**NSW Maternity and Neonatal Service Capability Framework**

**Summary** The scope of the NSW Maternity and Neonatal Service Capability Framework (the Framework) is to provide guidance and support within a safety and quality framework for the provision of maternity and neonatal services at site specific levels. The Framework guides on admission, escalation and back transfer regarding both maternity and neonatal services.

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**Applies to** Local Health Districts, Specialty Network Governed Statutory Health Corporations, Public Hospitals

**Distributed to** Public Health System, Divisions of General Practice, NSW Ambulance Service, Ministry of Health, Public Hospitals, Tertiary Education Institutes

**Audience** Maternity and neonatal clinicians; health service planners; clinical directors; Chief Executives

Secretary, NSW Health
NSW MATERNITY AND NEONATAL SERVICE CAPABILITY FRAMEWORK

PURPOSE
Service capability describes the planned activity and clinical complexity that a facility is capable of safely providing. The NSW Maternity and Neonatal Service Capability Framework (the ‘Framework’) identifies the scope of planned activity for each service capability level and provides a mechanism for Local Health Districts to assess the planned service capability of their facilities.

Facilities must be capable of providing, at a minimum, all the planned clinical services described for their level. The Framework supports the provision of high quality, safe and timely care for women and their newborns as close to home as possible.

KEY PRINCIPLES
Maternity service levels range from no planned service, Level 1 to Level 6. Level 6 maternity care is provided in tertiary perinatal centres.

Neonatal service levels range from no planned service, Level 1 to Level 6. Level 6 neonatal care is provided in specialist children’s hospitals where neonatal surgery and complex genetic and metabolic services are located.

Generally, linked maternity and neonatal service levels will be different with the maternity service level a step higher than the neonatal level (e.g. a Level 4 maternity service has a Level 3 neonatal service).

USE OF THE GUIDELINE
Local Health Districts are responsible for determining the maternity and neonatal service capability level of their facilities, taking into account the clinical support services available (e.g. pathology, diagnostic imaging). The Framework recognises that mothers and babies are inextricably linked and planning needs to be undertaken jointly for maternity and neonatal services.

The Framework also includes the Maternity and Neonatal Service Capability Assessment Tool for assessing the planned service capability of a facility and a methodology to assist in maternity and neonatal service planning and risk management.

REVISION HISTORY

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<tr>
<th>Version</th>
<th>Approved by</th>
<th>Amendment notes</th>
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<tr>
<td>July-2016 (GL2016_018)</td>
<td>Deputy Secretary – Strategy and Resources</td>
<td>New guideline</td>
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ATTACHMENTS
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NSW MATERNITY AND NEONATAL SERVICE CAPABILITY FRAMEWORK
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1 BACKGROUND

1.1 About the NSW Maternity and Neonatal Service Capability Framework

Service capability describes the planned activity and clinical complexity that a facility is capable of safely providing.

Local Health Districts are responsible for determining the maternity and neonatal service capability level of their facilities, taking into account the workforce and the clinical support services available (eg. pathology, diagnostic imaging). The NSW Maternity and Neonatal Service Capability Framework (the ‘Framework’) identifies the scope of planned activity for each service capability level.

The Framework:
- Provides a mechanism for Local Health Districts to assess the planned service capability of their facilities. Facilities must be capable of providing, at a minimum, all the planned clinical services described for their level.
- Supports the provision of high quality, safe and timely care for women and their newborns as close to home as possible1 by:
  - Providing a shared and consistent understanding of the planned service capability of a facility at a particular level which will assist decision making on admissions, escalation of care, transfers, and return transfers for maternity and neonatal services.
  - Providing a tool for assessing the planned service capability of a facility.
  - Supporting the appropriate use of maternity and neonatal resources at all levels.
  - Providing a methodology to assist in maternity and neonatal service planning and risk management (consistent with the National Maternity Service Capability Framework1).

The Framework recognises that mothers and babies are inextricably linked and planning needs to be undertaken jointly for maternity and neonatal services.

The Framework complements the NSW Health Guide to the Role Delineation of Clinical Services (NSW Health, 2016)2 which is one of the tools used in service planning and development. Diagram 1 illustrates the links between the two documents.

Diagram 1: Links between service capability and role delineation

The assessed maternity and neonatal service capability level determines the designated maternity and neonatal role level for a facility.

The Framework should be read in conjunction with relevant maternity and neonatal policy directives and guidelines.

Maternity and Neonatal Services

The Framework covers the broad range of maternity and neonatal services.

Maternity services encompass home-based services (eg. publicly funded homebirth services, postnatal midwife visits, community and outreach services including services targeting specific population groups such...
as Aboriginal Maternal and Infant Health Services and Justice Health maternity and child health services) and facility based services (eg. multi-purpose services and hospitals).

*Neonatal services* encompass special care/low-dependency care (which may be a model of care and/or a designated Special Care Nursery with dedicated space and cots), high-dependency care and Neonatal Intensive Care Units.

Please note that the terms neonate, newborn and baby are used interchangeably throughout this document. All terms describe a baby that is 0-28 days in age.

**Emergency Care**
The Framework focuses on planned care. It is recognised that in emergency situations facilities may need to undertake care normally undertaken at a higher capability service.

**Workforce**
The Framework does not describe the workforce requirements for each service capability level. Workforce is referenced in the *NSW Health Guide to the Role Delineation of Clinical Services* (NSW Health, 2016) and Local Health Districts should also refer to relevant policies and guidelines.

### 1.2 Maternity and Neonatal Service Capability

**Service Scope**
- Maternity service levels range from no planned service, Level 1 to Level 6. Level 6 maternity care is provided in tertiary perinatal centres.
- Neonatal service levels range from no planned service, Level 1 to Level 6. Level 6 neonatal care is provided in specialist children’s hospitals where neonatal surgery and complex genetic and metabolic services are located.
- Generally, linked maternity and neonatal service levels will be different (see sections 5.1 and 5.2) with the maternity service level a step higher than the neonatal level (eg. a Level 4 maternity service has a Level 3 neonatal service).

Services need to undertake all the planned clinical activity outlined in the service scope (see sections 5.1 and 5.2) for their maternity and neonatal service capability levels:

- Services cannot be a Level ‘X’ MINUS (ie. provide most of the services, or provide them some of the time)
- Services can be a Level ‘X’ PLUS (ie. provide all the services outlined in the service scope for their assessed service capability level PLUS some procedures normally undertaken at a higher level provided a robust risk assessment, as outlined below, has been undertaken).

It is possible for the maternity service capability level to be the same as the neonatal service capability level (eg. where the neonatal service provides an extended role to the Local Health District or Tiered Maternity and Neonatal Network with return transfers, or where an existing Level 4 maternity service reduces its capability level but maintains its existing neonatal capability).

**Undertaking Procedures Normally Undertaken at a Higher Level**
Facilities may have the clinical expertise, support services and equipment to provide some (but not all) planned activity described as being within the service scope of a higher level capability.

Facilities may undertake some higher level planned activity subject to a Local Health District-led risk assessment process consistent with *NSW Health Policy Directive PD2009_003 Maternity – Clinical Risk Management Program*.

Undertaking higher level activity should only be considered where the facility is able to consistently undertake the higher level procedure.

**Short-term Move to Lower Service Capability Level**
A maternity and neonatal service may temporarily need to change to a lower service capability level in response to local circumstances. Local Health Districts are responsible for informing the Tiered Maternity and Neonatal Network and ensuring that appropriate arrangements and management plans are in place.

If a maternity or neonatal service regularly moves to a lower service capability level, the Local Health District should review the capability of that facility using this Framework. Any ongoing change to service capability should be communicated to other facilities in the Tiered Maternity and Neonatal Network.
Moving to a Higher Service Capability Level

In order to move to a higher service capability level, a facility must undertake a Local Health District-led risk assessment process consistent with NSW Health Policy Directive PD2009_003 Maternity – Clinical Risk Management Program and consider service redesign.

To move to a higher level, a facility needs to be able to consistently undertake all the services described for that level. Raising the capability level of a service should not occur solely based on the skills of an individual clinician. Any changes need to take into account the required clinical expertise (and the ongoing availability of that clinical expertise), support services and equipment to maintain clinical activity at the proposed higher level.

2 RISK MANAGEMENT

Each maternity and neonatal service requires robust risk management processes and referral pathways to accommodate the individual circumstances of women and their newborns. Women and newborns should be individually assessed at each contact for risk factors to ensure that the service has the capability to meet the clinical needs of the individual woman and/or newborn.


The Australian College of Midwives, National Midwifery Guidelines for Consultation and Referral provides guidance to assist clinicians in decision making for consultation, escalation and transfer, based on women’s individual clinical needs. The Guideline has been endorsed for use by the Royal Australian College of Obstetricians and Gynaecologists (RANZCOG). Use of the consultation and referral guidelines is mandated in NSW Health Policy Directive PD2010_022 Maternity – National Midwifery Guidelines for Consultation and Referral. The Guidelines have been adapted for use in this Framework.

When a variance from normal is identified during a woman’s care, the level of consultation requires one or more actions from across the following three categories:

- **Category A – Discussion** with a colleague (midwife, medical practitioner and/or other health care provider); and/or
- **Category B – Consultation** with a medical practitioner and/or other health care provider; and/or
- **Category C – Referral** of the woman or her baby to a medical practitioner for specialised care.

3 TIERED MATERNITY AND NEONATAL NETWORKS

The Framework details the level of clinical complexity for planned care at individual facilities. Tiered Maternity and Neonatal Networks (‘Tiered Network’):

- provide an integrated networked range of services within and across LHDs to meet the choices and needs of women and their newborns
- ensure systems are in place to enable women and their newborns to move seamlessly between maternity and neonatal services when the care they require is not available locally.

The Tiered Networks (Diagram 2) provide a structure for consultation, escalation and/or transfer of women and/or their newborns to the appropriate level of care, based on their individual clinical need enabling the right care, in the right place, at the right time.\(^4\)\(^5\).
Well-functioning Tiered Networks within and across LHDs are underpinned by the following characteristics:

- Clearly defined (and understood) pathways and processes for consultation, escalation of care and/or transfer
- Clinicians in lower level services knowing their networked higher level maternity and neonatal services and confident in contacting those services when consultation, escalation and/or transfer is required.
- Strong leadership from the Level 6 Maternity and Level 6/5 Neonatal facility and recognition of its critical role in supporting maternity and neonatal services within its own Local Health District and networked services in other Local Health Districts including:
  - Providing clinical advice, support and guidance
  - Accepting transfers of women and/or their newborns assessed as requiring higher level services
  - Developing and maintaining a strong relationship with networked services
  - Supporting training and education across the Tiered Network
  - Participating in clinical review activities across the Tiered Network
  - Advising on equipment as required
  - Providing outreach services (face-to-face and/or virtual)
- Strong relationships between services in the Tiered Network including shared understanding of the planned service capabilities of facilities
- Strong shared care approach between higher level services and lower level services in the Tiered Network
- Clear processes for communication and referral so that each service is used appropriately and to its full capability
- Strong relationships between clinicians in the Tiered Network

*Statewide Specialist Services provide leadership within and across LHDs and act as a peak referral facility*
• Opportunities for clinicians to meet and review the effectiveness of, and undertake planning for, the Tiered Network
• Whole of Tiered Network opportunities for education and training
• Whole of Tiered Network approach to clinical review activities, such as mortality and morbidity reviews
• Whole of Tiered Network approach to development of policy and procedures, guidelines, service planning and review
• Good links between maternity and neonatal services and clinicians which may include joint development of guidelines, regular meetings and case discussions
• Acknowledgement by lower capability services of their critical role in accepting return transfer of women and their newborns.

Effective systems for transfer of care should be in place to ensure quality and safety of care and promote continuity including:
• Non-emergency transport for transfer to higher level services and return transfers
• Systems for joint care planning and sharing of information about care.

3.1 Provision of Specialist Maternity Services within LHDs and Tiered Networks
LHDs are responsible for ensuring women have access to the appropriate level and range of service, including specialist services, within a Tiered Network. These specialist services may including:
• Care for women with complex medical and/or psychosocial needs
• Next birth after caesarean (NBAC) section service
• External cephalic version (ECV) service
• Vaginal twin birth service
• Vaginal breech birth service
• Specialist team for women who have experienced female genital mutilation/cutting.

The Tiered Network should either provide these specialist services or have identified referral pathways for women to access these services.

The specialist services may be available at the Level 6 Maternity facility in the Tiered Network, at another facility in the Tiered Network, or via a referral to another Tiered Network.

3.2 Consultation, Escalation and/or Transfer
Each facility will have local processes for consultation, escalation and/or transfer that reflect its service capability, locally available support services, access to higher level services within the Local Health District and Tiered Network, and geography (eg. proximity to borders).

Clinicians in each facility need to be aware of the local escalation process for maternity and neonatal care. Diagram 3 illustrates the escalation process for planned care. Wherever possible, the mother and her baby should be kept together when transfer to a higher level service is required.

Where the care of a woman and/or newborn is escalated to a higher level service, care ‘close to home’ should be factored into the management plan. Management plans should be jointly developed and shared between the lower level service and the higher level service.

Maternal Consultation, Escalation and/or Transfer
When a woman has been identified as requiring consultation, escalation and/or transfer to higher level services, as outlined in Section 2, clinicians should follow the local escalation process which may include:
• Contacting a facility in the Tiered Network with a service capability level appropriate to the woman’s and/or newborn’s assessed needs and/or
• Contacting the linked tertiary facility in the Tiered Network and/or
• Contacting the Perinatal Advice Line (PAL) on 1300 36 2500 or other relevant advice line (border Local Health Districts).

Perinatal Advice Line midwives and obstetricians are available for clinical advice and support 24 hours each day (NSW Health Information Bulletin IB2013_045 NSW Perinatal Advice Line). If neonatal transport may be a consideration, the Newborn and paediatric Emergency Transport Service (NETS) consultant should be included in the discussion.

For those Local Health Districts in border areas, the escalation process may include an interstate service.
Mental Health Consultation, Escalation and/or Transfer
When a clinician requires consultation, escalation and/or transfer for a woman with a past history or current severe mental illness (who is not actively engaged with a mental health service provider), clinicians should follow the local escalation process which may include:
- Contacting the local mental health service, mental health facility or local mental health access line
- Contacting the NSW Mental Health Line on 1800 011 511 or other relevant advice line (border Local Health Districts).

The NSW Mental Health Line provides operates 24 hours a day and provides access to mental health triage and referral to the most appropriate point of care.

In Local Health Districts in border areas the escalation process may include an interstate service.

Neonatal Consultation, Escalation and/or Transfer
Where consultation, escalation and/or transfer is required for a neonate, clinicians should follow local escalation processes in the first instance, which may involve:
- Contacting a facility in the Tiered Network with a service capability level appropriate to the neonate’s assessed needs and/or
- Contacting the linked tertiary facility in the Tiered Network and/or
- Calling NETS if required on 1300 36 2500 or other relevant advice and/or transport service (border Local Health Districts).

NETS can offer immediate advice and activate time critical retrieval. The NETS consultant can link with doctors in higher level facilities in the Tiered Network to discuss the case, provide advice and arrange appropriate transport as well as an accepting destination.

In Local Health Districts in border areas, the escalation process may involve an interstate service.

Decisions about the Need for Transfer
Where there is a difference in opinion regarding the clinical appropriateness of the transfer, the final decision concerning the need for transfer should be made by the local clinician after consultation with the higher level service, the PAL consultant, the NETS medical retrieval consultant (or relevant interstate services), and/or the receiving medical consultant.

Emergency Care
All services are required to have Clinical Emergency Response Systems (CERS) to respond to a deteriorating patient (maternal or neonatal) within its care, consistent with NSW Health Policy Directive PD2013_049 Recognition and Management of Patients who are Clinically Deteriorating.
### 3.3 Rural and Remote Considerations

Clinicians in rural and remote facilities need to balance local service capability against the impact of transfer to a higher level service on the woman, newborn and family. A woman may be unable or unwilling to access the recommended care due to the impact of transfer including travel (eg. logistics and cost) and isolation from her family and support structures. Clinicians should acknowledge that this may be a particular concern for Aboriginal women seeking to birth on country and wishing to stay close to home. Clinicians should acknowledge and respect a woman’s autonomy and her right to be informed of the risks and benefits according to her personal needs and values. A woman should be supported to make informed decisions and be provided with balanced information on all options for care.

On an as needed basis, facilities may occasionally provide care outside the service scope for their planned service capability level. To ensure clinical safety and quality of care in such instances:

- Advice and support should be sought from higher level maternity and/or neonatal services within the Tiered Network on the woman and/or newborn’s clinical management plan
- Local consultation should occur with other clinicians and service managers regarding any proposed procedure and impact on related services within the facility
- Detailed discussions should occur with the woman regarding any potential risks to herself or her newborn, so that she is able to make an informed choice regarding her decisions for care. This discussion should be documented in the woman’s medical record.

Where a procedure is identified as an ongoing local need, the Local Health District should consider undertaking a risk assessment process to assess capability to undertake the procedure locally, on an ongoing basis.
Tiered Networks are expected to support rural and remote facilities. This may take the form of higher level facilities providing clinical advice, supporting the development of clinical guidelines, supporting training and education, supporting shared care, providing clinical services such as outreach clinics (face-to-face or virtual), and/or participation in clinical review meetings.

Telehealth has the capacity to enable and support the provision of a diverse range of activities across Tiered Networks as outlined by the Agency for Clinical Innovation [http://www.aci.health.nsw.gov.au/ACI-telehealth-guidelines.pdf](http://www.aci.health.nsw.gov.au/ACI-telehealth-guidelines.pdf) (2015). These activities include:

- Consultation on time-critical treatment (eg. in the Birthing Unit, Maternity Wards or in the Special Care Nursery)
- Scheduled clinical care (eg. antenatal clinics, specialist clinics)
- Education and training of clinicians (including case discussions, debriefs and grand rounds)
- Engagement in safety and quality activities (including mortality and morbidity meetings, policy meetings and clinical case reviews)
- Communication between a mother and the newborn care team if she is separated from her baby due to clinical need.

Access to accommodation can be an issue for women, fathers/partners and/or families where transfer for maternity and/or neonatal care is required. Accommodation should be discussed and taken into consideration in determining the transfer destination or return transfer to a facility close to home.

### 4 CONSUMER PERSPECTIVES

Accessible information should be provided in the antenatal period to women and their families on the capability of their local service to inform expectations for care should complications arise and if transfer for specialised care for the woman and/or her baby is required. Such information should be culturally appropriate and may be particularly relevant for Aboriginal women wishing to birth on country. Women who are not fluent in English or who are hearing impaired should have access to an interpreter as per NSW Health Policy Directive [PD2006_053 Interpreters - Standard Procedures for Working with Health Care Interpreters](http://www.aci.health.nsw.gov.au/ACI-telehealth-guidelines.pdf).

If a woman or her newborn is identified as requiring care that sits outside the service capability of their local maternity and neonatal service, the clinician should discuss the recommended plan for care with the woman and her family, addressing why there may be a need to transfer to a higher level service.

Women, fathers/partners and care providers should also be advised that once the services of a higher level of care are no longer required (by either mother or baby), they will be transferred back to a facility with the capability to provide appropriate ongoing care as close to home as possible.

### 5 MATERNITY AND NEONATAL SERVICE CAPABILITY ASSESSMENT TOOL

The Maternity and Neonatal Service Capability Assessment Tool (the ‘Assessment Tool’-Appendix 1) supplements the NSW Maternity and Neonatal Service Capability Framework by outlining the essential elements required by maternity and neonatal services to function at each specific service capability level.

It is envisaged any assessment or review of capability using the Assessment Tool would be a desktop exercise led by senior management and health service planning in collaboration with representatives from maternity and neonatal services, with sign off by the LHD Chief Executive.

The Assessment Tool can be used to:

- assess current maternity and neonatal service capability
- assess capability to move to a higher capability level on an ad hoc, short term or permanent basis.

The Assessment Tool complements risk assessment processes by providing a scan of service capability which may identify issues that require a documented risk assessment, as outlined in NSW Health PD2009_003 Maternity – Clinical Risk Management Program.

It is acknowledged that when completing the Assessment Tool, clinical or operational risks may be identified which will require a facility response as per [PD 2015_043 Risk Management - Enterprise-Wide Risk](http://www.aci.health.nsw.gov.au/ACI-telehealth-guidelines.pdf).
The Assessment Tool includes a section to record any comments and actions planned should clinical or operational risks be identified.
This section guides Local Health Districts and maternity and neonatal services in determining **planned** clinical activity for each level of maternity and neonatal service based on their service’s capability.

All references in this section to risk categories A, B, C have been adapted from the Australian College of Midwives *National Midwifery Guidelines for Consultation and Referral*.

### Key to using this Framework

<table>
<thead>
<tr>
<th>MATERNITY SERVICES</th>
<th>NEONATAL SERVICES</th>
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<tbody>
<tr>
<td>No planned service</td>
<td>No planned service</td>
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<td>Level 1</td>
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### NO PLANNED MATERNITY OR NEONATAL SERVICE

Minimum requirements for maternity and neonatal care in a clinical service include:

- Pathway for consultation (eg. access to expert advice), escalation and/or transfer if a woman presents in labour or has birthed before arrival.
- Basic neonatal life support skills and equipment as outlined in *NSW Health Policy Directive PD2008_027 Maternity – Clinical Care and Resuscitation of the Newborn Infant*.
- Documented processes with NETS and the Ambulance Service NSW.
- Access to paediatric specialty services for advice/referral.

For unplanned births, guidance can be sought from the *Maternity Emergency Guidelines for Registered Nurses*, which were developed for registered nurses who may be faced with a maternity emergency in rural/remote areas. These guidelines have been distributed to all Local Health Districts in NSW and can also be obtained through the [NSW Health website](https://www.nsw.gov.au/health).
LEVEL 1 MATERNITY SERVICE

SERVICE SCOPE

Provides ambulatory antenatal care and postnatal care for women with no identified obstetric risk factors or those identified as category A. Does not provide planned birthing or neonatal care.

MATERNAL

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<thead>
<tr>
<th>Antenatal</th>
<th>Intrapartum</th>
<th>Postnatal</th>
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<td>Care usually provided by GPs or midwives</td>
<td>No planned intrapartum care.</td>
<td>Postnatal care provided by midwives or appropriately skilled clinicians.</td>
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<td>through a shared care model linked with an</td>
<td>Able to manage unexpected</td>
<td>Ideally care provided in the home or community unless:</td>
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<td>identified appropriate birthing facility</td>
<td>presentations of women who</td>
<td>The clinical needs of the mother and/or newborn require an inpatient stay</td>
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<td>within the Tiered Network.</td>
<td>are about to have an imminent</td>
<td>Staffing or maternal residential location require an inpatient stay.</td>
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<tr>
<td>Antenatal fetal heart rate monitoring at the</td>
<td>birth and mothers and</td>
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<td>request of, and in collaboration with, a</td>
<td>newborns following 'birth before</td>
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<td>clinician at a higher level facility in</td>
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<td>situations where staff have met FONT</td>
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<td>requirements as outlined in NSW Health</td>
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<td>Information Bulletin IB2012_042 Fetal</td>
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<td>welfare assessment, Obstetric emergencies</td>
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<td>and Neonatal resuscitation Training (FONT)</td>
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<td>Program.</td>
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NEONATAL

Postnatal care of newborns born at ≥ 37\(^{10}\) weeks gestation without complications.

RISK CATEGORIES

When a variance from normal is identified during a woman’s care, the level of consultation requires one or more actions from across the following three categories:

- **Category A** – Discussion with a colleague (midwife, medical practitioner and/or other health care provider); and/or
- **Category B** – Consultation with a medical practitioner and/or other health care provider; and/or
- **Category C** – Referral of the woman or her baby to a medical practitioner for specialised care.
**LEVEL 1 MATERNITY SERVICE - SUPPORT SERVICES AND CONSIDERATIONS**

### Minimum Core Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Anaesthetics</th>
<th>Operating Suite</th>
<th>Close Observation Unit</th>
<th>Intensive Care Service</th>
<th>Nuclear Medicine</th>
<th>Radiology</th>
<th>Pathology</th>
<th>Pharmacy</th>
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<tr>
<td>As per NSW Health Guide to the Role Delineation of Clinical Services (NSW Health, 2016)</td>
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### Clinical Governance

#### Guiding documents for service provision

Local guidelines on:
- Scope and level of planned clinical complexity for the service
- Consultation, escalation and transfer processes for maternal, neonatal, psychosocial, cultural, mental health and drug and alcohol issues
- Care of unplanned imminent birth and subsequent postpartum stabilisation and transfer
- Contingency plans to cover the unavailability of services and process for informing networked maternity and neonatal services and informing women about the appropriate alternate facility
- Transfer processes with NETS and the Ambulance Service NSW (and/or or relevant interstate service provider)
- Non-emergency transport for both transfer and return transfer
- Identifying children and families at risk and facilitating access to appropriate support services or programs
- Referral pathways to relevant Aboriginal programs and services.

Clinical Emergency Response Systems (CERS) for recognition of, and response to, maternal and neonatal clinical deterioration.

Consumer information on local service capability.

#### Competence and credentialling

Processes to ensure clinical staff are appropriately credentialled and work within their scope of practice.

#### Quality and safety processes

Ongoing formal peer review process for reviewing clinical outcomes in consultation with the Tiered Network.

### Service Requirements

#### Consultation, escalation and transfer

Place of birth is planned within the Tiered Network.
Consultation, escalation and transfer is organised within the Tiered Network and is supported by:
- Established links with networked maternity and neonatal services.

#### Education

Local clinical education and access to education and training through the Tiered Network.
## LEVEL 2 MATERNITY SERVICE

### SERVICE SCOPE

**Provides planned care for:**
- Women with no identified risks or those identified as category A
- Some women identified as category B following consultation with a suitably qualified clinician (e.g., obstetrician, GP) and the development of a management plan.

**Should not provide planned care for:**
- Spontaneous labour and birth before 37\(^{\text{th}}\) or after 42\(^{\text{nd}}\) weeks gestation
- Induction or augmentation of labour
- Elective caesarean section
- Vaginal birth after caesarean section
- Care of any woman requiring continuous electronic fetal monitoring.

### Antenatal

- Antenatal care in either a shared care arrangement or by midwives in consultation with medical officers within the Tiered Network when required.

### Intrapartum

- Labour and birth ≥ 37\(^{\text{th}}\) weeks gestation.
- Care provided by a multidisciplinary team or by midwives in a standalone unit or publicly funded homebirth service (in consultation with medical officers within the Tiered Network when required).
- **Fetal heart rate**
  - Pregnancies with no identified risk require intermittent fetal heart rate (FHR) auscultation in labour.
  - **Escalate** to a higher level service if continuous (ongoing) intrapartum electronic FHR monitoring (EFM) required.

### Postnatal

- Postnatal care provided by midwives or appropriately skilled clinicians.
- Ideally, care provided in the home or community unless:
  - The clinical needs of the mother and/or newborn require an inpatient stay
  - Staffing or maternal location require an inpatient stay.

### RISK CATEGORIES

When a variance from normal is identified during a woman’s care, the level of consultation requires one or more actions from across the following three categories:

- **Category A – Discussion** with a colleague (midwife, medical practitioner and/or other health care provider); and/or
- **Category B – Consultation** with a medical practitioner and/or other health care provider; and/or
- **Category C – Referral** of the woman or her baby to a medical practitioner for specialised care.

---

If an antenatal or intrapartum non-reassuring FHR feature is heard, EFM is appropriate to confirm either normality or the need for immediate transfer and ongoing management.
LEVEL 2 MATERNITY SERVICES – SUPPORT SERVICES AND CONSIDERATIONS

Minimum Core Services including Level 1 Neonatal service

<table>
<thead>
<tr>
<th>Service</th>
<th>Anaesthetics</th>
<th>Operating Suite</th>
<th>Close Observation Unit</th>
<th>Intensive Care Service</th>
<th>Nuclear Medicine</th>
<th>Radiology</th>
<th>Pathology</th>
<th>Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>As per <strong>NSW Health Guide to the Role Delineation of Clinical Services (NSW Health, 2016)</strong></td>
<td>1</td>
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<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Clinical Governance

Guiding documents for service provision

- Local guidelines on:
  - Scope and level of planned clinical complexity for the service
  - Consultation, escalation and transfer processes for maternal, neonatal, psychosocial, cultural, mental health and drug and alcohol and other issues
  - Contingency plans to cover the temporary move to a lower service capability level, including process for informing networked maternity and neonatal services and informing women about the appropriate alternate facility
  - Immediate care for women and/or newborns with unexpected complications until transfer
  - Transfer processes with NETS and the Ambulance Service NSW (and/or or relevant interstate service provider)
  - Non-emergency transport for transfer and return transfer
  - Identifying children and families at risk and facilitating access to appropriate support services or programs
  - Referral pathways to relevant Aboriginal programs and services.

Clinical Emergency Response Systems (CERS) for recognition of, and response to, maternal and neonatal clinical deterioration

Consumer information on local service capability.

Competence and credentialling

Processes to ensure clinical staff are appropriately credentialled and work within their scope of practice.

Quality and safety processes

- Ongoing regular formal peer review of clinical outcomes in consultation with the Tiered Network.
- Established systems for quality and safety review, including:
  - Maternal and perinatal mortality and morbidity meetings
  - Benchmarking of clinical outcomes and dissemination of results
  - Clinical case review when appropriate (where relevant, in consultation with the Tiered Network).

Service Requirements

Consultation, escalation and transfer

- Consultation, escalation and transfer is organised within the Tiered Network and is supported by:
  - Established links with, and support for, networked Level 1 maternity services
  - Established links with networked Levels 3–6 maternity services; on-site neonatal service and networked Levels 2–5 neonatal services.

Education

- Local clinical education and access to education and training through the Tiered Network.
- Level 2 Midwifery staff in standalone units and homebirth services – training in basic and advanced life support, newborn checks, and recognition and management of the sick newborn.
LEVEL 3 MATERNITY SERVICE

SERVICE SCOPE
Provides planned care for:
• Women ≥ 37\(^\circ\) weeks and < 42\(^\circ\) weeks gestation with no identified risk factors or women identified as category A
• Some women identified as category B following consultation and the development of a management plan with a suitably qualified clinician within the Tiered Network (eg. obstetrician, GP, endocrinologist, psychiatrist, dietician, physiotherapist).

Should not provide planned care for:
• Planned birth before 37\(^\circ\) weeks gestation or after 42\(^\circ\) weeks gestation
• Medical induction of labour or augmentation with oxytocin (Syntocinon\®) following previous caesarean section
• Caesarean section for major placenta praevia
• Planned birth of women with a multiple pregnancy.

<table>
<thead>
<tr>
<th>Antenatal</th>
<th>Intrapartum</th>
<th>Postnatal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborative care is provided by midwives, GPs and/or specialist obstetricians.</td>
<td>Labour care for women ≥37 (^\circ) weeks gestation, including:</td>
<td>Postnatal care provided by midwives or appropriately skilled clinicians.</td>
</tr>
<tr>
<td>Antenatal fetal heart rate monitoring as a means of fetal welfare assessment.</td>
<td>• Vaginal birth after caesarean without medical induction of labour or augmentation with oxytocin (Syntocinon\®)</td>
<td>Ideally care provided in the home or community unless:</td>
</tr>
<tr>
<td>Management of emergent co-morbidities, such as hypertensive disease of pregnancy, in consultation with a specialist in the Tiered Network.</td>
<td>• Induction of labour ≥37(^\circ) weeks gestation</td>
<td>• The clinical needs of the mother and/or newborn require an inpatient stay</td>
</tr>
<tr>
<td>Antenatal care planning of women with multiple pregnancies in association with a Level 4, 5 or 6 facility (eg. women with twin pregnancies that require frequent ultrasound surveillance).</td>
<td>• Antenatal and intrapartum electronic FHR monitoring as a means of fetal welfare assessment</td>
<td>• Staffing or maternal location require an inpatient stay.</td>
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<tr>
<td></td>
<td>• Vacuum and forceps births</td>
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<td></td>
<td>• Elective caesarean section ≥39(^\circ) weeks gestation complying with NSW Health Policy Directive PD2007_024 Maternity – Timing of Elective or Pre-labour Caesarean Section</td>
<td></td>
</tr>
</tbody>
</table>

RISK CATEGORIES
When a variance from normal is identified during a woman’s care, the level of consultation requires one or more actions from across the following three categories:

Category A – Discussion with a colleague (midwife, medical practitioner and/or other health care provider); and/or
Category B – Consultation with a medical practitioner and/or other health care provider; and/or
Category C – Referral of the woman or her baby to a medical practitioner for specialised care.
### LEVEL 3 MATERNITY SERVICE – SUPPORT SERVICES AND CONSIDERATIONS

#### Minimum Core Services including Level 2 Neonatal service

<table>
<thead>
<tr>
<th>Service</th>
<th>3</th>
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<tr>
<td>Operating Suite</td>
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<tr>
<td>Close Observation Unit</td>
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<tr>
<td>Intensive Care Service</td>
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<tr>
<td>Nuclear Medicine</td>
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<td>Radiology</td>
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<tr>
<td>Pathology</td>
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</tr>
</tbody>
</table>

#### Clinical governance

Local guidelines on:
- Scope and level of planned clinical complexity for the service
- Consultation, escalation and transfer processes for maternal, neonatal, psychosocial, cultural, mental health, drug and alcohol and other issues
- Contingency plans to cover the temporary move to a lower service capability level including process for informing networked maternity and neonatal services and informing women of alternate appropriate facility
- Immediate care for women and/or newborns with unexpected complications until transfer
- Transfer processes with NETS and the Ambulance Service NSW (and/or or relevant interstate service provider)
- Non-emergency transport for transfer
- Identifying children and families at risk and facilitating access to appropriate support services or programs
- Referral pathways to relevant Aboriginal programs and services.

Clinical Emergency Response Systems (CERS) for recognition of, and response to, maternal and neonatal clinical deterioration

Consumer information on local service capability.

#### Competence and credentialling

Processes to ensure that clinical staff are appropriately credentialled and work within their scope of practice.

#### Quality and safety processes

Ongoing regular formal peer review of clinical outcomes in consultation with the Tiered Network.

Established systems for quality and safety review, including:
- Maternal and perinatal mortality and morbidity meetings
- Benchmarking of clinical outcomes and dissemination of results
- Clinical case review when appropriate (where relevant, in consultation with the Tiered Network).

#### Service Requirements

Consultation, escalation and transfer

Consultation, escalation and transfer is organised within the Tiered Network and is supported by:
- Established links with, and support for, networked Levels 1 and 2 maternity services
- Established links with networked Levels 4 - 6 maternity services; onsite neonatal service and networked Levels 3 - 6 neonatal services.

Education

Local clinical education and links to the Tiered Network to:
- Provide educational support for Levels 1 and 2 maternity services
- Access education and training at Levels 4 - 6 maternity services to meet the needs of clinicians and support service capability.
LEVEL 4 MATERNITY SERVICE

SERVICE SCOPE
Provides planned care for:

- Women ≥ 34\(^{+0}\) weeks gestation with no identified risk factors or women identified as category A and B
- Many women identified as category C (in consultation with the specialist obstetrician or maternal-fetal specialist within the Tiered Network).

Should not provide planned care for:

- Caesarean section for major anterior placenta praevia or accreta/percreta (suspected on ultrasound or MRI)
- Planned birth of twins with additional risk factors present (e.g. growth discordance, monochorionic twins)
- Triplets or higher order multiples.

<table>
<thead>
<tr>
<th>Antenatal</th>
<th>Intrapartum</th>
<th>Postnatal</th>
</tr>
</thead>
<tbody>
<tr>
<td>As for Level 3 plus:</td>
<td>As for Level 3 plus:</td>
<td>Postnatal care provided by midwives or appropriately skilled clinicians. Ideally care provided in the home or community unless:</td>
</tr>
<tr>
<td>Management of emergent co-morbidities such as hypertensive disease of pregnancy.</td>
<td>Vaginal birth after caesarean section including induction and/or augmentation</td>
<td>The clinical needs of the mother and/or newborn require an inpatient stay</td>
</tr>
<tr>
<td>Next Birth After Caesarean (NBAC) section service.</td>
<td>Major posterior placenta praevia</td>
<td>Staffing or maternal location require an inpatient stay.</td>
</tr>
<tr>
<td>External Cephalic Version (ECV) Service (or referral pathway to service).</td>
<td>Vaginal Twin Birth</td>
<td></td>
</tr>
<tr>
<td>Shared antenatal care for women with identified risk factors in consultation with, and as considered appropriate by, higher level service.</td>
<td>Induction of labour ≥ 34(^{+0}) weeks gestation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Elective caesarean section ≥ 34(^{+0}) weeks gestation (where clinically required)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ability to undertake intrapartum fetal blood sampling.</td>
<td></td>
</tr>
</tbody>
</table>

RISK CATEGORIES
When a variance from normal is identified during a woman’s care, the level of consultation requires one or more actions from across the following three categories:

- **Category A** – Discussion with a colleague (midwife, medical practitioner and/or other health care provider); and/or
- **Category B** – Consultation with a medical practitioner and/or other health care provider; and/or
- **Category C** – Referral of the woman or her baby to a medical practitioner for specialised care.
### LEVEL 4 MATERNITY SERVICE – SUPPORT SERVICES AND CONSIDERATIONS

#### Minimum Core Services including Level 3 Neonatal service

<table>
<thead>
<tr>
<th>As per <strong>NSW Health Guide to the Role Delineation of Clinical Services (NSW Health, 2016)</strong></th>
<th>Anaesthetics</th>
<th>Operating Suite</th>
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</tr>
</thead>
<tbody>
<tr>
<td>4</td>
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<td>4</td>
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<td>4</td>
</tr>
</tbody>
</table>

#### Clinical governance

**Guiding documents for service provision**

Local guidelines on:
- Scope and level of planned clinical complexity for the service
- Consultation, escalation and transfer processes for maternal, neonatal, psychosocial, cultural, mental health, drug and alcohol and other issues
- Contingency plans to cover the temporary move to a lower service capability level, including process for informing networked maternity and neonatal services and arrangements for consultation, escalation and/or transfer
- Immediate care for women and/or newborns with unexpected complications and consultation, escalation and/or transfer as appropriate
- Transfer processes with NETS and the Ambulance Service NSW (and/or relevant interstate service provider)
- Non-emergency transport for transfer
- Identifying children and families at risk and facilitating access to appropriate support services or programs
- Referral pathways to relevant Aboriginal programs and services
- Clinical Emergency Response Systems (CERS) for recognition of, and response to, maternal and neonatal clinical deterioration
- Consumer information on local service capability.

**Competence and credentialling**

Processes to ensure clinical staff are appropriately credentialled and work within their scope of practice.

**Quality and safety processes**

Ongoing process for formal peer review of clinical outcomes in consultation with the Tiered Network.
- Established systems for quality and safety review, including:
  - Maternal and perinatal mortality and morbidity meetings
  - Benchmarking of clinical outcomes and reporting of results to staff and consumers
  - Clinical case review when appropriate (where relevant, in consultation with the Tiered Network).

#### Service Requirements

**Consultation, escalation and transfer**

Consultation, escalation and transfer is organised within the Tiered Network and is supported by:
- Established links with, and support for, networked Levels 1 - 3 maternity services
- Established links with networked Levels 5 and 6 maternity services; onsite neonatal service and networked Levels 4, 5 and 6 neonatal services.

**Education**

Local clinical education with links to the Tiered Network to:
- Provide educational support for Levels 1, 2 and 3 services
- Access education and training at Levels 5 and 6 services to meet the needs of clinicians and support service capability.
LEVEL 5 MATERNITY SERVICE

SERVICE SCOPE
Provides planned care for:
Women ≥ 32\textsuperscript{nd} weeks gestation, those with no risk factors, those identified as category A or B, and the majority of women identified as category C.

Should not provide planned care of:
- Known or suspected placenta accreta, increta or percreta
- Triplets with other risk factors or higher order multiples.

<table>
<thead>
<tr>
<th>Antenatal</th>
<th>Intrapartum</th>
<th>Postnatal</th>
</tr>
</thead>
<tbody>
<tr>
<td>As for Levels 3 and 4 plus:</td>
<td>As for Levels 3 and 4 plus:</td>
<td>Postnatal care provided by midwives or appropriately skilled clinicians.</td>
</tr>
<tr>
<td>- External cephalic version (ECV) service</td>
<td>Caesarean section for major placenta praevia</td>
<td>Ideally care provided in the home or community unless:</td>
</tr>
<tr>
<td>- Antenatal care planning and shared antenatal care with lower level services where appropriate</td>
<td></td>
<td>- The clinical needs of the mother and/or newborn require an inpatient stay</td>
</tr>
<tr>
<td>- Shared antenatal care for women with complex pregnancies in consultation with a Level 6 service.</td>
<td></td>
<td>- Staffing or maternal location require an inpatient stay.</td>
</tr>
</tbody>
</table>

RISK CATEGORIES
When a variance from normal is identified during a woman’s care, the level of consultation requires one or more actions from across the following three categories:

- **Category A – Discussion** with a colleague (midwife, medical practitioner and/or other health care provider); and/or
- **Category B – Consultation** with a medical practitioner and/or other health care provider; and/or
- **Category C – Referral** of the woman or her baby to a medical practitioner for specialised care.
LEVEL 5 MATERNITY SERVICE – SUPPORT SERVICES AND CONSIDERATIONS

Minimum Core Services including Level 4 Neonatal service

<table>
<thead>
<tr>
<th>As per NSW Health Guide to the Role Delineation of Clinical Services (NSW Health, 2016)</th>
<th>Anaesthetics</th>
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</tbody>
</table>

Clinical governance

Guiding documents for service provision

- Local guidelines on:
  - Scope and level of planned clinical complexity for the service
  - Consultation, escalation and transfer processes for maternal, neonatal, psychosocial, cultural, mental health and drug and alcohol issues, including the management of unexpected high-risk women and/or newborns
  - Transfer processes with NETS and the Ambulance Service NSW (and/or relevant interstate service provider)
  - Non-emergency transport for transfer
  - Identifying children and families at risk and facilitating access to appropriate support services or programs
  - Referral pathways to relevant Aboriginal programs and services.

Clinical Emergency Response Systems (CERS) for recognition of, and response to, maternal and neonatal clinical deterioration.

Consumer information on service capability.

Competence and credentialling

Processes to ensure clinical staff are appropriately credentialled and work within their scope of practice.

Quality and safety processes

Ongoing formal peer review of clinical outcomes in consultation with the Tiered Network.

Established systems in place for quality and safety review, including:

- Maternal and Perinatal Mortality and Morbidity meetings
- Benchmarking of clinical outcomes (and reporting of outcomes)
- Clinical case review when appropriate (where relevant, in consultation with the Tiered Network).

Service Requirements

Consultation, escalation and transfer

Consultation, escalation and transfer is organised within the Tiered Network and is supported by:

- Established links with, and support for, networked Levels 1–4 maternity services
- Established links with networked Level 6 maternity service; onsite neonatal service and networked Levels 5 and 6 neonatal services.

Accepts appropriate transfers from Level 6 services.

Education

Local clinical education and links with the Tiered Network:

- Provide educational support to Levels 1, 2, 3 and 4 maternity services
- Access education and training at Level 6 services to meet the needs of clinician and support service capability.
LEVEL 6 MATERNITY SERVICE

SERVICE SCOPE
Provides:
- Planned care for all women regardless of gestational age or clinical risk
- Statewide high-risk pregnancy care
- Complex specialist care
- Complex major obstetric surgical procedures.

Antenatal | Intrapartum | Postnatal
---|---|---
As per Levels 3, 4 and 5 plus: Specialist services including a Maternal Fetal Medicine Unit:
Specialist services, or referral pathway to specialist services, including:
  - Vaginal breech birth service
  - Service for women who have experienced female genital mutilation/cutting.
Shared antenatal care with lower level services where appropriate.

As per Levels 3, 4 and 5 plus:
  - Placenta praevia including known or suspected placenta accreta, increta and percreta
  - Multiple pregnancies of any order with or without risk factors, including vaginal twin birth.

Postnatal care provided by midwives or appropriately skilled clinicians.
Ideally care provided in the home or community unless:
  - The clinical needs of the mother and/or newborn require an inpatient stay
  - Staffing or maternal location require an inpatient stay.

RISK CATEGORIES
When a variance from normal is identified during a woman’s care, the level of consultation requires one or more actions from across the following three categories:

Category A – Discussion with a colleague (midwife, medical practitioner and/or other health care provider); and/or
Category B – Consultation with a medical practitioner and/or other health care provider; and/or
Category C – Referral of the woman or her baby to a medical practitioner for specialised care.
**LEVEL 6 MATERNITY SERVICE – SUPPORT SERVICES AND CONSIDERATIONS**

## Minimum core services including Level 5 neonatal service

<table>
<thead>
<tr>
<th>As per NSW Health Guide to the Role Delineation of Clinical Services (NSW Health, 2016)</th>
<th>Anaesthetics</th>
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### Clinical governance

Guiding documents for service provision

Guidelines on:
- Scope and level of planned clinical complexity
- Consultation, escalation and transfer processes for maternal, neonatal, psychosocial, cultural, mental health and drug and alcohol issues
- Transfer processes with NETS and the Ambulance Service NSW
- Non-emergency transport for return transfers of women and/or neonates
- Identifying children and families at risk and facilitating access to appropriate support services or programs
- Referral pathways to relevant Aboriginal programs and services
- Referral pathways and processes for specialist services (e.g. vaginal breech service) where the service is not available in the facility.

Clinical Emergency Response Systems (CERS) for recognition of, and response to, maternal and neonatal clinical deterioration.

Consumer information on service capability.

### Competence and credentialling

Processes to ensure that clinical staff are appropriately credentialled and work within their scope of practice.

### Quality and safety processes

Ongoing process for formal peer review of clinical outcomes in consultation with the Tiered Network.

Established systems in place for quality and safety review, including:
- Maternal and Perinatal Mortality and Morbidity meetings
- Benchmarking of clinical outcomes
- Clinical case review when appropriate.

### Service requirements

#### Consultation, escalation and transfer

Consultation, escalation and transfer is organised within the Tiered Network and is supported by:
- Established links with, and support for, networked Levels 1–5 maternity services
- Established systems for return transfer of maternal and/or neonatal patients.

#### Education

Clinical education is provided locally and links with the Tiered Network to:
- Support Levels 1, 2, 3, 4 and 5 services in the provision of education to meet the needs of clinicians and to support service capability.
5.2 Neonatal Services

LEVEL 1 NEONATAL SERVICE

SERVICE SCOPE

Provides:

Immediate care for newborns ≥ 37+0 weeks gestation where the mother had no identified risks and those identified as category A.

Ongoing care for return transfers of preterm and convalescing babies ≥ 36+0 weeks corrected age and having full care by the mother.

Any newborn requiring intensive care treatment should be discussed with a higher level facility in the Tiered Network (as per local protocols) and/or NETS (for clinical advice and advice on transportation).

Capabilities

Escalates care to higher level service
When additional care required such as:

- jaundice
- hypoglycaemia
- respiratory distress
- sepsis

Or in response to signs of clinical deterioration.

Provides education and support for parents.

Requirements

Clinician competent in neonatal resuscitation.

Equipment for neonatal resuscitation.

Access to:

- Paediatric specialty services for advice/referral
- Routine hearing screening and audiology services
- Blood collection for neonatal screening
- Bilirubin testing
- Point of care glucose testing.

Information for parents on community and child and family health services and support.

RISK CATEGORIES

These categories relate to the risks of the mother and will aid decision making for the designated level of care required for the neonate.

When a variance from normal is identified during a woman’s care, the level of consultation requires one or more actions from across the following three categories:

Category A – Discussion with a colleague (midwife, medical practitioner and/or other health care provider); and/or

Category B – Consultation with a medical practitioner and/or other health care provider; and/or

Category C – Referral of the woman or her baby to a medical practitioner for specialised care.
## LEVEL 1 NEONATAL SERVICE – SUPPORT SERVICES AND CONSIDERATIONS

### Minimum Core Services

<table>
<thead>
<tr>
<th>As per NSW Health Guide to the Role Delineation of Clinical Services (NSW Health, 2016)</th>
<th>Anaesthetics</th>
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<th>Pathology</th>
<th>Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthetics Operating Suite Close Observation Unit Intensive Care Service Nuclear Medicine Radiology Pathology Pharmacy</td>
<td>As for linked maternity service</td>
<td></td>
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</table>

### Clinical Governance

**Guiding documents for service provision**

- Local guidelines on:
  - Scope and level of planned clinical complexity for the service
  - Consultation, escalation and transfer processes for neonatal issues
  - Immediate care for newborns with unexpected complications until transfer
  - Contingency plans to cover the unavailability of services, including process for informing networked maternity and neonatal services and arrangements for escalation, consultation and/or transfer for linked maternity service
  - Transfer processes with NETS and the Ambulance Service NSW (and/or relevant interstate service provider)
  - Non-emergency transport for transfer (including equipment requirements)
  - Identifying children and families at risk and facilitating access to appropriate support services or programs
  - Referral pathways to relevant Aboriginal programs and services.

Clinical Emergency Response Systems (CERS) for recognition of, and response to, neonatal clinical deterioration.

Consumer information on local service capability.

**Competence and credentialling**

Processes to ensure clinical staff are appropriately credentialled and work within their scope of practice.

**Quality and safety processes**

- Established processes for quality and safety in consultation with the Tiered Network, including ongoing regular formal peer review of clinical outcomes:
  - Maternal and Perinatal Mortality and Morbidity meetings
  - Benchmarking of clinical outcomes and dissemination of results
  - Clinical case review when appropriate.
- Review of all neonatal transfers.
- Audit in the event of perinatal mortality and morbidity in consultation with the Tiered Network (audit of perinatal mortality in accordance with Perinatal Society of Australia and New Zealand (PSANZ) Perinatal Death Classifications).

### Service requirements

**Consultation, escalation and transfer**

Consultation, escalation and transfer is organised within the Tiered Network and is supported by:

- Established links with, and support for, onsite maternity service and networked Level 2 maternity services
- Established links with networked Levels 2–6 neonatal services.

**Education**

Local clinical education and access to education and training through the Tiered Network.
LEVEL 2 NEONATAL SERVICE

SERVICE SCOPE

Provides:

Immediate care for newborns ≥ 37° weeks gestation where the mother had no identified risk factors or was identified as categories A or B following consultation and collaboration with a suitably qualified clinician in the Tiered Network.

Short term care for simple neonatal problems, for example:
- Jaundice requiring single light phototherapy only
- Hypoglycaemia treated with supplemental feeds (short-term intravenous dextrose infusions may be considered when under the supervision of a paediatrician or neonatologist at a higher role delineated service, with the understanding that transfer will be required if no improvement occurs)
- Mild respiratory distress (oxygen requirements as determined by oximetry) that normalises within four hours post birth.

Ongoing care for return transfers of preterm and convalescing babies ≥ 35° weeks corrected age requiring minimal ongoing care.

Newborns return transferred to a Level 2 neonatal service should not require routine monitoring or full tube feeding.

<table>
<thead>
<tr>
<th>Capabilities</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>As per Level 1 plus:</td>
<td>As per Level 1 plus:</td>
</tr>
<tr>
<td>Short-term tube feeding.</td>
<td>Clinician competent in advanced life support and clinical examination of the newborn.</td>
</tr>
<tr>
<td>Consults with a higher level service on common problems of the newborn (eg. hyperbilirubinaemia, respiratory distress, sepsis and hypoglycaemia).</td>
<td>Equipment for:</td>
</tr>
<tr>
<td></td>
<td>- Resuscitation and stabilisation of sick newborns</td>
</tr>
<tr>
<td></td>
<td>- Short-term respiratory support of newborns awaiting transfer to higher level of service.</td>
</tr>
<tr>
<td></td>
<td>Onsite neonatal bilirubin measurement.</td>
</tr>
</tbody>
</table>

RISK CATEGORIES

These categories relate to the risks of the mother and will aid decision making for the designated level of care required for the neonate.

When a variance from normal is identified during a woman’s care, the level of consultation requires one or more actions from across the following three categories:

- **Category A – Discussion** with a colleague (midwife, medical practitioner and/or other health care provider); and/or
- **Category B – Consultation** with a medical practitioner and/or other health care provider; and/or
- **Category C – Referral** of the woman or her baby to a medical practitioner for specialised care.
# LEVEL 2 NEONATAL SERVICE – SUPPORT SERVICES AND CONSIDERATIONS

## Minimum Core Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Anaesthetics</th>
<th>Operating Suite</th>
<th>Close Observation Unit</th>
<th>Intensive Care Service</th>
<th>Nuclear Medicine</th>
<th>Radiology</th>
<th>Pathology</th>
<th>Pharmacy</th>
</tr>
</thead>
</table>

As per **NSW Health Guide to the Role Delineation of Clinical Services (NSW Health, 2016)**

As for linked maternity service

## Clinical governance

### Guiding documents for service provision

Local guidelines on:
- Scope and level of planned clinical complexity for the service
- Consultation, escalation and transfer processes for neonatal issues
- Contingency plans to cover the temporary move to a lower service capability level, including process for informing networked maternity and neonatal services
- Immediate care for newborns with unexpected complications until transfer
- Transfer processes with NETS and the Ambulance Service NSW (and/or or relevant interstate service provider)
- Non-emergency transport for transfer
- Identifying children and families at risk and facilitating access to appropriate support services or programs
- Referral pathways to relevant Aboriginal programs and services

Consumer information on local service capability.

### Competence and credentialling

Processes to ensure that clinical staff are appropriately credentialled and work within their scope of practice.

### Quality and safety processes

- Established processes for quality and safety in consultation with the Tiered Network, including ongoing regular formal peer review of clinical outcomes:
  - Maternal and Perinatal Mortality and Morbidity meetings
  - Benchmarking of clinical outcomes and dissemination of results
  - Clinical case review when appropriate.
- Review of all neonatal transfers.
- Audit in the event of perinatal mortality and morbidity in consultation with the Tiered Network (audit of perinatal mortality in accordance with Perinatal Society of Australia and New Zealand (PSANZ) Perinatal Death Classifications).

### Service Requirements

#### Consultation, escalation and transfer

Consultation, escalation and transfer is organised within the Tiered Network and is supported by:
- Established links with, and support for, onsite maternity service; networked Levels 1–3 maternity services; and networked Level 1 neonatal services
- Established links with networked Levels 3–6 neonatal services
- Acceptance of appropriate return transfers from Levels 3–6 neonatal services.

#### Education

Local clinical education with links to the Tiered Network to:
- Provide educational support for the onsite maternity service; networked Levels 1–3 maternity services; and networked Level 1 neonatal services
- Access education and training at Levels 3 to 6 services to meet the needs of clinician and support service capability.
LEVEL 3 NEONATAL SERVICE

SERVICE SCOPE

Provides:

Immediate care for newborns ≥ 34 \( ^{+0} \) weeks gestation, where the mother:

- Had no identified risk factors or was identified as categories A or B, or
- Was identified as a category C (in consultation with the specialist obstetrician or maternal/fetal specialist within the Tiered Network) but did not require transfer of care for birth.

A baby born unexpectedly at ≥ 32\(^{+0}\) weeks gestation, and is an appropriate weight for gestational age, with no requirements for intensive care support may be able to stay at a Level 3 neonatal service, following discussion with a higher level service in the Tiered Network.

Ongoing care for return transfers of preterm and convalescing neonates with a corrected age ≥ 32\(^{+0}\) weeks. Neonates return transferred to a Level 3 neonatal service should not require intensive care interventions.

Level 3 services work in collaboration with Levels 4 to 6 neonatal services, in the Tiered Network, to ensure newborns and families are transferred closer to home as soon as appropriate.

### Capabilities

**As per Level 2 plus:**

- Management of common problems of the newborn (eg. hyperbilirubinaemia, hypoglycaemia).
- Continuous cardiorespiratory monitoring and advanced neonatal life support.
- Non-invasive blood pressure monitoring.
- Short-term continuous oxygen therapy and respiratory support including the use of humidified high flow nasal cannula (HHFNC) oxygen and continuous positive airways pressure (CPAP).
- Initiation and maintenance of intravenous therapy.

Consults with a higher level service and considers transfer if no early response (within 4 hours) to directed therapy (ie. continuing respiratory distress) as evidenced by:

- Increased respiratory effort/persistent grunting
- An ongoing oxygen requirement
- Continued need for respiratory support
- Need for > 12.5% glucose or medication to maintain blood sugar level within normal range.

### Requirements

**As per Level 2 plus:**

Point of care testing.

Access to:

- Mobile chest/abdomen x-ray capability
- Arterial blood gas with results available within 30 minutes
- Electrolyte, full blood count, blood group and direct anti-globulin test results within 4 hours.

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**RISK CATEGORIES**

These categories relate to the risks of the mother and will aid decision making for the designated level of care required for the neonate.

When a variance from normal is identified during a woman’s care, the level of consultation requires one or more actions from across the following three categories:

- **Category A – Discussion** with a colleague (midwife, medical practitioner and/or other health care provider); and/or
- **Category B – Consultation** with a medical practitioner and/or other health care provider; and/or
- **Category C – Referral** of the woman or her baby to a medical practitioner for specialised care.
LEVEL 3 NEONATAL SERVICE – SUPPORT SERVICES AND CONSIDERATIONS

Minimum Core Services

<table>
<thead>
<tr>
<th>As per NSW Health Guide to the Role Delineation of Clinical Services (NSW Health, 2016)</th>
<th>Anaesthetics</th>
<th>Operating Suite</th>
<th>Close Observation Unit</th>
<th>Intensive Care Service</th>
<th>Nuclear Medicine</th>
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<th>Pathology</th>
<th>Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>As for linked Maternity Service</td>
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<td></td>
</tr>
</tbody>
</table>

Clinical governance

Guiding documents for service provision
- Local guidelines on:
  - Scope and level of planned clinical complexity for the service
  - Consultation, escalation and transfer processes for neonatal and issues
  - Contingency plans to cover the temporary move to a lower service capability level, including process for informing networked maternity and neonatal services
  - Immediate care for newborns with unexpected complications until transfer
  - Transfer processes with NETS and the Ambulance Service NSW (and/or relevant interstate service provider)
  - Non-emergency transport for transfer
  - Identifying children and families at risk and facilitating access to appropriate support services or programs
  - Referral pathways to relevant Aboriginal programs and services.
  - Consumer information on service capability for that service.

Competence and credentialling
- Processes to ensure clinical staff are appropriately credentialled and work within their scope of practice.

Quality and safety processes
- Established processes for quality and safety in consultation with the Tiered Network, including ongoing regular formal peer review of clinical outcomes:
  - Maternal and Perinatal Mortality and Morbidity meetings
  - Benchmarking of clinical outcomes and dissemination of results
  - Clinical case review when appropriate.
- Review of all neonatal transfers.
- Audit in the event of perinatal mortality and morbidity in consultation with the Tiered Network (audit of perinatal mortality in accordance with Perinatal Society of Australia and New Zealand (PSANZ) Perinatal Death Classifications).

Service links

Consultation, escalation and transfer
- Consultation, escalation and transfer is organised within the Tiered Network and is supported by:
  - Established links with, and support for, onsite maternity service; networked Levels 1–4 maternity services; and networked Levels 1 and 2 neonatal services
  - Established links with networked Levels 4–6 neonatal services
  - Acceptance of appropriate return transfers from Levels 4, 5 and 6 neonatal services.

Education
- Local clinical education with links to the Tiered Network to:
  - Provide educational support to the onsite maternity service; networked Levels 1–4 maternity services; and networked Levels 1 and 2 neonatal services
  - Access training and education at Levels 4–6 services to meet the needs of clinicians and to support service capability.
### LEVEL 4 NEONATAL SERVICE

**SERVICE SCOPE**

*Provides:* Immediate care for newborns ≥ 32+0 weeks gestation where the mother:

- Had no identified risk factors or was identified as categories A or B
- Was identified as category C (in consultation with the specialist obstetrician or maternal-fetal specialist within the Tiered Network) but did not require transfer for birth.

**Ongoing care for return** transfers of preterm and convalescing neonates of any weight no longer requiring higher level service ≥ 30+0 weeks corrected age and considered stable by a Level 5 or 6 neonatal service.

<table>
<thead>
<tr>
<th>Capabilities</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>As for Level 3 plus:</td>
<td>As for Level 3 plus:</td>
</tr>
<tr>
<td>- Ongoing continuous positive airways pressure (CPAP) or humidified high flow nasal cannula (HHFNC) oxygen with FiO2 up to 50% oxygen.</td>
<td>Newborns requiring specialist care admitted under a consultant paediatrician credentialed to provide neonatal care in the facility.</td>
</tr>
<tr>
<td>- Capacity to commence intubation and mechanical ventilation.</td>
<td>Access to:</td>
</tr>
<tr>
<td>- Acute management of pneumothorax.</td>
<td>- Cranial ultrasonography</td>
</tr>
<tr>
<td><strong>In consultation with NETS or a Level 5 or 6 facility:</strong></td>
<td>- Paediatric ophthalmology specialist</td>
</tr>
<tr>
<td>- Short-term use of tracheal intubation for surfactant replacement therapy.</td>
<td>- Arterial blood gas results within 30 minutes, electrolyte and full blood count results within 2 hours, and neonatal bilirubin results within 60 minutes, in normal circumstances.</td>
</tr>
<tr>
<td><strong>May provide:</strong></td>
<td></td>
</tr>
<tr>
<td>- Peripheral supplementary parenteral nutrition for low birthweight neonates*</td>
<td></td>
</tr>
</tbody>
</table>

**Data collection:**

- Contributes to Neonatal Intensive Care Unit System data collection on appropriate neonates.

*Best practice for selected preterm neonates includes provision of amino acids and lipids to ensure early growth.*

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### RISK CATEGORIES

These categories relate to the risks of the mother and will aid decision making for the designated level of care required for the neonate.

When a variance from normal is identified during a woman’s care, the level of consultation requires one or more actions from across the following three categories:

- **Category A – Discussion** with a colleague (midwife, medical practitioner and/or other health care provider); and/or
- **Category B – Consultation** with a medical practitioner and/or other health care provider; and/or
- **Category C – Referral** of the woman or her baby to a medical practitioner for specialised care.
## LEVEL 4 NEONATAL SERVICE – SUPPORT SERVICES AND CONSIDERATIONS

### Minimum Core Services

<table>
<thead>
<tr>
<th>Anaesthetics</th>
<th>Operating Suite</th>
<th>Close Observation Unit</th>
<th>Intensive Care Service</th>
<th>Nuclear Medicine</th>
<th>Radiology</th>
<th>Pathology</th>
<th>Pharmacy</th>
</tr>
</thead>
</table>

As per NSW Health Guide to the Role Delineation of Clinical Services (NSW Health, 2016)

As for linked maternity service

### Clinical governance

#### Guiding documents for service provision

Local guidelines on:
- Scope and level of planned clinical complexity for the service
- Consultation, escalation and transfer processes for neonatal issues within the Tiered Network
- Service contingency plans to cover the temporary move to a lower service capability level, including process for informing the networked maternity and neonatal services
- Immediate care for newborns with unexpected complications until transfer
- Transfer processes with NETS and the Ambulance Service NSW (and/or relevant interstate service provider) including return transfers
- Non-emergency transport for transfer
- Identifying children and families at risk and facilitating access to appropriate support services or programs
- Referral pathways to relevant Aboriginal programs and services.

Clinical Emergency Response Systems (CERS) for recognition of, and response to, neonatal clinical deterioration.

Consumer information on service capability.

#### Competence and credentialling

Processes to ensure clinical staff are appropriately credentialled and work within their scope of practice.

#### Quality and safety processes

- Established processes for quality and safety in consultation with the Tiered Network including ongoing regular formal peer review of clinical outcomes:
  - Maternal and Perinatal Mortality and Morbidity meetings
  - Benchmarking of clinical outcomes and dissemination of results
  - Clinical case review when appropriate (where relevant, in consultation with the Tiered Network).
- Review of all neonatal transfers.
- Audit in the event of perinatal mortality and morbidity in consultation with the Tiered Network (audit of perinatal mortality in accordance with Perinatal Society of Australia and New Zealand (PSANZ) Perinatal Death Classifications).

### Service requirements

#### Consultation, escalation and transfer

Consultation, escalation and transfer is organised within the Tiered Network and is supported by:
- Established links with, and support for, onsite maternity service; networked Levels 1–5 maternity services; and networked Levels 1–3 neonatal services
- Established links with networked Levels 5 and 6 neonatal services
- Acceptance of appropriate return transfers from Levels 5 and 6 neonatal services.

#### Education

Local clinical education and links with the Tiered Network to:
- Provide educational support for the on-site maternity service; networked Levels 1–5 maternity services and networked Levels 1–4 neonatal services
- Access education and training at Levels 5 and 6 services to meet the needs of clinicians and to support service capability.
LEVEL 5 NEONATAL SERVICE

SERVICE SCOPE
- Supra Local Health District role for neonatal care.
- Comprehensive neonatal care for all newborns, within a multidisciplinary management model (excluding surgical, cardiac and metabolic services).
- Collaborative multidisciplinary care.

<table>
<thead>
<tr>
<th>Capabilities</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>As for Level 4 plus:</td>
<td>As for Level 4 plus:</td>
</tr>
<tr>
<td>Full range of respiratory support.</td>
<td>Point-of-care testing equipment (including blood gas machine) capable of instantly measuring blood gases, electrolytes, bilirubin and haemoglobin.</td>
</tr>
<tr>
<td>Invasive blood pressure monitoring.</td>
<td>Access to:</td>
</tr>
<tr>
<td>Total parenteral nutrition.</td>
<td>- 24 hour radiology</td>
</tr>
<tr>
<td>Exchange transfusion.</td>
<td>- 24 hour neonatal echocardiography and cranial ultrasonography and Medical Resonance Imaging.</td>
</tr>
</tbody>
</table>

Established links and referral pathways to paediatric and surgical specialities, including neonatal surgical service.

RISK CATEGORIES

These categories relate to the risks of the mother and will aid decision making for the designated level of care required for the neonate.

When a variance from normal is identified during a woman’s care, the level of consultation requires one or more actions from across the following three categories:

- **Category A- Discussion** with a colleague (midwife, medical practitioner and/or other health care provider); and/or
- **Category B- Consultation** with a medical practitioner and/or other health care provider; and/or
- **Category C- Referral** of the woman or her baby to a medical practitioner for specialised care.
# LEVEL 5 NEONATAL SERVICE – SUPPORT SERVICES AND CONSIDERATIONS

## Minimum Core Services

<table>
<thead>
<tr>
<th>As per NSW Health Guide to the Role Delineation of Clinical Services (NSW Health, 2016)</th>
<th>Anaesthetics</th>
<th>Operating Suite</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>As for linked maternity service.</td>
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</tr>
</tbody>
</table>

## Clinical governance

**Guiding documents for service provision**

Guidelines on:
- Scope and level of planned clinical complexity for the service
- Consultation, escalation and transfer processes for neonatal issues
- Transfer processes with NETS and the Ambulance Service NSW (and/or relevant interstate service provider)
- Non-emergency transport for transfer (including return transfer)
- Identifying children and families at risk and facilitating access to appropriate support services or programs
- Referral pathways to relevant Aboriginal programs and services.

Clinical Emergency Response Systems (CERS) for recognition of, and response to, neonatal clinical deterioration.

Consumer information on service capability.

## Competence and credentialling

Processes to ensure that clinical staff are appropriately credentialed and work within their scope of practice.

## Quality and safety processes

- Established processes for quality and safety including ongoing regular formal peer review of clinical outcomes:
  - Maternal and Perinatal Mortality and Morbidity meetings
  - Benchmarking of clinical outcomes and dissemination of results
  - Clinical case review when appropriate (where relevant, in consultation with the Tiered Network).
- Review of all neonatal transfers.
- Audit in the event of perinatal mortality and morbidity in consultation with the Tiered Network (audit of perinatal mortality in accordance with Perinatal Society of Australia and New Zealand (PSANZ) Perinatal Death Classifications).
- Supports quality and safety processes in networked lower level maternity and neonatal services.

## Service links

**Consultation, escalation and transfer**

Consultation, escalation and transfer is organised within the Tiered Network and is supported by:
- Established links with, and support for, onsite maternity service and networked Levels 1–6 maternity services
- Established links with, and support for, networked Levels 1–4 neonatal services
- Established systems for return transfers of neonates.
- Established links with Neonatal and paediatric Emergency Transport Service (NETS)

**Education**

Local clinical education and links with the Tiered Network to:
- Provide educational support for the onsite maternity service; networked Levels 1–6 maternity services and networked Levels 1–4 neonatal services
- Access education and training at Level 6 services to meet the needs of clinicians and to support service capability.
LEVEL 6 NEONATAL SERVICE

SERVICE SCOPE
Provides services for all aspects of neonatal care.

As for Level 5 plus:
- Specialist neonatal and neonatal surgical services to the whole of NSW.
- Access to care for complex congenital and metabolic diseases of the newborn (provides onsite or has links to specialist services).
- Support for women with pregnancies with known fetal abnormality requiring consultation, treatment or surgery immediately following birth.

<table>
<thead>
<tr>
<th>Surgical Services</th>
<th>Cardiac Surgical Services</th>
<th>Cardiology Services (non-surgical conditions)</th>
<th>Metabolic Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical services are provided at:</td>
<td>Cardiac Surgical Services are provided at:</td>
<td></td>
<td>Specialist metabolic services are provided at:</td>
</tr>
<tr>
<td>- Centenary Hospital for Women and Children</td>
<td>- The Children’s Hospital Westmead</td>
<td>- Centenary Hospital for Women and Children</td>
<td>- The Children’s Hospital Westmead</td>
</tr>
<tr>
<td>- John Hunter Children’s Hospital</td>
<td>- Sydney Children’s Hospital</td>
<td>- John Hunter Children’s Hospital</td>
<td>- Sydney Children’s Hospital</td>
</tr>
<tr>
<td>- Royal Hospital for Women</td>
<td>- Royal Hospital for Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- The Children’s Hospital Westmead</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>- Sydney Children’s Hospital</td>
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</tr>
</tbody>
</table>

RISK CATEGORIES

These categories relate to the risks of the mother and will aid decision making for the designated level of care required for the neonate.

When a variance from normal is identified during a woman’s care, the level of consultation requires one or more actions from across the following three categories:

**Category A – Discussion** with a colleague (midwife, medical practitioner and/or other health care provider); and/or

**Category B – Consultation** with a medical practitioner and/or other health care provider; and/or

**Category C – Referral** of the woman or her baby to a medical practitioner for specialised care.
LEVEL 6 NEONATAL SERVICE– SUPPORT SERVICES AND CONSIDERATIONS

Minimum Core Services

As per *NSW Health Guide to the Role Delineation of Clinical Services* (NSW Health, 2016)

<table>
<thead>
<tr>
<th>Minimum Core Services</th>
<th>Anaesthetics</th>
<th>Operating Suite</th>
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<th>Radiology</th>
<th>Pathology</th>
<th>Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>As for Level 6 Paediatric Medicine Service</td>
<td></td>
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</tbody>
</table>

Clinical governance

Guiding documents for service provision

Guidelines on:
- Scope and level of planned clinical complexity for the service
- Transfer processes with NETS and the Ambulance Service NSW
- Non-emergency transport for return transfer
- Identifying children and families at risk and facilitating access to appropriate support services or programs
- Referral pathways to relevant Aboriginal programs and services.

Clinical Emergency Response Systems (CERS) for recognition of, and response to, neonatal clinical deterioration.

Consumer information on service capability.

Competence and credentialling

Processes to ensure that clinical staff are appropriately credentialled and work within their scope of practice.

Quality and safety processes

- Established processes for quality and safety including ongoing regular formal peer review of clinical outcomes:
  - Maternal and Perinatal Mortality and Morbidity meetings
  - Benchmarking of clinical outcomes and dissemination of results
  - Clinical case review when appropriate (where relevant, in consultation with the Tiered Network).
- Review of all neonatal transfers.
- Audit in the event of perinatal mortality and morbidity in consultation with the Tiered Network (audit of perinatal mortality in accordance with Perinatal Society of Australia and New Zealand (PSANZ) Perinatal Death Classifications).
- Supports quality and safety processes in networked lower level maternity and neonatal services.

Service links

Consultation, escalation and transfer

Consultation, escalation and transfer is organised within the Tiered Network and is supported by:
- Established links with, and support for, networked Levels 1–6 maternity services
- Established links with, and support for networked Levels 1–5 neonatal services
- Established systems for return transfer of neonates.
- Established links with Newborn and paediatric Emergency Transport Service (NETS)

Education

Clinical education is provided locally and links with the Tiered Network to support the provision of education and training to networked Levels 1–6 maternity services and networked Levels 1–5 neonatal services to meet the needs of clinicians and to support service capability.
**GLOSSARY**

**Aboriginal Maternal and Infant Health Service (AMIHS)** provides culturally appropriate community based maternity care in pregnancy and the postnatal period.

**Clinical Emergency Response System (CERS)** is a formalised system for obtaining urgent assistance when a patient is clinically deteriorating including escalation of clinical concern to a Clinical Review (a patient review undertaken within 30 minutes) or a Rapid Response (urgent review).

**Corrected age** is the term used to describe children up to three years of age who were born preterm. Corrected age is calculated by subtracting the number of weeks born before 40^{th} weeks of gestation from the chronological age.

**Facility** includes hospital, multi-purpose service and community health centres.

**Fetal welfare, Obstetric emergencies, Neonatal resuscitation Training** is required training for all NSW clinicians privileged or appointed to practise obstetrics, trainees in obstetric medicine, midwives and midwifery students.

**Level of consultation and referral** The Australian College of Midwives National Midwifery Guidelines for Consultation and Referral provides guidance in an evidence-based framework for collaborative maternity care to assist clinicians in decision making for consultation, referral and transfer, based on women’s individual clinical needs. Use of the consultation and referral guidelines is mandated in NSW Health Policy Directive PD2010_022 Maternity – National Midwifery Guidelines for Consultation and Referral. The definition for Category C has been modified for use in this Framework.

When a variance from normal is identified during a woman’s care, the level of consultation requires one or more actions from across the following three categories:
- **Category A – Discussion** with a colleague; midwife, medical practitioner and/or other health care provider; and/or
- **Category B – Consultation** with a medical practitioner and/or other health care provider; and/or
- **Category C – Referral** of the woman or her baby to a medical practitioner for specialised care.

**Multi Purpose Services** are facilities in small rural communities that integrate State and Commonwealth funded health services and programs including acute care, subacute care, residential aged care, emergency, allied health, oral health primary health and community services.

**Newborn and paediatric Emergency Transport Service (NETS)** is a 24/7 statewide service of NSW Health that provides: expert clinical advice, clinical coordination, stabilisation, and emergency treatment and inter-hospital retrieval for sick neonates and children up to the age of 16 years.

**Neonatal Services** as used in this Framework encompass Neonatal Intensive Care Units (NICU) and Special Care Nurseries (SCN). NICUs are generally arranged such that neonates may transition through intensive care, high-dependency and low-dependency care. NICUs (Level 5 and Level 6 Neonatal Services) provide highly specialised care to premature and term neonates. SCNs (Level 3 and Level 4 neonatal services) have a designated clinical space and provide care for neonates who require additional support or other situations where the neonate may need additional monitoring and/or observation.

**Perinatal Advice Line (PAL)** is a 24/7 telephone line to provide clinicians with advice on the management and emergency transfer of women who require a higher level of care. The PAL is operated by a team of clinical midwifery consultants, maternal fetal medicine specialists and specialist obstetricians.

**Role Delineation** is a process which describes the support service, staffing, minimum safety standards and other requirements to ensure that clinical services are provided safely and are appropriately supported. It is a descriptive tool to provide advice and promote consistency regarding appropriate support services for the provision of clinical services.

The **NSW Health Guide to the Role Delineation of Clinical Services** (NSW Health, 2016) provides service planners with an agreed (and consistent) language to describe the health facilities and services in the Local Health District and is one of the tools used in services planning and
Telehealth is defined as the secure transmission of images, voice and data between two or more units via telecommunication channels to provide clinical advice, consultation, monitoring, education and training and administrative services.
REFERENCES


5 NSW Health (2014) NSW State Health Plan: Towards 2021

6 Australian College of Midwives, NSW Branch (2014) Maternity Emergency Guidelines for Registered Nurses, Australian College of Midwives, Canberra.
APPENDIX 1

MATERNITY AND NEONATAL SERVICE CAPABILITY ASSESSMENT TOOL

The Maternity and Neonatal Service Capability Assessment Tool (the ‘Assessment Tool’) supplements the NSW Maternity and Neonatal Service Capability Framework by outlining the essential elements required by maternity and neonatal services to function at each specific service capability level.

It is envisaged any assessment or review of capability using the Assessment Tool would be a desktop exercise led by senior management and health service planning in collaboration with representatives from maternity and neonatal services, with sign off by the Local Health District (LHD) Chief Executive.

The Assessment Tool can be used to:

- assess current maternity and neonatal service capability
- assess capability to move to a higher capability level on an ad hoc, short term or permanent basis.

The Assessment Tool complements risk assessment processes by providing a scan of a facility’s service capability which may identify issues that require a documented risk assessment, as outlined in NSW Health PD2009_003 Maternity – Clinical Risk Management Program.

DETERMINING CAPABILITY LEVEL

To be at a particular capability level, a service must be able to undertake the full scope of practice described in the NSW Health Maternity and Neonatal Service Capability Framework at all times, and meet all requirements for that level including core service requirements (as outlined in the NSW Health Guide to Role Delineation of Clinical Services 2016). Services cannot be a Level X MINUS i.e. provide most of the services, or provide them some of the time.

Changes to Capability Level

Changes to capability level may be ad hoc, short term or permanent. Table 1 summarises the changes and the action required.

Ad hoc move to a higher level

Clinicians, particularly in rural and remote facilities, may at times need to balance local service capability against the impact of transfer to a higher level service (on the woman, newborn and her family). A woman may be unable or unwilling to access the recommended care. On an as needed basis, facilities may provide care outside the service scope for their planned service capability level. To ensure clinical safety and quality of care in such instances:

- Advice and support should be sought from higher level maternity and/or neonatal services within the Tiered Maternity and Neonatal Network (‘Tiered Network’) on the woman and/or newborn’s clinical management plan
- Local consultation should occur with other clinicians and service managers regarding the proposed procedure and impact on related services within the facility
- Detailed discussion should occur with the woman regarding any potential risks to herself or her newborn, so that she is able to make an informed choice regarding her decisions for care. This discussion should be documented in the woman’s medical record.

Short term changes to service capability level

A maternity and neonatal service may temporarily need to change to a lower service capability level in response to local circumstances e.g. workforce availability. LHDs are responsible for informing the Tiered Network and ensuring that appropriate arrangements and business continuity plans are in place.

Permanent changes to service capability level

Moving to a higher service capability level

In order to move permanently to a higher service capability level or where there is a significant change to service scope, the service must undertake an LHD led multidisciplinary risk assessment process consistent with NSW Health Policy Directive PD2009_003 Maternity – Clinical Risk Management Program and consider service re-design.
To move to a higher level, the service needs to be able to consistently undertake all the services described for that level. Raising the capability level of a service should not occur solely based on the skills of an individual clinician. Any changes need to take into account the required clinical expertise (and the ongoing availability of that clinical expertise), support services and equipment to maintain clinical activity at the proposed higher level. This tool can provide an initial scan of capability against the requirements of the higher level service to inform the more detailed risk assessment process.

**Undertaking some procedures within the service scope of the next capability level (moving to a Level X PLUS)**

Services may seek to undertake a limited expansion of their service scope, for example, planned birthing from \( \geq 36^{rd} \) weeks gestation at Level 3 maternity services.

Services can be a Level X PLUS i.e. provide all the services outlined in the service scope for their assessed service capability level PLUS some procedures normally undertaken at the next capability level. To move to a Level X PLUS facilities should undertake an assessment of their capability to undertake the higher level procedure by using this Assessment Tool. The service must be able to undertake the procedure at all times i.e. it should not be dependent on availability of an individual clinician. Final endorsement should be provided by the LHD Chief Executive as per sign off in the Assessment Tool.

**Table 1: Summary of Service Capability Changes and Requirements**

<table>
<thead>
<tr>
<th>Change to Capability</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AD HOC</strong></td>
<td></td>
</tr>
<tr>
<td>On an as needed basis, facilities may provide care outside the service scope for their planned service capability level.</td>
<td>Seek advice and support from higher level services on the woman and/or newborn’s clinical management plan</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consult locally with other clinicians and service managers regarding the proposed procedure and impact</td>
</tr>
<tr>
<td></td>
<td>Discuss the procedures with the woman including any potential risks to herself or her newborn</td>
</tr>
<tr>
<td><strong>SHORT TERM CHANGE</strong></td>
<td></td>
</tr>
<tr>
<td>Move to lower capability level</td>
<td>Consult with clinicians, facility management</td>
</tr>
<tr>
<td></td>
<td>Inform relevant Tiered Maternity and Neonatal Network</td>
</tr>
<tr>
<td></td>
<td>Utilise business continuity plans</td>
</tr>
<tr>
<td><strong>PERMANENT CHANGE</strong></td>
<td></td>
</tr>
<tr>
<td>Change to higher capability level</td>
<td>Multidisciplinary LHD led risk assessment</td>
</tr>
<tr>
<td>Undertaking some procedures normally undertaken at the next capability level (Level X plus)</td>
<td>Service capability assessment using this tool</td>
</tr>
</tbody>
</table>
USING THE SERVICE CAPABILITY ASSESSMENT TOOL

The Maternity and Neonatal Service Capability Assessment Tool provides an outline of the essential elements for each service capability level including the service scope and requisite core clinical services (from the NSW Health Guide to the Role Delineation of Clinical Services 2016). Facilities should use the Assessment Tool to assess the capability to undertake the services within the service scope for a specific level and their compliance with the requisite requirements for that level.

- Attachment 1 provides an Assessment Tool for each maternity service capability level
- Attachment 2 provides an Assessment Tool for each neonatal service capability level

The Assessment Tool uses an adaptation of the risk categories in the Australian College of Midwives, *National Midwifery Guidelines for Consultation and Referral*¹. When a variance from normal is identified during a woman’s care, the level of consultation requires one or more actions from across the following three categories:

- **Category A- Discussion** with a colleague (midwife, medical practitioner and/or other health care provider); and/or
- **Category B- Consultation** with a medical practitioner and/or other health care provider; and/or
- **Category C- Referral** of the woman or her infant to a medical practitioner for specialised care.

It is acknowledged that when completing the Assessment Tool, clinical or operational risks may be identified which will require a facility response as per *PD 2015_043 Risk Management - Enterprise-Wide Risk Management Policy and Framework – NSW Health*. The Assessment Tool includes a section to record any comments and actions planned should clinical or operational risks be identified.

An electronic version of the Maternity and Neonatal Service Capability Assessment Tool is available on request at nswkf@doh.health.nsw.gov.au.

---

## Attachment 1: MATERNITY SERVICE CAPABILITY CHECKLISTS

<table>
<thead>
<tr>
<th>LEVEL 1 MATERNITY</th>
<th>ASSESSMENT OF CAPABILITY/COMPLIANCE WITH REQUIREMENTS</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>FACILITY NAME:</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

### SERVICE SCOPE
- Provides ambulatory antenatal care and postnatal care for women with no identified obstetric risk factors or those identified as category A.
- Does not provide planned birthing or neonatal care.

### MINIMUM CORE SERVICE REQUIREMENTS

<table>
<thead>
<tr>
<th>Service</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthetics</td>
<td>Level 1</td>
</tr>
<tr>
<td>Operating Suite</td>
<td>Level 1</td>
</tr>
<tr>
<td>Close Observation Unit</td>
<td>-</td>
</tr>
<tr>
<td>Intensive Care Service</td>
<td>-</td>
</tr>
<tr>
<td>Nuclear Med</td>
<td>-</td>
</tr>
<tr>
<td>Radiology</td>
<td>-</td>
</tr>
<tr>
<td>Pathology</td>
<td>Level 1</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Level 1</td>
</tr>
</tbody>
</table>

**IF NO TO ANY OF THE REQUIREMENTS ABOVE, THE SERVICE DOES NOT MEET A LEVEL 1 MATERNITY SERVICE.**

### ANTENATAL CARE

<table>
<thead>
<tr>
<th>Part</th>
<th>Comments/Action Planned</th>
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<tr>
<td>YES</td>
<td>NO</td>
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</table>

- GP and/or midwife shared care
- Place of birth is planned within the Tiered Network
- Antenatal fetal heart rate monitoring undertaken at request of, and in collaboration with, clinician at higher level facility

### INTRAPARTUM

- No planned intrapartum care
- Able to manage unexpected presentations of women with imminent birth
- Able to manage mothers and newborns following birth before arrival

### POSTNATAL

- Postnatal care provided by appropriately skilled clinicians under the guidance of a midwife

### LOCAL GUIDING DOCUMENTS

- Scope and level of planned clinical complexity for the service
- Consultation, escalation and transfer processes for maternal, neonatal, psychosocial, cultural, mental health and drug and alcohol issues
- Care of unplanned imminent birth and subsequent postpartum stabilisation and transfer
- Contingency plans to cover the unavailability of services and process for informing networked maternity and neonatal services and informing women about the appropriate alternate facility
- Transfer processes with NETS and the Ambulance Service NSW (and/or relevant interstate service provider)
- Non-emergency transport for both transfer and return transfer
- Identifying children and families at risk and facilitating access to appropriate support
- Referral pathways to relevant Aboriginal programs and services.
- Clinical Emergency Response Systems (CERS)
- Consumer information on local service capability

### CONSULTATION, ESCALATION AND TRANSFER

- Place of birth is planned within the Tiered Network; Established links with networked maternity and neonatal services

### EDUCATION

- Local clinical education and access to education and training through the Tiered Network

- Staff have met FONT requirements in NSW Health Information Bulletin IB2012_042 Fetal welfare assessment, Obstetric emergencies and Neonatal resuscitation Training (FONT) Program
1. Clinical or operational risk/s identified

2. Identified risk/s added to the organisation Risk Register

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

Comment:

3. Summary of Comments and Actions Planned

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4. Agreed Level of Service

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5. Participants involved in assessment (Name and Position Title)

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</table>

Sign Off

Endorsement of Chief Executive
### SERVICE SCOPE
Provides planned care for:
- Women with no identified risks or those identified as category A
- Some women identified as category B following consultation with a suitably qualified clinician (obstetrician, GP) and the development of a management plan
- Care provided by multidisciplinary team in a hospital or by midwives in a stand-alone unit or publicly funded homebirth service.

### MINIMUM CORE SERVICE REQUIREMENTS

<table>
<thead>
<tr>
<th>Service</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthetics</td>
<td>Level 1</td>
</tr>
<tr>
<td>Operating Suite</td>
<td>Level 1</td>
</tr>
<tr>
<td>Close Observation Unit</td>
<td>-</td>
</tr>
<tr>
<td>Intensive Care Service</td>
<td>-</td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>-</td>
</tr>
<tr>
<td>Radiology</td>
<td>Level 1</td>
</tr>
<tr>
<td>Pathology</td>
<td>Level 2</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Level 2</td>
</tr>
<tr>
<td>Neonatal Services</td>
<td>Level 1 (minimum)</td>
</tr>
</tbody>
</table>

**IF NO TO ANY OF THE REQUIREMENTS ABOVE, THE SERVICE DOES NOT MEET A LEVEL 2 MATERNITY SERVICE. REASSESS THE SERVICE AT A LEVEL 1 MATERNITY SERVICE.**

### ANTENATAL CARE

Antenatal care in either a shared care arrangement or by midwives in consultation with medical officers within the Tiered Network when required.

Antenatal fetal heart rate monitoring as outlined in NSW Health Guideline GL 2016_001 Maternity Fetal Heart Rate Monitoring

### INTRAPARTUM

Spontaneous labour and birth for women $\geq 37^{+0}$ and $<42^{+0}$ weeks gestation

### POSTNATAL

Postnatal care by appropriately skilled clinicians under the supervision of a midwife

### LOCAL GUIDING DOCUMENTS

- Scope and level of planned clinical complexity for the service
- Consultation, escalation and transfer processes for maternal, neonatal, psychosocial, cultural, mental health and drug and alcohol issues
- Contingency plans to cover the temporary move to a lower service capability
- Immediate care for women and/or newborns with unexpected complications until transfer
- Transfer processes with NETS and the Ambulance Service NSW (and/or relevant interstate service provider)
- Non-emergency transport for both transfer and return transfer
- Identifying children and families at risk and facilitating access to appropriate support
- Referral pathways to relevant Aboriginal programs and services.
- Clinical Emergency Response Systems (CERS)
- Consumer information on local service capability

### QUALITY AND SAFETY

Ongoing regular formal peer review process for reviewing clinical outcomes in consultation with the Tiered Network; Access to Maternal and Perinatal Morbidity and Mortality meetings within the Tiered Network; benchmarking of clinical outcomes; clinical case review

### CONSULTATION, ESCALATION AND TRANSFER

Established links with, and support for, networked Level 1 maternity services; established links with networked Level 3 - 6 maternity services; on-site neonatal service and networked Level 2 - 5 neonatal services

### EDUCATION

Local clinical education and access to education and training through the Tiered Network Level 2 Midwifery staff in stand-alone units and homebirth services - training in basic and advanced life support; newborn checks; and...
recognition and management of the sick newborn

<table>
<thead>
<tr>
<th>IF UNDERTAKING HIGHER LEVEL PROCEDURES (Requirements for Level 2 PLUS) – dependent on availability of core services</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
<tr>
<td>YES</td>
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</tbody>
</table>

E.g. Care for women with spontaneous labour from ≥ 36+0 weeks gestation requires ability to undertake antenatal and intrapartum electronic FHR monitoring as a means of fetal welfare assessment; ability to undertake vacuum and forceps births; access to operating suites (on-site or proximate to the facility).

| 1. Clinical or operational risk/s identified | Yes ☐ No ☐ |
| 2. Identified risk/s added to the organisation Risk Register | Comment: |

<table>
<thead>
<tr>
<th>3. Summary of Comments and Actions Planned</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>4. Agreed Level of Service</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>5. Participants involved in assessment (Name and Position Title)</th>
</tr>
</thead>
</table>

Sign Off

Endorsement of Chief Executive
LEVEL 3 MATERNITY

ASSESSMENT OF CAPABILITY/COMPLIANCE WITH REQUIREMENTS

YES NO

COMMENTS

SERVICE SCOPE
Provides planned care for:
- Women ≥ 37<sup>th</sup> weeks and < 42<sup>nd</sup> weeks gestation with no identified risk factors or women identified as category A
- Some women identified as category B following consultation and the development of a management plan with a suitably qualified clinician within the Tiered Network (e.g., obstetrician, GP, endocrinologist, psychiatrist, dietician, physiotherapist).

MINIMUM CORE SERVICE REQUIREMENTS

<table>
<thead>
<tr>
<th>Service</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthetics</td>
<td>Level 3</td>
</tr>
<tr>
<td>Operating Suite</td>
<td>Level 3</td>
</tr>
<tr>
<td>Close Observation Unit *</td>
<td>Level 3</td>
</tr>
<tr>
<td>Intensive Care Service</td>
<td>-</td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>-</td>
</tr>
<tr>
<td>Radiology</td>
<td>Level 3</td>
</tr>
<tr>
<td>Pathology</td>
<td>Level 3</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Level 2</td>
</tr>
<tr>
<td>Neonatal Services</td>
<td>Level 2</td>
</tr>
</tbody>
</table>

* Note definition of Close Observation Unit: Provides a higher level of monitoring and observation within the birthing environment than standard ward based care

IF NO TO ANY OF THE REQUIREMENTS ABOVE, THE SERVICE DOES NOT MEET A LEVEL 3 MATERNITY SERVICE. REASSESS THE SERVICE AT A LEVEL 2 MATERNITY SERVICE.

ANTENATAL CARE

Collaborative care provided by midwives, GPs and/or specialist obstetricians
Antenatal fetal heart rate monitoring undertaken as a means of fetal welfare assessment
Care planning women with multiple pregnancies in association with Levels 4, 5 and 6 services
Management of emergent co-morbidities in consultation with a specialist in the Tiered Network

INTRAPARTUM
Labour care for women from ≥37<sup>th</sup> weeks gestation, including:
- Vaginal birth after caesarean without medical induction of labour or augmentation with oxytocin (Syntocinon®)
- Induction of labour ≥37<sup>th</sup> weeks gestation
- Antenatal and intrapartum electronic fetal heart rate monitoring as a means of fetal welfare assessment
- Vacuum and forceps births
- Elective caesarean section ≥39<sup>th</sup> weeks gestation complying with NSW Health Policy Directive PD2007_024 Maternity – Timing of Elective or Pre-labour Caesarean Section
- Manage Minor placenta praevia only

POSTNATAL
Postnatal care provided by appropriately skilled clinicians under the supervision of a midwife

LOCAL GUIDING DOCUMENTS
Scope and level of planned clinical complexity for the service
Consultation, escalation and transfer processes for maternal, neonatal, psychosocial, cultural, mental health and drug and alcohol issues
Contingency plans to cover the temporary move to a lower service capability
Immediate care for women and/or newborns with unexpected complications until transfer
Transfer processes with NETS and the Ambulance Service NSW (and/or or relevant interstate service provider)
Non-emergency transport for transfer
Identifying children and families at risk and facilitating access to appropriate support
Referral pathways to relevant Aboriginal programs and services
Clinical Emergency Response Systems (CERS)
Consumer information on service capability
## QUALITY AND SAFETY
Ongoing regular formal peer review process for reviewing clinical outcomes in consultation with the Tiered Network; Maternal and Perinatal Morbidity and Mortality meetings; benchmarking of clinical outcomes; clinical case review

## CONSULTATION, ESCALATION AND TRANSFER
Established links with, and support for, networked Level 1 – 2 maternity services; established links with networked Level 4 - 6 maternity services; on-site neonatal service and networked Level 3 - 5 neonatal services.

## EDUCATION
Local clinical education and links to the Tiered Network to provide educational support for Level 1 and 2 maternity services and access education and training at Levels 4 to 6 maternity services

### IF UNDERTAKING HIGHER LEVEL PROCEDURES (Requirements for Level 3 PLUS) – dependent on availability of core services

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>Documented Risk Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

E.g. Planned labour care for women from ≥ 36⁷ᵉ weeks gestation requires ability to undertake antenatal and intrapartum electronic FHR monitoring as a means of fetal welfare assessment; ability to undertake vacuum and forceps births; access to operating suites (on-site or proximate to the facility); and fulfils most of the criteria for a Level 3 nursery.

1. Clinical or operational risk/s identified
2. Identified risk/s added to the organisation Risk Register
3. Summary of Comments and Actions Planned
4. Agreed Level of Service
5. Participants involved in assessment (Name and Position Title)

Sign Off

Endorsement of Chief Executive
**LEVEL 4 MATERNITY**

**FACILITY NAME:**

**ASSESSMENT OF CAPABILITY/COMPLIANCE WITH REQUIREMENTS**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**SERVICESCOPE/CAPABILITY**

Provides planned care for:
- Women ≥ 34+0 weeks gestation with no identified risk factors or women identified as category A and B
- Many women identified as category C (in consultation with the specialist obstetrician or maternal-fetal specialist within the Tiered Network)

**MINIMUM CORE SERVICE REQUIREMENTS**

<table>
<thead>
<tr>
<th>Service</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthetics</td>
<td>Level 4</td>
</tr>
<tr>
<td>Operating Suite</td>
<td>Level 4</td>
</tr>
<tr>
<td>Close Observation Unit</td>
<td>-</td>
</tr>
<tr>
<td>Intensive Care Service</td>
<td>Level 4</td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>Level 4</td>
</tr>
<tr>
<td>Radiology</td>
<td>Level 4</td>
</tr>
<tr>
<td>Pathology</td>
<td>Level 4</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Level 4</td>
</tr>
<tr>
<td>Neonatal Services</td>
<td>Level 3</td>
</tr>
</tbody>
</table>

If no to any of the requirements above, the service does not meet a Level 4 maternity service. Reassess the service at a Level 3 maternity service.

**ANTENATAL CARE**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>PART</th>
<th>COMMENTS/ACT ION PLANNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborative care provided by midwives, GPs and/or specialist obstetricians</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal fetal heart rate monitoring undertaken as a means of fetal welfare assessment</td>
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<tr>
<td>Care planning for women with multiple pregnancies</td>
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<tr>
<td>Management of emergent co-morbidities</td>
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<tr>
<td>Next Birth After Caesarean section service</td>
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</tr>
<tr>
<td>External Cephalic Version (ECV) Service (or referral pathway to service)</td>
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<tr>
<td>Shared antenatal care for women with identified risk factors in consultation with, and as considered appropriate by, higher level service</td>
<td></td>
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</tr>
</tbody>
</table>

**INTRAPARTUM**

Labour care for women ≥ 34+0 weeks gestation including:
- Antenatal and intrapartum electronic FHR monitoring as a means of fetal welfare assessment
- Vacuum and forceps births
- Vaginal Birth After Caesarean Section including induction and/or augmentation
- Major posterior placenta praevia
- Vaginal twin birth
- Induction of labour ≥ 34+0 weeks gestation
- Elective caesarean section ≥ 34+0 weeks gestation (where clinically required)
- Ability to undertake intrapartum fetal blood sampling

**POSTNATAL**

Postnatal care provided by appropriately skilled clinicians under the supervision of a midwife

**LOCAL GUIDING DOCUMENTS**

- Scope and level of planned clinical complexity for the service
- Consultation, escalation and transfer processes for maternal, neonatal, psychosocial, cultural, mental health and drug and alcohol issues
- Business continuity plan
- Immediate care for women and/or newborns with unexpected complications and consultation, escalation and/or transfer as appropriate
- Transfer processes with NETS and the Ambulance Service NSW (and/or interstate service provider)
- Non-emergency transport for transfer
- Identifying children and families at risk and facilitating access to appropriate support
- Referral pathways to relevant Aboriginal programs and services
- Clinical Emergency Response Systems (CERS)
- Consumer information on service capability

**QUALITY AND SAFETY** Ongoing regular formal peer review process for reviewing clinical outcomes in consultation with the Tiered Network; Maternal and Perinatal
Morbidity and Mortality meetings; benchmarking of clinical outcomes; clinical case review

CONSULTATION, ESCALATION AND TRANSFER
Established links with, and support for, networked Level 1 – 3 maternity services; established links with networked Level 5 - 6 maternity services; on-site neonatal service and networked Level 4, 5 and 6 neonatal services.

EDUCATION
Local clinical education and links to the Tiered Network to provide educational support for Level 1 to 3 maternity services and access education and training at Levels 5 to 6 maternity services.

IF UNDERTAKING HIGHER LEVEL PROCEDURES (Requirements for Level 4 PLUS) – dependent on availability of core services

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>Documented Risk Assessment</th>
</tr>
</thead>
</table>

E.g. Caesarean section for some major anterior placenta praevia requires pathology consistent with a Level 5 maternity service

1. Clinical or operational risk/s identified

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

   Comment:

2. Identified risk/s added to the organisation Risk Register

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

   Comment:

3. Summary of Comments and Actions Planned

4. Agreed Level of Service

5. Participants involved in assessment (Name and Position Title)

   Sign Off

   Endorsement of Chief Executive

---
LEVEL 5 MATERNITY

FACILITY NAME: 

ASSessment of capability/ compliance with requirements

YES NO

COMMENTS

SERVICE SCOPE/CAPABILITY

- Provides planned care for women ≥ 32+0 weeks gestation, those with no risk factors;
- those identified as category A or B;
- and the majority of women identified as category C.

MINIMUM CORE SERVICE REQUIREMENTS

<table>
<thead>
<tr>
<th>Service</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthetics</td>
<td>4</td>
</tr>
<tr>
<td>Operating Suite</td>
<td>4</td>
</tr>
<tr>
<td>Close Observation Unit</td>
<td>-</td>
</tr>
<tr>
<td>Intensive Care Service</td>
<td>4</td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>4</td>
</tr>
<tr>
<td>Radiology</td>
<td>4</td>
</tr>
<tr>
<td>Pathology</td>
<td>5</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>4</td>
</tr>
<tr>
<td>Neonatal Services</td>
<td>4</td>
</tr>
</tbody>
</table>

IF NO TO ANY OF THE REQUIREMENTS ABOVE, THE SERVICE DOES NOT MEET A LEVEL 4 MATERNITY SERVICE. REASSESS THE SERVICE AT A LEVEL 3 MATERNITY SERVICE.

ANTENATAL CARE

<table>
<thead>
<tr>
<th>Description</th>
<th>YES</th>
<th>NO</th>
<th>PART</th>
<th>COMMENTS/ACT ION PLANNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborative care provided by midwives, GPs and/or specialist obstetricians</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal fetal heart rate monitoring undertaken as a means of fetal welfare assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care planning women with multiple pregnancies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management of emergent co-morbidities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Next Birth After Caesarean section service</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>External Cephalic Version (ECV) service</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shared antenatal care for women with complex pregnancies in consultation with a Level 6 service</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care planning and shared antenatal care with lower level services where appropriate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

INTRAPARTUM

Labour care for women ≥ 32+0 weeks gestation including:
- Antenatal and intrapartum electronic fetal heart rate monitoring as a means of fetal welfare assessment
- Vacuum and forceps births
- Vaginal twin birth
- Vaginal Birth After Caesarean Section including induction and/or augmentation
- Caesarean section for major placenta praevia
- Multiple births including vaginal twin births and triplets without risk factors
- Induction of labour ≥ 32+0 weeks gestation
- Elective caesarean section ≥ 32+0 weeks gestation (where clinically required)
- Ability to undertake intrapartum fetal blood sampling

POSTNATAL

Postnatal care provided by appropriately skilled clinicians under the supervision of a midwife

LOCAL GUIDING DOCUMENTS

Scope and level of planned clinical complexity for the service
Consultation, escalation and transfer processes for maternal, neonatal, psychosocial, cultural, mental health and drug and alcohol issues
Transfer processes with NETS and the Ambulance Service NSW (and/or relevant interstate service provider)
Non-emergency transport for transfer
Business continuity plan
Identifying children and families at risk and facilitating access to appropriate support
Referral pathways to relevant Aboriginal programs and services.
Clinical Emergency Response Systems (CERS)
Consumer information on service capability

NSW Maternity and Neonatal Service Capability Framework NSW Health 52
### QUALITY AND SAFETY
Ongoing regular formal peer review process for reviewing clinical outcomes in consultation with the Tiered Network; Maternal and Perinatal Morbidity and Mortality meetings; benchmarking of clinical outcomes; clinical case review

### CONSULTATION, ESCALATION AND TRANSFER
Established links with, and support for, networked Level 1 – 4 maternity services; established links with networked Level 6 maternity services; on-site neonatal service and networked Level 5-6 neonatal services.

### EDUCATION
Local clinical education and links to the Tiered Network to provide educational support for Level 1 to 4 maternity services; access to education and training at Level 6 maternity services.

### IF UNDERTAKING HIGHER LEVEL PROCEDURES (Requirements for Level 5 PLUS) – dependent on availability of core services

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>Documented Risk Assessment</th>
<th>YES</th>
<th>NO</th>
<th>Comment</th>
</tr>
</thead>
</table>

E.g. Management of known or suspected placenta accreta/percreta requires 24 hour Nuclear Medicine and Radiology

1. Clinical or operational risk/s identified
2. Identified risk/s added to the organisation Risk Register
3. Summary of Comments and Actions Planned
4. Agreed Level of Service
5. Participants involved in assessment (Name and Position Title)

Sign Off
Endorsement of Chief Executive
## Level 6 Maternity

### Facility Name:

### Assessment of Capability/Compliance with Requirements

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Comments</th>
</tr>
</thead>
</table>

### Service Scope

Provides:
- Planned care for all women regardless of gestational age or clinical risk
- Statewide high risk pregnancy care
- Complex specialist care
- Complex major obstetric surgical procedures

### Minimum Core Service Requirements

<table>
<thead>
<tr>
<th>Service</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthetics</td>
<td>Level 6</td>
</tr>
<tr>
<td>Operating Suite</td>
<td>Level 6</td>
</tr>
<tr>
<td>Close Observation Unit</td>
<td>-</td>
</tr>
<tr>
<td>Intensive Care Service</td>
<td>Level 6</td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>Level 5</td>
</tr>
<tr>
<td>Radiology</td>
<td>Level 6</td>
</tr>
<tr>
<td>Pathology</td>
<td>Level 6</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Level 6</td>
</tr>
<tr>
<td>Neonatal Services</td>
<td>Level 5</td>
</tr>
</tbody>
</table>

If no to any of the requirements above, the service does not meet a Level 4 Maternity Service. Reassess the service at a Level 3 Maternity Service.

### Antenatal Care

- Collaborative care provided by midwives, GPs and/or specialist obstetricians
- Antenatal fetal heart rate monitoring undertaken as a means of fetal welfare assessment
- Care planning women with multiple pregnancies
- Management of emergent co-morbidities
- Maternal Fetal Medicine Unit
- Specialist services including Next Birth After Caesarean section service and External Cephalic Version (ECV) service
- Provides or has referral pathway to specialist services including Vaginal Breech Birth service; service for women who have experienced female genital mutilation/cutting
- Antenatal care planning and shared antenatal care with lower level services

### Intrapartum

Labour care for women of all gestation including:
- Antenatal and intrapartum electronic fetal heart rate monitoring as a means of fetal welfare assessment
- Vacuum and forceps births
- Vaginal Birth After Caesarean Section including induction and/or augmentation
- Induction of labour
- Elective caesarean section
- Placenta praevia including known or suspected placenta accreta and percreta
- Multiple pregnancies of any order with or without risk factors, including vaginal twin birth
- Ability to undertake intrapartum fetal blood sampling

### Postnatal

Postnatal care provided by appropriately skilled clinicians under the supervision of a midwife

### Local Guiding Documents

- Scope and level of planned clinical complexity
- Consultation, escalation and transfer processes for maternal, neonatal, psychosocial, cultural, mental health and drug and alcohol issues
- Transfer processes with NETS and the Ambulance Service NSW
- Non-emergency transport for transfer
- Return transfers or women and/or neonates
- Identifying children and families at risk and facilitating access to appropriate support
- Referral pathways to relevant Aboriginal programs and services
- Referral pathways and processes for specialist services where the service is not available in the facility
- Business continuity plan
<table>
<thead>
<tr>
<th>Clinical Emergency Response Systems (CERS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUALITY AND SAFETY Ongoing regular formal peer review process for reviewing clinical outcomes in consultation with the Tiered Network; Maternal and Perinatal Morbidity and Mortality meetings; benchmarking of clinical outcomes; clinical case review</td>
</tr>
<tr>
<td>CONSULTATION, ESCALATION AND TRANSFER Established links with, and support for, networked Level 1 – 5 maternity services; established systems for return of maternal and neonatal patients</td>
</tr>
<tr>
<td>EDUCATION Local clinical education and support for Levels 1-5 services in the provision of education</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1. Clinical or operational risk/s identified</th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Identified risk/s added to the organisation Risk Register</td>
<td>Comment:</td>
</tr>
<tr>
<td>3. Summary of Comments and Actions Planned</td>
<td></td>
</tr>
<tr>
<td>4. Agreed Level of Service</td>
<td></td>
</tr>
<tr>
<td>5. Participants involved in assessment (Name and Position Title)</td>
<td></td>
</tr>
</tbody>
</table>

Sign Off

Endorsement of Chief Executive
## Level 1 Neonatal Facility Name:

### Service Scope
- Immediate newborn care for infants ≥ 37\(^{+0}\) weeks gestation where the mother had no identified risks and those identified as category A.
- Ongoing care for return transfers of preterm and convalescing infants ≥ 36\(^{+0}\) weeks corrected age and having full care by the mother.

### Minimum Core Service Requirements

<table>
<thead>
<tr>
<th>Service</th>
<th>As for linked Maternity Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthetics</td>
<td></td>
</tr>
<tr>
<td>Operating Suite</td>
<td></td>
</tr>
<tr>
<td>Close Observation Unit</td>
<td></td>
</tr>
<tr>
<td>Intensive Care Service</td>
<td></td>
</tr>
<tr>
<td>Nuclear Med</td>
<td></td>
</tr>
<tr>
<td>Radiology</td>
<td></td>
</tr>
<tr>
<td>Pathology</td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

**If no to any of the requirements above, the service does not meet a Level 1 Neonatal Service.**

### Capabilities

<table>
<thead>
<tr>
<th>Capability</th>
<th>YES</th>
<th>NO PART</th>
<th>Comments/Action Planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Escalation of care to higher level service when additional care required or in response to signs of clinical deterioration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education and support for parents</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Requirements

- Clinician competent in neonatal resuscitation
- Equipment for neonatal resuscitation
- Access to:
  - Paediatric specialty services for advice/referral
  - Routine hearing screening and audiology services
  - Blood collection for neonatal screening
  - Bilirubin testing
  - Point of care glucose testing
- Information for parents on community and child and family health services and support

### Local Guiding Documents

- Scope and level of planned clinical complexity for the service
- Consultation, escalation and transfer processes for neonatal issues
- Immediate care for newborns with unexpected complications until transfer
- Contingency plans to cover the unavailability of services
- Transfer processes with NETS and the Ambulance Service NSW (and/or interstate service provider)
- Non-emergency transport for transfer (including necessary equipment)
- Identifying children and families at risk and facilitating access to appropriate support
- Referral pathways to relevant Aboriginal programs and services
- Business continuity plan
- Clinical Emergency Response Systems (CERS)
- Consumer information on local service capability
<table>
<thead>
<tr>
<th>QUALITY AND SAFETY</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Established processes for quality and safety including ongoing regular formal peer review of clinical outcomes (Maternal and Perinatal Morbidity and Mortality meetings; benchmarking of clinical outcomes; clinical case review); and review of all neonatal transfers</td>
</tr>
<tr>
<td>• Audit in event of perinatal mortality and morbidity. Mortality audit in accordance with Perinatal Society of Australia and New Zealand (PSANZ) Perinatal Death Classifications.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONSULTATION, ESCALATION AND TRANSFER</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Links with, and support for, on-site maternity and networked maternity services</td>
</tr>
<tr>
<td>• Links with networked Level 2 – 6 neonatal services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EDUCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local clinical education and access to education and training through the Tiered Network</td>
</tr>
</tbody>
</table>

| 1. Clinical or operational risk/s identified | Yes ☐ No ☐ |
| 2. Identified risk/s added to the organisation Risk Register | Comment: |
| 3. Summary of Comments and Actions Planned | |
| 4. Agreed Level of Service | |
| 5. Participants involved in assessment (Name and Position Title) | |

Sign Off
Endorsement of Chief Executive
## Level 2 Neonatal

### Facility Name:

### Assessment of Capability/Compliance with Requirements

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
</table>

### Service Scope

- Immediate care for newborns ≥ 37 +0 weeks gestation where the mother had no identified risk factors or was identified as categories A; or B following consultation and collaboration with a suitably qualified clinician in the Tiered Network.
- Short term care for simple neonatal problems (as outlined in SCF).
- Ongoing care for return transfers of preterm and convalescing infants ≥ 35 +0 weeks corrected age requiring minimal ongoing care.

### Minimum Core Service Requirements

Insert facility’s current level

<table>
<thead>
<tr>
<th>Service</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthetics</td>
<td>As for linked Maternity Service</td>
</tr>
<tr>
<td>Operating Suite</td>
<td>As for linked Maternity Service</td>
</tr>
<tr>
<td>Close Observation Unit</td>
<td>As for linked Maternity Service</td>
</tr>
<tr>
<td>Intensive Care Service</td>
<td>As for linked Maternity Service</td>
</tr>
<tr>
<td>Nuclear Med</td>
<td>As for linked Maternity Service</td>
</tr>
<tr>
<td>Radiology</td>
<td>As for linked Maternity Service</td>
</tr>
<tr>
<td>Pathology</td>
<td>As for linked Maternity Service</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>As for linked Maternity Service</td>
</tr>
</tbody>
</table>

If no to any of the requirements above, the service does not meet a Level 2 Neonatal Service. Reassess the service at a Level 1 Neonatal Service.

### Capabilities

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation with a higher level service on common problems of the newborn e.g. hyperbilirubinaemia, respiratory distress, sepsis and hypoglycaemia.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short term tube feeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education and support for parents</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Requirements

- Clinician competent in advanced life support and clinical examination of the newborn.
- Equipment for: Resuscitation and stabilisation of sick newborns.
- Short-term respiratory support of newborns awaiting transfer to higher level of service.
- Onsite neonatal bilirubin measurement.

### Access to:

- Paediatric specialty services for advice/referral
- Routine hearing screening and audiology services
- Blood collection for neonatal screening
- Point of care glucose testing

### Local Guiding Documents

- Scope and level of planned clinical complexity for the service.
- Consultation, escalation and transfer processes for neonatal issues within the Tiered Network.
- Contingency plans to cover the temporary move to a lower service capability level.
- Immediate care for newborns with unexpected complications until transfer.
- Transfer processes with NETS and the Ambulance Service NSW (and/or interstate service provider).
- Non-emergency transport for transfer (including necessary equipment).
- Identifying children and families at risk and facilitating access to appropriate support.
- Referral pathways to relevant Aboriginal programs and services.
- Business continuity plan.
- Consumer information on local service capability.

### Quality and Safety

- Established processes for quality and safety including ongoing regular formal peer review of clinical outcomes (Maternal and Perinatal Morbidity and Mortality meetings; benchmarking of clinical outcomes; clinical case review); and review of all neonatal transfers.
- Audit in event of perinatal mortality and morbidity. Mortality audit in accordance with Perinatal Society of Australia and New Zealand (PSANZ) Perinatal Death.
### Classifications.

<table>
<thead>
<tr>
<th>CONSULTATION, ESCALATION AND TRANSFER</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Links with, and support for on-site maternity service and networked lower level maternity and neonatal services</td>
</tr>
<tr>
<td>• Links with networked Level 3 – 6 neonatal services</td>
</tr>
<tr>
<td>• Acceptance of appropriate return transfers from Levels 3 - 6 neonatal services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EDUCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local clinical education and access to education and training through the Tiered Network</td>
</tr>
</tbody>
</table>

---

1. **Clinical or operational risk/s identified**
   - Yes ☐ No ☐
   - Comment:

2. **Identified risk/s added to the organisation Risk Register**

3. **Summary of Comments and Actions Planned**

4. **Agreed Level of Service**

5. **Participants involved in assessment (Name and Position Title)**

---

**Sign Off**

**Endorsement of Chief Executive**
## LEVEL 3 NEONATAL FACILITY NAME:

### ASSESSMENT OF CAPABILITY/COMPLIANCE WITH REQUIREMENTS

<table>
<thead>
<tr>
<th>SERVICE SCOPE</th>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate newborn care for infants ≥ 34 +6 weeks gestation, where the mother:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Had no identified risk factors or was identified as categories A or B, or</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Was identified as a category C (in consultation with the specialist obstetrician or maternal-fetal specialist within the Tiered Network) but did not require transfer of care for birth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ongoing care for return transfers of preterm and convalescing infants with a corrected gestation age ≥ 32 +7 weeks. Newborns return transferred to a level 3 neonatal service should not require intensive care interventions</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### MINIMUM CORE SERVICE REQUIREMENTS

<table>
<thead>
<tr>
<th>MINIMUM CORE SERVICE REQUIREMENTS</th>
<th>Insert facility’s current level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthetics</td>
<td>As for linked Maternity Service</td>
</tr>
<tr>
<td>Operating Suite</td>
<td>As for linked Maternity Service</td>
</tr>
<tr>
<td>Close Observation Unit</td>
<td>As for linked Maternity Service</td>
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<tr>
<td>Intensive Care Service</td>
<td>As for linked Maternity Service</td>
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<tr>
<td>Nuclear Med</td>
<td>As for linked Maternity Service</td>
</tr>
<tr>
<td>Radiology</td>
<td>As for linked Maternity Service</td>
</tr>
<tr>
<td>Pathology</td>
<td>As for linked Maternity Service</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>As for linked Maternity Service</td>
</tr>
</tbody>
</table>

**IF NO TO ANY OF THE REQUIREMENTS ABOVE, THE SERVICE DOES NOT MEET A LEVEL 3 NEONATAL SERVICE. REASSESS THE SERVICE AT A LEVEL 2 NEONATAL SERVICE.**

### CAPABILITIES

<table>
<thead>
<tr>
<th>CAPABILITIES</th>
<th>YES</th>
<th>NO</th>
<th>PART</th>
<th>COMMENTS/ ACTION PLANNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management of common problems of the newborn (e.g. hyperbilirubinaemia, hypoglycaemia).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuous cardiorespiratory monitoring and advanced neonatal life support.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Non-invasive blood pressure monitoring.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short-term continuous oxygen therapy and respiratory support including the use of humidified high flow nasal cannula (HHFNC) oxygen and continuous positive airways pressure (CPAP)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiation and maintenance of intravenous therapy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consults with a higher level service and considers transfer if no early response (within 4 hours) to directed therapy (i.e. continuing respiratory distress) as evidenced by:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Increased respiratory effort/persistent grunting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- An ongoing oxygen requirement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Continued need for respiratory support</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Need for &gt; 12.5% glucose or medication to maintain blood sugar level within normal range</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Education and support for parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### REQUIREMENTS

Clinician competent in advanced life support and clinical examination of the newborn

<table>
<thead>
<tr>
<th>Equipment for:</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Resuscitation and stabilisation of sick newborns</td>
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<tr>
<td>• Short-term respiratory support of newborns awaiting transfer to higher level of service</td>
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</tr>
<tr>
<td>Onsite neonatal bilirubin measurement</td>
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</tbody>
</table>
**Access to:**
- Paediatric specialty services for advice/referral
- Routine hearing screening and audiology services
- Blood collection for neonatal screening
- Mobile chest/abdomen x-ray capability
- Arterial blood gas with results available within 30 minutes
- Electrolyte, full blood count, blood group and direct anti-globulin test results within 4 hours
- Point of care testing

**PROVIDING HIGHER LEVEL PROCEDURES (LEVEL 3 PLUS)**
Continuous Positive Airway Pressure (CPAP) or Humidified High Flow Nasal Cannula (HHFNC) oxygen (requires admission of newborns under a consultant paediatrician credentialed to provide neonatal care in the facility)

**GUIDING DOCUMENTS – LOCAL GUIDELINES**
Scope and level of planned clinical complexity for the service
- Consultation, escalation and transfer processes for neonatal issues within the Tiered Network
- Contingency plans to cover the temporary move to a lower service capability level
- Immediate care for newborns with unexpected complications until transfer
- Transfer processes with NETS and the Ambulance Service NSW (and/or interstate service provider)
- Non-emergency transport for transfer (including equipment requirements)
- Identifying children and families at risk and facilitating access to appropriate support
- Referral pathways to relevant Aboriginal programs and services
- Business continuity plan
- Clinical Emergency Response Systems (CERS)

**QUALITY AND SAFETY**
- Established processes for quality and safety including ongoing regular formal peer review of clinical outcomes (Maternal and Perinatal Morbidity and Mortality meetings; benchmarking of clinical outcomes; clinical case review); and review of all neonatal transfers
- Audit in event of perinatal mortality and morbidity. Mortality audit in accordance with Perinatal Society of Australia and New Zealand (PSANZ) Perinatal Death Classifications.

**CONSULTATION, ESCALATION AND TRANSFER**
- Established links with, and support for, onsite maternity service; networked Levels 1–4 maternity services; and networked Levels 1 and 2 neonatal services
- Links with networked Level 4 – 6 neonatal services
- Acceptance of appropriate return transfers from Levels 4 - 6 neonatal services

**EDUCATION**
Local clinical education and access to education and training through the Tiered Network

<table>
<thead>
<tr>
<th>1. Clinical or operational risk/s identified</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Identified risk/s added to the organisation Risk Register</td>
<td>Comment:</td>
<td></td>
</tr>
<tr>
<td>3. Summary of Comments and Actions Planned</td>
<td></td>
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<tr>
<td>4. Agreed Level of Service</td>
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<tr>
<td>5. Participants involved in assessment (Name and Position Title)</td>
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<tr>
<td>Sign Off</td>
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<tr>
<td>Endorsement of Chief Executive</td>
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</tr>
</tbody>
</table>
LEVEL 4 NEONATAL FACILITY NAME:

ASSESSMENT OF CAPABILITY/COMPLIANCE WITH REQUIREMENTS

| COMMENTS |
|-----------------|-----------------|-----------------|-----------------|
| YES | NO |

SERVICE SCOPE
- Immediate newborn care for infants ≥ 32\textsuperscript{nd} weeks gestation where the mother:
  - Had no identified risk factors or was identified as Categories A or B
  - Was identified as category C (in consultation with the specialist obstetrician or maternal-fetal specialist within the Tiered Network) but did not require transfer for birth
- Ongoing care for return transfers of preterm and convalescing infants of any weight no longer requiring higher level service ≥ 30\textsuperscript{nd} weeks corrected age and considered stable by a Level 5 or 6 neonatal service

MINIMUM CORE SERVICE REQUIREMENTS

| INSERT FACILITY'S CURRENT LEVEL |
|-----------------|-----------------|-----------------|-----------------|
| Anaesthetics | As for linked Maternity Service |
| Operating Suite | As for linked Maternity Service |
| Close Observation Unit | As for linked Maternity Service |
| Intensive Care Service | As for linked Maternity Service |
| Nuclear Med | As for linked Maternity Service |
| Radiology | As for linked Maternity Service |
| Pathology | As for linked Maternity Service |
| Pharmacy | As for linked Maternity Service |

IF NO TO ANY OF THE REQUIREMENTS ABOVE, THE SERVICE DOES NOT MEET A LEVEL 4 NEONATAL SERVICE. REASSESS THE SERVICE AT A LEVEL 3 NEONATAL SERVICE.

CAPABILITIES
- Management of simple neonatal problems
- Management of common problems of the newborn
- Continuous cardiorespiratory monitoring and advanced neonatal life support
- Initiation and maintenance of intravenous therapy
- Acute management of pneumothorax

- On-going Continuous Positive Airway Pressure (CPAP) or Humidified High Flow Nasal Cannula (HHFNC) oxygen with FiO2 up to 50% oxygen.
- Non-invasive blood pressure monitoring
- Capacity to commence intubation and mechanical ventilation
- Education and support for parents

In consultation with NETS or a Level 5 or 6 facility:
- Short term use of tracheal intubation for surfactant replacement therapy

REQUIREMENTS
- Clinician competent in advanced life support and clinical examination of the newborn
- Newborns requiring specialist care admitted under a consultant paediatrician credentialed to provide neonatal care in the facility
- Equipment for:
  - Resuscitation and stabilisation of sick newborns
  - Respiratory support
- Onsite neonatal bilirubin measurement
- Point of care testing
- Access to:
  - Paediatric specialty services for advice/referral
  - Routine hearing screening and audiology services
  - Blood collection for neonatal screening
  - Cranial ultrasonography
  - Paediatric ophthalmology specialist
  - Arterial blood gas results within 30 minutes, electrolyte and full blood count results

NSW Maternity and Neonatal Service Capability Framework

NSW Health
**PROVIDING HIGHER LEVEL PROCEDURES (LEVEL 4 PLUS)**

**LOCAL GUIDING DOCUMENTS**
- Scope and level of planned clinical complexity for the service
- Consultation, escalation and transfer processes for neonatal issues within the Tiered Network
- Contingency plans to cover the temporary move to a lower service capability level
- Immediate care for newborns with unexpected complications until transfer
- Transfer processes with NETS and the Ambulance Service NSW (and/or interstate service provider)
- Non-emergency transport for transfer (including necessary equipment)
- Identifying children and families at risk and facilitating access to appropriate support
- Referral pathways to relevant Aboriginal programs and services
- Business continuity plan
- Clinical Emergency Response Systems (CERS)
- Consumer information on local service capability

**QUALITY AND SAFETY**
- Established processes for quality and safety including ongoing regular formal peer review of clinical outcomes (Maternal and Perinatal Morbidity and Mortality meetings; benchmarking of clinical outcomes; clinical case review); and review of all neonatal transfers
- Audit in event of perinatal mortality and morbidity (mortality audit in accordance with PSANZ Perinatal Death Classifications)

**CONSULTATION, ESCALATION AND TRANSFER**
- Links with, and support for, on-site maternity service and networked maternity and lower level neonatal services
- Links with networked Level 5 – 6 neonatal services
- Acceptance of appropriate return transfers from Levels 5 - 6 neonatal services

**EDUCATION**
- Local clinical education; support education and training at networked maternity and lower level neonatal services; access education and training at Levels 5 - 6

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<table>
<thead>
<tr>
<th><strong>Mobile chest/abdomen x-ray capability</strong></th>
<th>within 2 hours, and neonatal bilirubin results within 60 minutes, in normal circumstances</th>
</tr>
</thead>
</table>

Contributes to NICUS data collection on appropriate babies

1. Clinical or operational risk/s identified
   - Yes [ ] No [ ]
   - Comment:

2. Identified risk/s added to the organisation Risk Register

3. Summary of Comments and Actions Planned

4. Agreed Level of Service

5. Participants involved in assessment (Name and Position Title)
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</table>
### SERVICE SCOPE
- Supra Local Health District role for neonatal care
- Comprehensive neonatal care for all newborns, within a multidisciplinary management model (excluding surgical, cardiac and metabolic services)
- Collaborative multidisciplinary care

### MINIMUM CORE SERVICE REQUIREMENTS

<table>
<thead>
<tr>
<th>Service</th>
<th>Insert facility’s current level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthetics</td>
<td>As for linked Maternity Service</td>
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<td>Pharmacy</td>
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**IF NO TO ANY OF THE REQUIREMENTS ABOVE, THE SERVICE DOES NOT MEET A LEVEL 5 NEONATAL SERVICE. REASSESS THE SERVICE AT A LEVEL 4 NEONATAL SERVICE.**

### CAPABILITIES
- Invasive blood pressure monitoring
- Intensive care for critically ill newborns including:
  - Full range of respiratory support.
  - Total parenteral nutrition
  - Exchange transfusion
- Consultation and leadership for statewide emergency neonatal transport
- Education and support for parents

### REQUIREMENTS
- Clinician competent in advanced life support and clinical examination of the newborn
- Newborns requiring specialist care admitted under a consultant paediatrician credentialed to provide neonatal care
- Established links and referral pathways to paediatric and surgical specialties
- Ventilation of newborns
- Resuscitation and stabilisation of sick newborns
- Mobile chest/abdomen X-ray capability
- Paediatric specialty services for advice/referral
- Routine hearing screening and audiology services
- Blood collection for neonatal screening
- Cranial ultrasonography
- Paediatric and surgical specialists
- Point of care testing equipment capable of instantly measuring blood gases, electrolytes, bilirubin and haemoglobin
- 24 hour radiology
- 24 hour neonatal echocardiography and cranial ultrasonography and Medical Resonance Imaging
- Follow-up clinics where required

Contribute to NICUS data collection on appropriate babies

### LOCAL GUIDING DOCUMENTS
- Scope and level of planned clinical complexity for the service
- Consultation, escalation and transfer processes for neonatal issues
- Transfer processes with NETS and the Ambulance Service NSW (and/or interstate)
<table>
<thead>
<tr>
<th>Service provider)</th>
<th>Non-emergency transport for transfer (including return transfer) and equipment requirements</th>
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**COMPETENCE AND CREDENTIALLING**

Processes to ensure clinical staff are appropriately credentialed and work within their scope of practice.

**QUALITY AND SAFETY**

- Established processes for quality and safety including ongoing regular formal peer review of clinical outcomes (Maternal and Perinatal Morbidity and Mortality meetings; benchmarking of clinical outcomes; clinical case review); and review of all neonatal transfers.
- Audit in event of perinatal mortality and morbidity. Mortality audit in accordance with Perinatal Society of Australia and New Zealand (PSANZ) Perinatal Death Classifications.
- Provides support for quality and safety processes in networked lower level maternity and neonatal services.

**CONSULTATION, ESCALATION AND TRANSFER**

- Links with, and support for onsite maternity service and networked maternity and lower level neonatal services.
- Systems for return transfers of neonates.

**EDUCATION**

- Local clinical education.
- Support education and training at networked maternity and neonatal services.
- Provision of education and training at Level 6 neonatal service.

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1. **Clinical or operational risk/s identified**
   - Yes [ ]
   - No [ ]

2. **Identified risk/s added to the organisation Risk Register**
   - [ ]
   - Comment: [ ]

3. **Summary of Comments and Actions Planned**
   - [ ]

4. **Agreed Level of Service**
   - [ ]

5. **Participants involved in assessment (Name and Position Title)**
   - [ ]

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**Sign Off**

**Endorsement of Chief Executive**