professionals. A woman's values; preferences, expectations and previous experiences may influence how she understands and weighs potential risks and benefits. Accordingly, risk assessment should support shared decision-making and consider both clinical evidence and the woman's individual circumstances.[1,2,5,11]

The assessment and management of risk are also influenced by the local service context, including workforce capability, service capability, resource availability, and access to higher level maternity and neonatal services. Risk should therefore be considered within the context of both the woman's needs and the capability of the service providing care.[7,122,14,16] Local operating policies and procedures will reflect how risk will be assessed and managed.

Neonatal considerations

Maternal care requirements cannot occur in isolation of the neonate. Therefore, the Neonatal Services module should be consulted when determining locations and networks for safe care. Distance and

geographical implications, as well as isolation and levels and skills of staffing, are important considerations when managing neonatal and maternity services in Queensland.

Infants born outside the expected gestational age and weight for the service level capability may, depending on clinical decisions, be managed safely at the local level. However, this decision will be made after consultation with a higher level service (obstetric higher level service in conjunction with neonatal retrieval coordination through Retrieval Services Queensland) and guided by the service's risk management strategy.

Table 1

Gestation/Clinical Need	Typical Neonatal Service Level
Well term infants (≥37 weeks)	Level 1-3
Late preterm infants requiring additional monitoring	Level 4+
Moderate prematurity or special care nursery requirements	Level 4-5
Very preterm infants and complex neonatal care	Level 6 NICU

Note to table: Combines level of maternal risk with fetal gestational age and weight. Refer to Neonatal Service CSCF.

Practical CSCF planning rule:

- 32+0 weeks and 1500g → usually Level 4 Neonatal Service minimum.
- Less than 32 weeks or less than 1500g → typically Level 5 or 6 neonatal capability depending on local policy and the baby's clinical needs.

Exact thresholds depend on the maternity and neonatal CSCF modules and local service capability requirements.

Related Services

Maternity services operate within a broader network of related clinical services. Where these services are provided, they should be delivered in accordance with relevant legislation, policies, clinical guidelines and governance arrangements.

Related services may include the following.

Termination of pregnancy

Pregnancy termination services should be provided through a coordinated, interprofessional model of care at the lowest service level capable of safely meeting the woman's clinical needs, as close to home as practicable. Care should be informed by appropriate consultation with specialist services, including maternal fetal medicine for pregnancies affected by fetal anomaly. Where termination of a live fetus at 22 weeks' gestation or greater is clinically indicated, referral to a Level 6 service with the requisite expertise and capability may be required depending on local capacity and capability.[18,19]

Perinatal loss and bereavement

Health services provide evidence-based, family-centred care following a stillbirth or perinatal death, ensuring all interactions are undertaken with empathy, respect and compassion. Services support a coordinated approach to care that includes timely and comprehensive investigation of perinatal deaths to inform clinical understanding, quality improvement and future pregnancy planning. A skilled and educated workforce is maintained through ongoing training in bereavement care, stillbirth management, investigation processes and communication, enabling staff to provide consistent, high-quality care. Families are offered appropriate psychosocial, cultural and spiritual supports, alongside structured follow-up and debriefing. Care also includes facilitating opportunities for parents and families to spend time with their baby and create meaningful memories, recognising the importance of memory-making activities in supporting grief, bereavement and family wellbeing.[19,20,21,22]

It is acknowledged that with increasing environmental and system change, specific elements of care, such as birth trauma, breech birth and declining recommended care, require ongoing review to ensure a contemporaneous and sustainable governance framework.

Minimum training requirements

In addition to what is outlined in the Fundamentals of the Framework, specific workforce requirements include:

- Face to face electronic fetal monitoring (e.g. Royal Australian and New Zealand College of Obstetricians and Gynaecologists [RANZCOG] fetal surveillance education program or similar) FSEP (at a minimum every 2 years).
- Basic Life support (every year).
- Interprofessional maternity emergency team training i.e.- PROMPT, MEP (at a minimum every 2 years).
- Neonatal resuscitation program or similar with a refresher (at a minimum every 2 years).
- Neonatal Stabilisation for Retrieval. Neonatal stabilisation for retrieval V6 (every 2 years)
- Facilitate opportunities for ongoing skill and knowledge acquisition (e.g. SwIM programs, skill-based workshops, core competency training, simulation learning, online and face-to-face education) (requirements assessed at a unit level annually).
- Newborn Bloodspot Screening (NBS) – NBS online training module (once).
- Midwifery Practice Review (MPR) (required CSCF level 2 sites) (requirements assessed at a unit level- assessed annually).

Relevant staff in non-birthing facilities: Must attend education on imminent birth, preferably conducted by a maternity clinician, using relevant Maternity Emergency Courses designed for non-midwifery staff (Imminent Birth online learning modules [once]).

Key definitions

Onsite – Staff, services and/or resources located within the health facility or adjacent campus including third party providers.

Accessible – Ability to utilise a service (either located on-site or off site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach.

Maternity clinician – Key health professions with the core competencies required to provide maternity care: Midwives, Endorsed Midwives, Specialist Obstetricians and Gynaecologists, Rural Generalists with obstetrics advanced skills, and General Practitioner Obstetricians (GPOs).[23]

Level	Specific risk considerations	Support services			
1	Refer to overview.	Medical Imaging	Medication	Neonatal	Pathology
		A3	A1	A1	A2

Support service requirements are described using the terms “Onsite” (O) and “Accessible” (A). Refer to the Key Definitions section for full definitions and interpretation.

Service description	Service requirements	Workforce requirements

• Provides community antenatal and/or postnatal care for women and infants, but no planned births or maternity inpatient services.
• If maternal and/or fetal risks are identified, care is provided in partnership with the woman and higher level services.
• Has the capability to provide antenatal and postnatal care through visiting, outreach and telehealth services delivered by midwives, doctors, allied health professionals and relevant cultural support staff.
• Has the capacity to provide imminent birth care for unplanned births.
• Care beyond the capability of the service may at times be required – use clinical judgement and local risk management responses to determine the need for
	• Consumer information about local service is provided, including:
	  ○ services are intermittently provided by outreach services;
	  ○ advice and implications of no local birthing service including pathways to access birthing services at other sites;
	  ○ the local models of care and options for maternity and newborn care;
	  ○ capacity to manage unplanned/imminent birth
	  ○ importance of woman carrying the Pregnancy Health Record as a communication tool for all antenatal care providers.
	• Community or hospital based antenatal and postnatal care with access to telehealth services provided by
		Responsibility for care – the most clinically appropriate person for the circumstances assumes responsibility for care, determined on a case-by-case basis, roles and responsibilities are collaboratively assigned based on the skills and expertise of those present.
		
		Medical
		• Registered medical practitioners—accessible—24 hour/s.
		Midwifery
		• Midwives who provide outreach midwifery clinics and telehealth services—accessible—24 hour/s.
		Nursing
		• Nurse practitioners and/or registered nurses with imminent birth training and with (or working towards) advanced

transfer to a facility with a higher level of care capability.
• Has documented processes for consultation and referral links to higher level services within relevant maternity service network.
	midwives, doctors, allied health professionals and relevant cultural support staff, either face to face or via telehealth.
	• Routine antenatal and postnatal care as per Pregnancy Health Record, including:
	  ○ ongoing monitoring, assessment and screening;
	  ○ routine psychosocial assessment during antenatal and postnatal periods, with enhanced screening and referral pathways activated as required;
	  ○ referral to diagnostic screening including ultrasound;
	  ○ education to support antenatal decision making, labour and birth, parenting, bonding, feeding and lactation;
	  ○ education and referral pathways to support health enabling behaviours and address modifiable risk factors including smoking/vaping cessation, alcohol and drugs, nutrition, physical activity and sexual and reproductive health; and
	  ○ postnatal maternal assessment, breastfeeding and parent support; and
		qualifications in rural and remote practice.
		Allied health
		• Allied health professionals including dieticians, physiotherapists, psychologists, and social workers—accessible
		Cultural and clinical support
		• Aboriginal and Torres Strait Islander Health Workers, Practitioners and/or Liaison Officers—accessible.
		• Aboriginal and Torres Strait Islander Health Workers may assist with maternity care within their scope of practice and in accordance with local clinical governance, delegation, credentialing and supervision requirements.
		Other
		• Child health services and lactation services—accessible.
		• Spiritual care workers, diagnostic imaging, mental health, and alcohol and drug agencies—accessible.

	○ evidence-based information and supported access to recommended maternal immunisations in accordance with National Immunisation Program Schedule and cervical screening during pregnancy where clinically appropriate, including self-collection or clinician-collected options. • Access to newborn services, including routine 'healthy hearing' screening. • Newborn examination and assessment, including assessment of feeding, hips, heart, weight gain and jaundice. • Access to Pathology Services with capacity to facilitate and embed follow pathways for: ○ maternal antenatal screening; ○ newborn bloodspot screening; ○ serum bilirubin testing; and ○ neonatal blood glucose testing. • Adult, infant and neonatal resuscitation capability with support of higher level facilities. • On-site fetal doppler. • On-site Obstetric & Imminent Birth Kit and Neonatal & Infant Resuscitation Kit (<5kg), aligned with Queensland Health Rural & Remote Service Standardisations (RRESS) Guidelines.	

	• Local non-maternity clinicians receive training in imminent birth management, supported by telehealth access to specialist guidance for unplanned births. • Local formalised pathways for entering data into Perinatal data collection. • Embed 10 steps to promote breastfeeding in health facilities. • Accredited or working towards Baby Friendly Hospital Initiative accreditation.	

Level	Specific risk considerations	Support services					
		Anaesthetic	Medical Imaging	Medication	Neonatal	Pathology	Perioperative
2	Refer to overview.	A3	A3	O2	A2	A2	A3

Support service requirements are described using the terms “Onsite” (O) and “Accessible” (A). Refer to the Key Definitions section for full definitions and interpretation.

Service description	Service requirements	Workforce requirements

• Provides antenatal and postnatal care for women and infants, with intrapartum care available in facilities, subject to local service capabilities, infrastructure and limitations. Operating theatre services may not be available at all Level 2 facilities. Where available, operating theatres may function with reduced or limited capacity.
• Can receive clinically stable postnatal mothers and neonates as a back transfer in consultation with tertiary facility considering local workforce capacity and clinical need.
• Agreed processes with higher level services to facilitate safe transfer and continuity of care.
• Documented processes for consultation and referral with higher level services within relevant service network.
	As per Level 1, plus:
	• Clear consumer information about the local service including:
	  ○ capacity to manage lower risk birth consistent with local operational policies and procedures.
	  ○ intrapartum pain relief options;
	  ○ limited capacity for neonatal care; and
	  ○ escalation and pathways to a higher level care.
	• Caesarean Section Capacity
	  ○ A Level 2 service would generally not have a caesarean section capacity. In instances where a Level 3 service needs to temporarily operate as a Level 2 service, induction of labour and caesarean sections may still be
		As per Level 1, plus:
		• Maternity clinicians are required to have supervised continuing professional development every 2 years in neonatal resuscitation.
		Medical
		• General practitioner obstetrician and higher level specialist services—accessible.
		Midwifery
		• Midwives—accessible—24 hour/s.
		• Ratio of one midwife onsite to each woman in established labour.
		• Midwifery student placements are supported under the supervision of a midwife/midwives.
		Nursing
		• Nurses working within in-patient services are provided with education and skill development to provide basic nursing care for inpatient women and babies

	performed in accordance with the Level 3 service requirements and safe service levels as assessed by local clinicians.
	• Escalation of care:
	  ○ Where women require care beyond the scope of a Level 2 service, established systems support escalation, communication and timely transfer to a higher level service, including when an unplanned caesarean may be required.
	• Intrapartum care requires:
	  ○ continuous labour support by a midwife with a second clinician skilled in neonatal resuscitation available to attend the birth; and
	  ○ clinicians skilled in cannulation and perineal repair.
	• Access to inpatient beds.
	• Clinician trained in complete infant examination—accessible—24 hour/s.
	• Governance systems and guidelines for risk assessment and screening.
	• Adherence to statewide maternity and neonatal clinical guidelines.
	• Utilisation of statewide intrapartum, postnatal, and neonatal clinical pathways with comprehensive documentation of birth outcomes,
		under the onsite and offsite supervision of a midwife including telehealth support.
		
		Other
		• One clinician is assigned primary responsibility for the immediate care at birth and during transition to extra-uterine life.
		• A second clinician is on call/onsite to support the intrapartum period and is onsite to attend the birth.

	postnatal management plan to communicate to ongoing carers.
	• Electronic fetal monitoring, with clinicians trained in interpretation and management of abnormal cardiotocography (CTGs), in conjunction with emergency care, escalation, and transfer.
	• Emergency blood transfusion capability (usually O Negative x 2-4 bags in stock).
	• Point of Care testing (PoCT) blood analysis capability including haemoglobin testing device (Hemocue).
	• Engagement with perinatal morbidity and mortality network meetings.
	• Audit of transfers or retrievals of women and/or neonates to higher level services including:
	  ○ reason for transfer;
	  ○ speed of transfer;
	  ○ where transfer was indicated but did not occur; and
	  ○ establish formal relationships with the networks and systems that support the service including but not necessarily limited to: RSQ, QAS, higher level CSCF facilities.	

Level	Specific risk considerations	Support services						
3	Refer to overview.	Anaesthetic	Intensive Care	Medical Imaging	Medication	Neonatal	Pathology	Perioperative
		O3	A4	A3	O3	O3	A3	O3

Support service requirements are described using the terms "Onsite" (O) and "Accessible" (A). Refer to the Key Definitions section for full definitions and interpretation.

Service description	Service requirements	Workforce requirements

• Maternity service—accessible—24 hour/s.
• May offer induction of labour consistent with local operational policies and procedures.
• Emergency and planned caesarean birth can be performed on-site.
• May manage women who present in preterm labour at 35-37 weeks gestation or more in consultation with higher level maternity and neonatal service.
• Does not have on-site adult intensive care unit, though may have access to higher acuity beds with continuing obstetric and midwifery oversight.
	As per Level 2, plus:
	• Clear consumer information about the local service including:
	  ○ planned low to moderate risk births, based on individualised risk assessments;
	  ○ capacity to manage and respond to unexpected maternity and neonatal complications;
	  ○ capacity to manage high acuity care until transfer or retrieval; and
	  ○ referral pathways to higher level birthing services when required.
	• Fully functional perioperative service supporting on-site capacity for elective and emergency caesarean sections.
	• Induction of labour services for women meeting local birth criteria.
	• Onsite portable obstetric ultrasound and medical imaging services.
		As per Level 2, plus:
		Medical
		• Minimum one general practitioner obstetrician and one general practitioner anaesthetist—accessible—24 hour/s—and able to attend within 30 minutes in normal circumstances.
		• And at least one of the following:
		  ○ rural generalist medical practitioner credentialled in obstetrics—accessible—24 hour/s—and able to attend within 30 minutes in normal circumstances; OR
		  ○ rural generalist medical practitioner credentialled in anaesthetics—accessible—24 hour/s and able to attend within 30 minutes in normal circumstances; OR

	• Designated birthing rooms. • Capacity to perform arterial and venous cord blood gas analysis where intrapartum fetal compromise has been suspected or the neonate is born in poor condition. • Emergency adult and advanced neonatal resuscitation services—accessible—24 hour/s. • Access to continuity of midwifery care. • Onsite CTG machines with capacity to monitor and assess twin pregnancies. • Capacity to ventilate and manage care of critically ill woman awaiting transfer.	○ registered medical practitioner—accessible—24 hour/s—and able to attend within 30 minutes in normal circumstances. **Midwifery** • An experienced midwife at each maternity facility or across two (or more) facilities who is the accountable unit manager and oversees midwifery leadership, clinical governance, and operational management. **Nursing** • Child health nurse or midwife with child health qualifications—accessible—onsite. **Allied health** • Individual physiotherapy postnatal management—accessible—onsite. **Cultural and clinical support** • Aboriginal and Torres Strait Islander health worker/Liaison Officers—accessible—onsite. **Other** • Anaesthetic assistant—accessible—24 hour/s. • Lactation consultant—accessible.

Level	Specific risk considerations	Support services						
4	Refer to overview.	Anaesthetic	Intensive Care	Medical Imaging	Medication	Neonatal	Pathology	Perioperative
		O3	O4	O4	O4	O4	A4	O3

Support service requirements are described using the terms "Onsite" (O) and "Accessible" (A). Refer to the Key Definitions section for full definitions and interpretation.

Service description	Service requirements	Workforce requirements
• Can care for pregnant women at 32 weeks gestation or more if continuous positive airway pressure (CPAP) device accessible onsite for neonate, and neonate expected to have birth weight of 1500 grams or more with no additional risk factors (if CPAP device not accessible onsite, can plan and deliver care for pregnant women with gestational age of 34 weeks or more). • Interprofessional maternity staff offering a variety of maternity models of care. • May provide high-risk antenatal care as satellite, outreach or telehealth support from higher level service. • Documented processes with higher level services for rapidly transferring higher risk women for ongoing care and management. • Dedicated birth suites, maternity unit that provides for high-acuity women and	As per Level 3, plus: • Capacity to provide antenatal day assessment. • On-site access to high-acuity maternity beds. • On-site adult intensive care unit with referral links to higher services to support care for critically ill women • Emergency adult and neonatal resuscitation equipment and trained staff—accessible—24 hour/s. • Pathology service—onsite—24 hour/s. • Capacity to undertake intrapartum fetal blood sampling—onsite—24 hour/s. • Capacity to manage clinically appropriate labour induction. • Access to, and support for data collection, clinical audit and research. • Perinatal mortality and morbidity meetings conducted.	As per Level 3, plus: **Medical** • Clinician with responsibility for clinical governance who is a registered specialist obstetrician and gynecologist. • Registered medical specialist credentialled in obstetrics —onsite, proximate or onsite within 30 minutes under normal circumstances (within current industrial requirements)—24 hour/s. • Registered medical specialist credentialled in anesthetics—accessible—24 hour/s. • Registered medical specialist credentialled in paediatrics and experience in neonatal care—accessible—24 hour/s. • Suitable trained health care professional who can assist at caesarean sections and

access to neonatal nursery and paediatric staff. • Anaesthetic service available for obstetric care, in addition to an adult intensive care unit, and intensive care specialists who can support critically unwell women—accessible—24 hour/s.	• Full range of antenatal, birthing and postnatal care facilities, including dedicated birth suites, antenatal day assessment unit, allocated inpatient beds within maternity unit and maternity beds for acute care of high acuity patients. • X-ray, ultrasound, and CT scan—onsite—24 hour/s.	can attend in line with current industrial requirements—accessible—24 hour/s. • Registered psychiatrist preferably with expertise in women's health and perinatal psychiatry—accessible onsite or via telehealth—7 days per week. o And/or 1300 MH CALL. • Medical registrars/PHOs—accessible—24 hour/s. **Midwifery** • Suitably qualified and experienced midwife in charge on Birth Suite each shift. • Minimum two midwives at any time in birth suite when occupied or delegated second midwife immediately accessible to attend (only when birth suite jointly located with another maternity ward). • Minimum two midwives at any time across maternity unit. • Midwife to coordinate care of high-risk women. • Perinatal loss midwife—accessible—during business hours. **Other** • Lactation service—accessible—during business hours.

Level	Specific risk considerations	Support services									
		Anaesthetic	Cardiac (Cardiac Medicine)	Intensive Care	Medical	Medical Imaging	Medication	Neonatal	Nuclear Medicine	Pathology	Perioperative	Surgical
5	Refer to overview.	O5	A5	O5	A5	O5	O5	O5	A5	O5	O5	A5

Support service requirements are described using the terms "Onsite" (O) and "Accessible" (A). Refer to the Key Definitions section for full definitions and interpretation.

Service description	Service requirements	Workforce requirements
• Capable of providing planned care for women who may deliver at 29 weeks or more with infants expected to have birth weight of 1000 grams or more. • Inter-professional service with capacity to manage all unexpected pregnancy and neonatal emergency presentations and can undertake invasive, antenatal diagnostic procedures. • Referral service for lower-level maternity patients, providing comprehensive obstetric, medical and neonatal care. • May provide full onsite maternal fetal medicine service inclusive of Maternal Fetal Medicine (MFM) or Certification in Obstetrical and Gynaecological Ultrasound (COGU) sub-specialist and the ability to provide antenatal invasive diagnostic procedures.	As per Level 4, plus: • Access to long-term patient / family accommodation close to campus. • Obstetric theatre and obstetric anaesthetic service—onsite—24 hour/s. • Access to one dedicated obstetric theatre 24 hour/s for every 4000 births with capacity to open second operating theatre concurrently. • Access to adult and neonatal emergency resuscitation and personnel (see comments for level 4) equipment within unit. • On site CTG monitoring within birth suites and inpatient areas. • Ultrasound machine—on site and available in birth suite -24 hour/s. • All major medical and surgical specialties—accessible—24 hour/s. • Perinatal mental health service and access—accessible—24 hour/s.	As per Level 4, plus: **Medical** • Registered specialists in obstetrics and gynaecology credentialled with a scope of clinical practice that includes obstetric and gynaecological ultrasound equivalent to the RANZCOG certification – onsite, proximate or available onsite within 30 mins as defined by local requirements, policies and industrial frameworks – 24 hours. • Registered medical specialist credentialed in obstetrics provides clinical advice and support to lower-level service—accessible—24 hour/s. • Anaesthetic, internal medicine and neonatal/paediatric advanced trainees under supervision by relevant registered specialist—onsite—24 hour/s. • Obstetric medicine specialist—accessible—24 hour/s.

○ Must have link with Level 6 service for cases where fetal surgery is proposed. • Core service provision includes monitoring and early intervention by trained obstetricians, midwives, neonatologists, and other disciplines as required. • Provide antenatal care for women under the care of other practitioners, with high risk of obstetric complications, on-site or in community via tele-health.	• Midwifery coordinator, where relevant, to support maternity network services across rural and regional service.	• Radiology and pathology services—onsite—accessible—24 hour/s. **Midwifery** • Suitably qualified and experienced midwifery lead clinician with responsibility for clinical governance. • Suitably qualified and experienced midwife (however titled) in charge in birth suites. • Suitably qualified and experienced midwife (however titled) in charge for each maternity specialty area. • Minimum two midwives at any time in birth suite. • Midwife (consultant / practitioner)—accessible—during business hours—for specialty areas. **Allied health** • Sonographers—accessible—onsite—24 hour/s. **Other** • Pathology services—accessible—24 hour/s. • Lactation consultant with staff accredited by International Board of Lactation Consultants—accessible. • Genetics counsellor—accessible..

Level	Specific risk considerations	Support services											
6	Refer to overview.	Anaesthetic	Anaesthetic – Children	Cardiac (Cardiac Medicine)	Intensive Care	Medical	Medical Imaging	Medication	Neonatal	Nuclear Medicine	Pathology	Perioperative	Surgical
		O5	A6	A5	A6	A6	A6	O5	A6	A5	A6	A5	O5

Support service requirements are described using the terms "Onsite" (O) and "Accessible" (A). Refer to the Key Definitions section for full definitions and interpretation.

Service description	Service requirements	Workforce requirements
• Provides all levels of care, including highest level of complex care for women with serious obstetric and fetal conditions requiring high-level inter-professional care core services including monitoring and early intervention by specially trained registered health professionals credentialed in obstetrics, midwifery, neonatology and other disciplines as required. • Service level provides maternal fetal medicine and maternal fetal interventional surgery. • Service with capacity to manage all unexpected pregnancy and neonatal emergencies. • Provides services in large hospital (where population is greater than 100,000). • Referral service for lower level maternity services and can provide comprehensive obstetric, medical and neonatal care,	As per Level 5, plus: • Service network perinatal mortality and morbidity meetings conducted with engagement and inclusion from lower-level services within maternity service network. • 24-hour maternity service providing comprehensive specialist services, including, but not restricted to, midwifery, obstetric, medical, mental health, and surgical care for women with high-risk complex needs. • Documented processes with lower-level services within relevant maternity service network to enable ongoing management at host site or timely patient transfer to higher level facility. • Obstetric tertiary imaging service—accessible—onsite—24 hour/s.	As per Level 5, plus: **Medical** • Registered medical specialist credentialled in obstetrics and subspecialty accreditation in maternal fetal medicine (or equivalent)—onsite—during business hours. • Onsite obstetric medicine with regular obstetric medicine clinics, and provision of obstetric medicine telehealth to lower-level services as appropriate.

provides clinical advice and support by registered medical specialists credentialed in obstetrics 24 hourly • Clinical teams can undertake obstetric and neonatal retrieval support when required. • Provides a safety net to the whole system to resolve care, transfer and support decisions. • Has a strategic role in clinical planning of statewide services related to perinatal care.		

Support service requirements for maternity services*	Level 1		Level 2		Level 3		Level 4		Level 5		Level 6	
	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible
Anaesthetic (v3.2)				3	3		3		5		5	
Children's Anaesthetic (v3.2)												6
Cardiac (Cardiac Medicine) (v3.2)										5		5
Intensive Care (v3.2)						4	4		5			6
Medical (v3.2)										5		6
Medical Imaging (v3.2)		3		3		3	4		5			6
Medication (v3.2)		1	2		3		4		5		5	
Neonatal (v3.2)		1		2	3		4		5			6
Nuclear Medicine (v3.2)										5		5
Pathology (v3.2)		2		2		3	4		5		6	
Perioperative (v3.2)				3	3		3		5			5
Surgical (v3.2)										5	5	

*As the CSCF review progresses, this table will be regularly reviewed and updated. Services should continue to self-assess against CSCF v3.2 until v4.0 is published.

Legislation, Regulations and Legislative standards

Refer to the Fundamentals of the Framework for details.

Standards, guidelines, benchmarks, policies and frameworks

In addition to what is outlined in the Fundamentals of the Framework, the following are relevant to maternity services:

Australian College of Midwives. (2021). National midwifery guidelines for consultation and referral (4th ed.). ACM. https://www.midwives.org.au

Australian Commission on Safety and Quality in Health Care. (2021). National safety and quality health service standards (2nd ed.). ACSQHC. https://www.safetyandquality.gov.au

Australian Institute of Health and Welfare. Australia's mothers and Babies. Canberra, Australia: Australian Institute of Health and Welfare; 2023.

Australian Immunisation Handbook (digital edition)

Australian Living Evidence Collaboration. Pregnancy care guidelines (Version 9.2) [Internet]. 2026 [cited 2026 February 27]. Available from: https://leappguidelines.org.

Centre of Perinatal Excellence. (2023). Australian clinical practice guideline for perinatal mental health. COPE. https://www.cope.org.au

National Institute for Health and Care Excellence. (2021). Antenatal care (NG201). NICE. https://www.nice.org.uk/guidance/ng201

National Institute for Health and Care Excellence. (2021). Postnatal care (NG194). NICE. https://www.nice.org.uk/guidance/ng194

Nursing and Midwifery Board of Australia. (2018). Midwife standards for practice. NMBA. https://www.nursingmidwiferyboard.gov.au

Perinatal Society of Australia and New Zealand. (2024). Clinical practice guideline for care around stillbirth and neonatal death. PSANZ. https://www.psanz.com.auPerinatal Society of Australia and New Zealand. (2024). PSANZ classification system for stillbirths and neonatal deaths (Version 5.0). PSANZ.

QMPQC Perinatal mortality review—resource toolkit

Queensland Health. (Current version). Queensland clinical guidelines. Queensland Government. https://www.health.qld.gov.au/qcg

Queensland Health. (Current version). Maternity and neonatal capability framework and associated statewide policies. Queensland Government.

Queensland Health Rural & Remote Service Standardisations (RRESS) Guidelines.

Royal Australian and New Zealand College of Obstetricians and Gynaecologists. (2023). Care in labour in the absence of pregnancy complications (C-Obs 31). RANZCOG. https://ranzcog.edu.au

Royal Australian and New Zealand College of Obstetricians and Gynaecologists. (Current version). Clinical guidance and statements. RANZCOG. https://ranzcog.edu.au/womens-health/statements-guidelines/

World Health Organization. (2016). WHO recommendations on antenatal care for a positive pregnancy experience. WHO. https://www.who.int/publications/i/item/9789241549912World Health Organization. (2022). Standards for improving quality of maternal and newborn care in health facilities. WHO.

Reference list

1. Australian Government Department of Health. (2019). Woman-centred care: Strategic directions for Australian maternity services. Commonwealth of Australia. https://www.health.gov.au/resources/publications/woman-centred-care-strategic-directions-for-australian-maternity-services
2. Medway, P., Hutchinson, A. M., & Sweet, L. (2025).'Every woman deserves that': A qualitative exploration of the impact of Australia's national maternity strategy. Women and Birth, 38(2), 1018713.
3. Australian Institute of Health and Welfare. (2023). Aboriginal and Torres Strait Islander mothers and babies: Woman-centred care and Birthing on Country. AIHW. https://www.aihw.gov.au/reports/mothers-babies/indigenous-mothers-babies/contents/introduction/woman-centred-care-and-birthing-on-country
4. Australian Government Department of Health. (2019). Woman-centred care: Strategic directions for Australian maternity services. Commonwealth of Australia.
5. Faktor, L., Small, K., Bradfield, Z., Baird, K., Fenwick, J., Gray, J. E., Robinson, M., Warton, C., Cusack, S., & Homer, C. S. E. (2024). What do women in Australia want from their maternity care: A scoping review. Women and Birth, 37(2), 278–287. https://doi.org/10.1016/j.wombi.2023.12.003
6. Australian Government Department of Health. (2019). Woman-centred care: Strategic directions for Australian maternity services. Commonwealth of Australia. https://www.health.gov.au/resources/publications/woman-centred-care-strategic-directions-for-australian-maternity-services
7. Queensland Clinical Guideline: Maternity shared care operational framework (2026).
8. Queensland Clinical Guidelines. Trauma in pregnancy (MN19.31-V2-R24). Brisbane: Queensland Health; 2019.
9. Queensland Clinical Guidelines. Termination of pregnancy (MN24.21-V11-R29). Brisbane: Queensland Health; 2024.
10. Humphrey, M. D., Foxcroft, K. F., & Callaway, L. K. (2017). Obstetric risk score – revalidated for triaging high-risk pregnancies in rural areas. Australian and New Zealand Journal of Obstetrics and Gynaecology, 57(1), 63–67. https://doi.org/10.1111/ajo.12579

11. American College of Obstetricians and Gynaecologists. (2021). Committee Opinion No. 819: Informed consent and shared decision making in obstetrics and gynaecology. Obstetrics & Gynaecology, 137(2), e34–e41.
12. Brundell, K., Vasilevski, V., Farrell, T., & Sweet, L. (2022). Australian maternity service provision: A comparative analysis of state and territory maternity care frameworks. Women and Birth, 35(Suppl 1), S47.
13. National Institute for Health and Care Excellence. (2023). Intrapartum care (NG235).
14. Queensland Health. (2024). Clinical Services Capability Framework v3.2.
15. World Health Organization. (2016). WHO recommendations on antenatal care for a positive pregnancy experience.
16. NSW Health. (2026). Maternity and Neonatal Service Capability Guideline (GL2026_010).
17. Queensland Mental Health Commission. The Queensland Trauma Strategy 2024-2029: Towards a trauma-informed Queensland. Brisbane: Queensland Government; 2024.
18. Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). Clinical Guideline for Abortion Care. Melbourne: RANZCOG; 2026.
19. Queensland Clinical Guidelines. Stillbirth care (MN23.24-V14-R28). Brisbane: Queensland Health; 2023, updated 2026.
20. Australian Commission on Safety and Quality in Health Care. Stillbirth Clinical Care Standard. Sydney: ACSQHC; 2022.
21. Sands Australia. Sands Australian Principles of Bereavement Care: Miscarriage, Stillbirth and Newborn Death. 1st ed. Melbourne: Sands Australia; 2018.
22. Centre of Research Excellence in Stillbirth, Perinatal Society of Australia and New Zealand (PSANZ). Care Around Stillbirth and Neonatal Death (CASaND) Clinical Practice Guideline. Brisbane: Stillbirth CRE.
23. Australian Government Department of Health. (2014). National Maternity Workforce Strategy 2026–2036. Commonwealth of Australia. https://www.health.gov.au/sites/default/files/2024-12/the-national-maternity-workforce-review-phase-1-final-report.pdf