Maternity services

CSCF v3.2

Module overview

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

The aim of maternity services is to achieve the safe provision of care for mother and baby, as close as possible to home1. However, it is recognised some women and their babies may need to travel outside their local community to access necessary care. A woman and her baby's health require ongoing evaluation at each of the following stages of care:

- at booking
- during pregnancy and the antenatal period
- during labour and birth
- during the postnatal period.

Ongoing health assessment of the woman will ensure she is cared for by the right maternity personnel, at the right time, in the right level of service. To facilitate this, maternity care is woman-centred, provided within a collaborative and cooperative framework, and supported by various health professionals. Care will be provided with respect for the woman's autonomy and consideration of best evidence. The provision of high-quality, safe maternity care is the primary catalyst for a healthy society. Maternal health directly affects an infant's physical and psychological health, which influences its health during childhood and adult years. Therefore, maternity services should align with neonatal services, and link to children's and adult services where required.

For most women, pregnancy, birth and the postnatal period are all aspects of a normal physiological life event. However, where a woman's pregnancy or birth becomes complex and a higher level maternity service is required, it is vital efficient and safe mechanisms are in place within the existing level of service to facilitate consultation or referral to a higher level service. Urgency and escalation to this service must be congruent with the woman's and/or her baby's level of risk. Therefore, the capability of a maternity service is determined by the characteristics of the mother and complexity of the pregnancy, birth and postnatal period.

Continuity of carer—particularly that of a known midwife—has shown to be important to women and their families. Improved birth outcomes and higher satisfaction levels have been observed in women receiving continuity of midwifery care.[2,3,4] The cultural significance for

Aboriginal and Torres Strait Islander women and families of birthing on homelands requires consideration be given to birthing in local communities and on country.[5]

Therefore, maternity services will take account of cultural and clinical safety and, wherever possible, provide continuity of carer close to women's homes. Where continuity of carer is not possible, effective communication and documentation will facilitate a seamless continuity of care. During labour, women are to have access to continuous support and have one-to-one care by a registered midwife (RM) when in established labour.[6]

All models of maternity care, including rural cluster arrangements, must have a strong clinical governance framework supporting the delivery of primary care services and ensuring medical staff are credentialed and privileged for the maternity services they provide. Figure 1 illustrates a framework developed by the Nursing and Midwifery Office Queensland.[3]

Figure 1: Queensland maternity clinical governance framework

Care may be provided by midwives, registered medical practitioners (general practitioners with credentials in obstetrics) or registered medical specialists with credentials in obstetrics who provide maternity care within their scope of practice. Regardless of the model of care—shared care, midwifery-led (public or private) or obstetric (public or private)—all care must be collaborative, cooperative and woman-centred. Women may receive care within the woman's home, a community setting or hospital, which may be categorised and defined as:

- low risk: requiring primary care from a midwife or registered medical practitioner (general practitioner)
- moderate risk: requiring secondary care from a registered medical practitioner (general practitioner) or registered medical specialist with credentials in obstetrics
- high risk: requiring tertiary care from a multidisciplinary maternity team within a specialised service.[3,7]

Maternal care requirements cannot occur in isolation of the neonate. Therefore, the Neonatal Services module should be consulted when determining locations and networks for care. Distance and geographical implications, as well as isolation, are important considerations when managing neonatal and maternity services in Queensland.[8] Best-practice evidence states mothers and infants should not be forced to travel beyond their nearest referral centre (or centres, if they are more or less equidistant), and higher level

services should not transfer out their own high-risk mothers and infants.[9] Additionally, 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 input from a higher level service and guided by the service's risk management strategy.

Where pregnancy termination is required or requested[10], a multidisciplinary approach to care is to be provided at the lowest service level that can safely facilitate this care. Consultation with a maternal fetal medicine unit should occur for women where fetal anomaly has been identified. Where termination of a live foetus from 22 weeks gestation or more is clinically indicated, the woman is to be referred to a Level 6 service with ability to provide this service.

The general support service requirements for maternity services include:

- access to child health services, including:
  - a child health immunisation schedule
  - hearing screening facilities and assessment[11,12]
  - perinatal mental health services
- access to Child Safety Services (Department of Communities, Child Safety and Disability Services) and early interventional services.

Service networks

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

- care must be managed in consultation with a higher level maternity service if clinical management is considered beyond a service's capability (see Table 1—a maternity services capability level matrix indicating when a higher level of care is required)
- culturally appropriate and evidence-based written information (or verbal, if written information is impractical for a woman's situation), together with support to enable women to make informed decisions about available pregnancy screening, including potential risks and benefits, the difference between screening and diagnostic testing, and possible cost implications.[13,14,15]

Table 1: Maternity service capability level matrix for birthing services (indicative only)

Minimum expected fetal characteristics	Maternal risk		
	Low	Moderate	High
	Clinical maternity service capability level		
37 weeks gestational age or greater	Level 2	Level 3*/4	Level 5

Minimum expected fetal characteristics	Maternal risk		
	Low	Moderate	High
	Clinical maternity service capability level		
32 weeks gestational age or 1500 grams	Level 4	Level 4	Level 5
29 weeks gestational age or 1000 grams	Level 5	Level 5	Level 6
Less than 29 weeks gestational age	Level 6	Level 6	Level 6

Note to table: Combines level of maternal risk with fetal gestational age and weight. Asterisk (*) means subject to maternity review and discussion with specialist obstetrician and/or Executive Director Medical Services.

Service requirements

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

- provide relevant clinical indicator data to satisfy accreditation and other statutory reporting obligations.

Workforce requirements

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

- relevant staff in non-birthing facilities must attend education on imminent birth, preferably conducted by a midwife
- where birthing services are offered, multidisciplinary maternity staff have access to training [6,13,16,17] including:
  - electronic fetal monitoring (e.g. Royal Australian and New Zealand College of Obstetricians and Gynaecologists [RANZCOG] fetal surveillance education program or similar) at least 12 to 18 monthly
  - maternity emergency training (e.g. Advanced Life Support in Obstetrics) at least three yearly, where possible
  - neonatal resuscitation program or similar with a refresher at least two yearly
- other on-site annual multidisciplinary team training inclusive of child safety training, education on normal birth, and breastfeeding competency
- consideration of non-midwifery staff employed in isolated and remote settings to attend Maternity Emergency Care Course conducted by Council of Remote Area Nurses of Australia
- nursing staff in maternity services may work in a supportive role under the supervision of a registered midwife.

Maternity services

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Service description	• provides community antenatal and/or postnatal care for women and infants, but no planned births or maternity inpatient services. • if service identifies maternal and/or fetal risk factors, it provides care in partnership with higher level services. • may have on-site visiting or outreach consultation midwifery or medical services. • registered medical practitioners (general practitioners) and/or RMs may provide services.	• provides access to antenatal care and inpatient postnatal stay and/or postnatal community visiting. • epidurals not available to labouring women. • primarily delivered by local registered medical practitioners and RMs. • mainly provides antenatal and postnatal care for women and infants without identified risk factors. • at least one dedicated birthing room and access to functional operating theatre (not necessarily on-	• provides community and inpatient care for antenatal and postnatal women and babies without identified risk factors. • planned birth care for healthy women with pregnancy of 37 weeks gestation or more not expected to have labour or birth complications. • may offer women with relatively low-risk pregnancy and favourable Bishop score33 at term labour induction locally within service capability (e.g. gestational hypertension or pregnancy of at least 41 completed weeks).	• capable of providing maternity care for low- and moderate-risk women, but cannot care for women with complex, high-risk conditions (e.g. cardiac; complex, nonlethal congenital abnormalities in foetuses; and complicated multiple births). • multidisciplinar y maternity staff offering several maternity models of care, including providing or referring to midwifery community care. • may have on-site antenatal	• capable of providing planned care for women at 29 weeks gestation or more with infants expected to have birth weight of 1000 grams or more. • multidisciplinary service with capacity to manage all unexpected pregnancy and neonatal emergency presentations. • referral service for lower level maternity patients, providing comprehensive obstetric and neonatal care, and range of surgical and medical specialist services with	• provides all levels of care, including highest level of complex care for women with serious obstetric and fetal conditions requiring high-level multidisciplinary care (can include acute onset and long-term health problems, which affect mother and unborn baby or neonate, and require: preconception care; early intervention; stabilisation, treatment and management; and longer term follow-up). • core services include close monitoring and early intervention by

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
	• can manage women or infants requiring higher level of care while transfer organised. • documented process for consultation and referral links to higher level services within relevant maternity service network.	site) where birthing services provided. • if operating theatre on-site, may perform elective caesarean sections for women at or beyond 39 weeks experiencing uncomplicated pregnancy. • can receive physiologically stable postnatal mothers and infants as back-transfers from higher level services, including infants with gestational age less than 37 weeks (care of infants less than 35 weeks gestational age must always occur in consultation with higher level service within relevant	• can perform elective caesarean section on women at or beyond 39 weeks who have experienced uncomplicated pregnancy. • elective and emergency caesarean birth can be performed on-site within service capability (classification system determines urgency of caesarean section33). • access–24 hours– to service delivered by RMs and registered medical practitioners credentialed in obstetrics and anaesthetics. • may receive women who require unplanned caesarean section	care for women with moderate risk of obstetric complications or in community under care of midwife or registered medical practitioner (general practitioner) in consultation with or under care of obstetrician. • may provide high-risk antenatal clinics as satellite or outreach from higher level service. • can care for pregnant women at 32 weeks gestation or more if continuous positive airway pressure (CPAP) device accessible on-	access to mental health and allied health support. • provides multidisciplinary care for low- to high-risk pregnancies and can undertake invasive, antenatal diagnostic procedures (e.g. amniocentesis). • core service provision includes close monitoring and early intervention by trained obstetricians and midwives, registered medical specialists with credentials in neonatology or paediatrics, registered nurses (neonatal) and obstetric physicians.	specially trained registered medical specialists credentialed in obstetrics, RMs, neonatologists, registered nurses (neonatal), maternal fetal medicine specialists, and obstetric physicians. • only service level providing maternal fetal medicine and maternal fetal interventional surgery. • multidisciplinary service with capacity to manage all unexpected pregnancy and neonatal emergencies. • provides services in large metropolitan hospital (where population is

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
		neonatal service network). • documented processes for consultation and referral with higher level services within relevant service network. • may provide limited birthing services 24 hour/s. • may provide planned care for healthy women with low-complexity singleton pregnancies of 37 weeks gestation or more not expected to have labour or birth complications. Note: where Level 2 service operates as primary midwifery model of care, must have in place both risk management framework consistent with Australian and	from lower level service where decision made in conjunction with higher level service. • capacity to receive physiologically stable postnatal mothers and infants as back-transfers from higher level services, including neonates and infants with gestational age less than 37 weeks. • may manage women who present in preterm labour at 35 weeks gestation or more, with otherwise uncomplicated pregnancy, after consulting with higher level maternity and neonatal service. • has documented process for	site for neonate, and neonate expected to have birth weight of 1500 grams or more with no additional risk factors (if CPAP device not accessible on-site, can plan and deliver care for pregnant women with gestational age of 34 weeks or more). • 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	• registered medical specialist credentialed in obstetrics provides clinical advice and support to lower level services 24 hour/s. • immediate access–24 hour/s–to obstetric theatre and obstetric anaesthetic service on-site 24 hour/s. • registered medical specialist credentialed in obstetrics present in birth suite during business hours and accessible 24 hour/s. • documented process with Level 6 service for rapidly transferring stable, higher risk women for	greater than 100,00036). • referral service for lower level maternity patients and can provide comprehensive obstetric and neonatal care, and range of surgical and medical specialist services, including mental health and allied health support. • provides clinical advice and support by consultant registered medical specialist credentialed in obstetrics 24 hour/s. • clinical teams can undertake neonatal retrieval when required.

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
		New Zealand Risk Management Standard 4360:200427 and clinical governance structure for midwifery models as outlined by Nursing and Midwifery Office Queensland.[3]	consultation and referral links with higher level services within relevant maternity service network. • does not have on-site adult intensive care unit, though may have access to higher acuity maternity beds / bay.	women and access to neonatal nursery and children's staff.	ongoing care and management. • may provide antenatal care for women with high risk of obstetric complications on-site or in community under care of registered medical specialist (obstetric physician), or RM or registered medical practitioner (general practitioner) care in close consultation with registered medical specialist credentialed in obstetrics. • may provide maternal fetal medicine service in conjunction with, and as outreach of, Level 6 maternity	• plays strategic role in clinical planning of statewide services related to perinatal care. • provided with data support at state level to trend perinatal and maternal morbidity and mortality data.

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
					service, but maternal fetal surgery performed only at Level 6 maternity service. • may provide high-risk antenatal clinics as satellite or outreach clinic or in conjunction with Level 6 service.	
Service requirements	As per module overview, plus: • community, home or ambulatory pregnancy care and/or community or home-based postnatal care. • clear consumer information about service limitations, including advice and implications of having no	As per Level 1, plus: • caesarean sections, where provided on-site, performed by registered medical practitioner with credentials in obstetrics, registered medical practitioner with credentials in anaesthetics, and at least one clinician, trained in neonatal	As per Level 2, plus: • clear consumer information about limitations of low-risk birthing service, including advice and implications of local care for women with identified risk factors. • adherence to clearly documented, best-practice clinical guidelines for elective and	As per Level 3, plus: • capacity to ventilate and manage care of critically ill woman awaiting transfer.6 • on-site access to high-acuity maternity beds. • capacity to provide antenatal day assessment. • on-site adult intensive care unit, or documented	As per Level 4, plus: • access to long-term patient / family accommodation close to campus. • referral unit within relevant maternity services network. • access to and support for data collection and clinical audit. • network perinatal mortality and morbidity	As per Level 5, plus: • statewide referral unit. • service network perinatal mortality and morbidity meetings conducted with engagement and inclusion from lower level services within maternity service network. • full range of antenatal, birthing and

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
	local birthing facilities. • hand-held pregnancy records available for women to carry.[3,14,15] • information for women about care choices, including who will undertake care, where it will take place and details of any associated costs.[7,14] • clear, documented summary of care for ongoing carer and written information about community postnatal and child health supports for women. • midwifery health management plan and drug therapy protocol available.[18]	resuscitation, exclusively for neonatal resuscitation. • access to medical supervision for women undergoing caesarean section until ready to be transferred or discharged to midwifery care. • labour-induction service for women with relatively low-risk pregnancy when full staff complement accessible, only where ceasarian section service available. • access to clinician trained in complete infant examination within 72 hours of birth.11	emergency caesarean sections, including: – counselling and consent processes – preoperative anaesthetic assessment and preparation – anaesthetic induction – operative procedure – attendance of support people – immediate and short-term post-operative care, including adoption of baby-friendly health initiatives in perioperative environment – on-site access to	process with an off-site intensive care unit to support care for critically ill women. • emergency adult and neonatal resuscitation equipment accessible 24 hour/s. • access arrangements for immediate consultation with registered medical specialist with credentials in intensive care medicine at off-site service. • capacity to undertake intra-partum fetal blood sampling on-site.6,17 • capacity to undertake arterial and	meetings conducted or contributed to, where possible, in partnership with Level 6 maternity service. • full range of antenatal, birthing and postnatal care facilities, including dedicated birth suites, antenatal day assessment unit, allocated inpatient beds within maternity unit and allocated maternity beds for acute care of high-acuity patients. • lactation service. • perinatal loss service. • documented process with registered medical specialists with	postnatal care delivery and on-site facilities, including dedicated birth suites, antenatal day assessment, allocated inpatient beds within designated maternity unit and allocated maternity beds for acute care of high-acuity patients. • capacity to measure and permanently document fetal blood gases. • 24 hour maternity service providing comprehensive specialist services, including, but not restricted to, midwifery, obstetric, mental health and surgical care for women with

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
	• education on and support for parenting, bonding, feeding and lactation. • breastfeeding advice and support consistent with Baby Friendly Health Initiative.[18] • access to antenatal, labour, birth and postnatal parenting education and resources including dietary advice and support for women to stop smoking. [14, 16, 20, 21] • access to education covering antenatal and postnatal exercise, and baby handling and positioning guidelines.	• continuous labour support and second attendant trained in neonatal resuscitation immediately accessible on-site to attend birth, with primary carer competent to manage obstetric emergencies in services where planned birthing occur –must be access to registered health practitioner with cannulation and perineal repair skills. • clear consumer information about service limitations, including advice and implications of local, low-risk birthing services (if birthing	portable obstetric ultrasound. – designated birthing rooms. – labour-induction service for women with relatively low-risk pregnancy. – emergency adult and neonate resuscitation equipment available 24 hour/s.32 • on-site, functional operating theatre to perform emergency caesarean sections. • access to inpatient maternity beds and community midwifery service. • demonstrated ongoing expertise in managing	venous cord blood gas sampling for analysis, where service performs caesarean sections or operative births due to concern for fetal compromise, or where neonate born in poor condition.[6,17] • capacity to manage clinically appropriate labour induction in line with best practice.[35] • lactate- or pH-measuring equipment for fetal blood sampling and paired cord blood analysis.	specific perinatal expertise for women who require expert care in areas such as endocrinology and cardiology. • access to one dedicated obstetric theatre 24 hour/s for every 4000 births33 with capacity to open second operating theatre concurrently. • access to adult and neonatal emergency resuscitation equipment within unit. • access—24 hours—to cardiotocograph monitoring within birth suites and inpatient areas.	high-risk complex needs. • access to subspecialty services (e.g. maternal fetal medicine, obstetric medicine or equivalent) including outreach service to lower level services. • documented processes with lower level services within relevant maternity service network to enable ongoing management at host site or timely patient transfer. • access on-site—24 hours—to obstetric tertiary imaging service.

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
	• access (either on-site or by referral) to individual physiotherapy advice or management for significant / disabling musculoskeletal or pelvic floor dysfunction. • access to routine 'healthy hearing' screening and diagnostic audiology services.[12] • documented link or alignment to hospital or community-based physiotherapy service. • routine antenatal and postnatal psychosocial assessment (or process in place to ensure it occurs).[22,23]	service available). • documentation of birth outcome and postnatal management plan communicated to ongoing carer.24 • adherence to clearly documented, best-practice clinical guidelines for labour, birth and early postpartum care reviewed at least 3 yearly (if birthing service available). • documented processes reviewed at least 3 yearly or more frequently if service profile or skilled staffing levels change. • transportation, telecommunicati on and multidisciplinary	maternity services. • use of evidence-based, corporate clinical pathways reviewed at least every 3 years. • environment can manage high-acuity care until transfer. • midwifery and medical staff trained to conduct and interpret cardiotocography, including monitoring and assessing twin pregnancies.		• ultrasound machine in birth suite 24 hour/s. • capacity to measure and permanently document fetal and cord blood gases. • access—24 hours—to endocrinology, infectious disease, urology and vascular services. • access to subspecialist services (e.g. obstetric medicine) through documented service agreement with higher level service. • access—24 hours—to specialist emergency resuscitation staff.	

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
	• shared-care arrangement between shared-care provider and maternity service, with access to continuing professional development. [24] • basic equipment for antenatal care (e.g. Doppler or Pinard's for auscultating fetal heart) and postnatal care. • access to pathology service with capacity to facilitate neonatal screening test, neonatal serum bilirubin test and neonatal blood glucose level check. • testing for fetal fibrinectin. • adult and neonatal	networks and support, including documented process with higher level services (including telephone access—24 hours—to registered medical specialist credentialed in obstetrics) within relevant maternity service network to enable ongoing management at host site or timely patient transfer, with responsibility for patient management delineated if delay occurs.16 • effective governance systems and guidelines for risk assessment, screening,			• access—24 hours—to midwifery and medical staff trained to conduct and interpret cardiotocography, including monitoring, assessing and managing very preterm and other high-risk pregnancies. • midwifery coordinator, where relevant, to support maternity network services across rural and regional service. • minimum 50 percent of all employed (full- or part-time) staff with or working towards recognised breastfeeding competency.	

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
	emergency resuscitation capability. • emergency birth bundle on-site. • training and reliable communication systems to deal with imminent births. [25] • access by referral to ultrasound screening. [14,26] • registered medical practitioners and RMs who perform and interpret cardiotocograph where service provided.	consultation, referral, transfer, and emergency evacuation including defined access to functional operating theatre (not necessarily on-site) and anaesthetic capability to bring about baby's birth in best practice times, in cases of unplanned caesarean section, in usual circumstances.29 • access to RM / RN / anaesthetic assistant to attend caesarean section, where performed. • evidence-based options for pain relief in labour provided to women antenatally, including information on				

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
		risks and benefits.31 • use of labour and birth pathway or partogram in facilities providing birthing. • access to electronic fetal heart rate monitoring equipment. • emergency blood transfusion capability such as O negative x 2 bags in stock. • point-of-care testing (PoCT) blood analysis capability. • engagement with and contribution to perinatal mortality and morbidity network meetings. • audits of appropriateness of, reason for and speed of				

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
		transfer, including circumstances where transfer indicated but did not occur.12 • adult and neonatal emergency resuscitation equipment.32 • access to cardiotocograph if day assessment unit offered. • may have access to alcohol and drug agencies.				
Workforce requirements	As per module overview, plus: • staff trained in basic life support for mothers and infants, and emergency measures to transfer them to higher level service. **Medical**	As per Level 1, plus: **Medical** • may have visiting registered medical specialist with credentials in obstetrics. • may have registered medical practitioner with credentials in	As per Level 2, plus: • all maternity clinicians trained in adult and neonatal resuscitation. • access—24 hours—to at least one clinician trained in neonatal resuscitation exclusively for	As per Level 3, plus: **Medical** • clinician with responsibility for clinical governance of service also registered medical specialist with credentials in obstetrics (with qualification of	As per Level 4, plus: **Medical** • registered medical specialists with credentials in obstetrics and certification in obstetrical and gynaecological ultrasound from RANZCOG providing care in	As per Level 5, plus: **Medical** • registered medical specialist with credentials in obstetrics and subspecialty accreditation in maternal fetal medicine (or equivalent) on-

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
	• registered medical practitioners with shared-care arrangement with birthing facility for antenatal care. 24 • registered medical practitioners meet mandatory requirements for general continued professional development through either Australian College of Rural and Remote Medicine and/or Royal Australian College of General Practitioners. **Midwifery** • as per module overview. **Allied health** • access to allied health	obstetrics, or shared care arrangements between registered medical practitioners (general practitioners) / facility-based registered medical practitioners and birthing facility.33 • registered medical practitioners performing caesarean sections competent in providing neonatal resuscitation. **Midwifery** • midwives enrolled in or have completed Midwifery Practice Review program from Australian College of	neonatal resuscitation. **Medical** • At least two of following medical practitioners: • access—24 hours—to registered medical practitioner with credentials in obstetrics able to attend within 30 minutes in normal circumstances • access—24 hours—to registered medical practitioner with credentials in anaesthetics able to attend within 30 minutes in normal circumstances • access—24 hours—to registered medical practitioner able to attend within 30 minutes in	Fellowship of Royal Australian and New Zealand College of Obstetricians and Gynaecologists). • access—24 hours—to registered medical specialist with credentials in obstetrics who can attend within 30 minutes, in normal circumstances. • access—24 hours—to registered medical specialist with credentials in anaesthetics who can attend within 30 minutes in normal circumstances. • access—24 hours—to registered medical	subspecialty of obstetric and gynaecological ultrasound. • radiologist on-site during business hours. • facilities capable of supporting medical training should have: – registered medical specialists with credentials in obstetrics in birth suite during business hours and accessible 24 hour/s – registered medical practitioner enrolled in obstetric training program equivalent to fourth, fifth and sixth year	site during business hours.

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
	professionals, as required, including physiotherapists, social workers, dieticians12 and psychologists from local area or via referral from midwifery staff or general practitioners (may be from visiting or outreach service). • access to clinical pharmacist.16 **Other** • access to child health services. 27 • access to lactation service. • access or links to an Aboriginal and Torres Strait Islander liaison officer, as required. • Aboriginal and Torres Strait Islander health	Midwives (where service provides primary midwifery model of care).7 • access—24 hours—to RMs. • ratio of one midwife to each woman in established labour where birthing occurs.6 • midwifery staff to provide comprehensive labour and birth care (where birthing occurs) as well as antenatal and postnatal services, including community care, where relevant. **Other** • access to biomedical technician for equipment maintenance.	normal circumstances. **Midwifery** • suitably qualified and experienced RM manager (however titled) in charge of maternity services. • access to RMs. **Nursing** • access to child health nurse. **Allied health** • access to outreach, community or hospital-based professionals, including physiotherapists, social workers and dieticians, as required. • access to individual physiotherapy postnatal management.	specialist with credentials in paediatrics and experience in neonatal care who can attend within 30 minutes in normal circumstances. • access—24 hours—to third registered medical practitioner to assist at caesarean sections who can attend within 30 minutes in normal circumstances. • where registered medical practitioner enrolled in obstetric training program (RANZCOG registrar) and rostered without	RANZCOG registrar assigned to birth suites on-site 24 hour/s and second registered medical practitioner with skills in obstetrics accessible 24 hours able to attend within 30 minutes in normal circumstances – registered medical practitioners in anaesthetic training program assigned to birth suites on-site 24 hour/s – registered medical practitioners	

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
	workers may assist with maternity care under midwife's supervision.		• may have access to psychologist. **Other** • access—24 hours—to anaesthetic assistant. • access to lactation consultant. • access to Aboriginal and Torres Strait Islander health worker as required.	registered medical specialist with credentials in obstetrics on-site, that registrar must have access—24 hours—to registered medical specialist with credentials in obstetrics who can attend within 30 minutes in normal circumstances. • access to registered medical specialist with credentials in psychiatry. • access to registered medical specialist (consultant physician). **Midwifery** • suitably qualified and	in children's training program on-site 24 hour/s. **Midwifery** • suitably qualified and experienced midwifery lead clinician with responsibility for clinical governance of service within obstetric division. • suitably qualified and experienced RM (however titled) in charge in birth suites. • suitably qualified and experienced RM (however titled) in charge for each maternity speciality area. • minimum two RMs at any time in birth suite. • minimum two RMs at any time	

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
				experienced RM in charge on each shift in facilities capable of supporting medical training, RM in charge on each shift with reduced clinical load or another midwife (supernumerary to roster) rostered to shift. • minimum two RMs at any time in birth suite when occupied or delegated second RM immediately accessible to attend (only when birth suite jointly located with another maternity ward). • minimum two RMs at any time in maternity units.	in maternity units. • RM to coordinate care of high-risk women. • access to RM (consultant / practitioner) within business hours for specialty areas. • facilities capable of supporting medical training should have: – suitably qualified and experienced RM rostered 24 hour/s as birth suite team leader, not allocated clinical load – suitably qualified and experienced RM rostered 24 hour/s as maternity unit/s team	

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
				• midwifery students under direction of RM. **Allied health** • access to allied health professionals as required, including dieticians, physiotherapists, social workers / pastoral care workers, diagnostic imaging, mental health, and alcohol and drug agencies. **Other** • access to lactation service.	leader not allocated clinical load. **Allied health** • access—during business hours—to allied health professionals as required including dietician, occupational therapist, physiotherapist, social work and speech pathologist. • on-site access—during business hours—to sonographers. • access—24 hours—to identified physiotherapy service, pharmacist and scientist, as required. **Other** • access—during business hours—to lactation	

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
					consultant with staff accredited by International Board of Lactation Consultants. • access—during business hours—to genetic counsellor. • access—24 hours—to pastoral care worker. • access—during business hours—to alcohol and drug service, as required. • access to Aboriginal and Torres Strait Islander liaison officer, as required.	
Specific risk considerations	Nil	In addition to what is outlined in the Fundamentals of the Framework, specific risk management requirements include:	In addition to what is outlined in the Fundamentals of the Framework, specific risk management requirements include: • clearly documented	Nil	Nil	Nil

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
		• risk assessment undertaken antenatally, when woman enters labour, during labour and after birth, with clear pathways for referral or transfer.5,13 • adherence to clearly documented, best-practice clinical guidelines, as per Level 3 maternity service, for services performing caesarean sections. • adherence to patient identification policies, including baby identification mechanisms. • adherence to clearly documented guidelines for	classification system for caesarean sections, communicates across service to ensure all personnel and departments give timely response. • audit of caesarean section outcomes in relation to classification system conducted at least annually.			

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
		managing obstetric emergencies. • guidelines for managing service delivery changes (i.e. reduced services or temporary closures). • multidisciplinary training on coping with escalating maternity events.3,13,16 • completion of Queensland Perinatal Data Collection Form (MR63d) or electronic equivalent under *Health Act 1937–1988* (Division 12—Perinatal Statistics).				

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				3	3		3		5		5	
Children's anasethetic												6
Cardiac (cardiac medicine)										5		5
Intensive care						4		4	5			6
Medical										5		6
Medical imaging		3		3		3	4		5			6
Medication		1	2		3		4		5			5
Neonatal		1	2		3		4		5			6
Nuclear medicine										5		5
Pathology		2		2		3		4	5			6
Perioperative (operating suite)				3	3		3		5			5
Surgical										5	5	

Table note: On-site means staff, services and/or resources located within the health facility or adjacent campus including third party providers.

Accessible means 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.

Legislation, regulations and legislative standards

Refer to the Fundamentals of the Framework for details.

Non-mandatory standards, guidelines, benchmarks, policies and frameworks

(not exhaustive & hyperlinks current at date of release of CSCF v3.2)

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

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