



Maternal and Newborn Care Capability Framework Policy

1. Purpose

The WA Country Health Service (WACHS) is geographically the largest Western Australian health service and the largest health system in Australia with 70 hospitals, 39 remote area nursing posts and community and child health services in 221 locations.

Around 4400 women are admitted to our 18 Maternity hospitals to give birth each year and over 800 of these are Aboriginal women. In addition, approximately 1100 country women travel to the metropolitan area annually to access more complex care and help them birth safely.

WACHS has five special care nurseries which admit around 400 babies for higher level care and additionally another 190 babies are transferred to the metropolitan for intensive care.

WACHS maternity and newborn clinical service framework (CSF) levels are based on the [WA Health Clinical Services Framework, 2025-2035](#) and the [Framework for the Care of Neonates in Western Australia 2009](#) levels.

WACHS emergency departments need to be equipped to safely manage unplanned emergency presentations by pregnant or postnatal women and neonates.

Where birthing services are not provided, WACHS is committed to ensuring women have access to antenatal and postnatal care for themselves and their babies that meets their health and social needs.

2. Policy

2.1 WACHS Hospital Clinical Service Framework Levels 1-5

The CSF Levels (1 to 5) define the role delineations for Regional Resource Centres, Integrated District Health Services and smaller hospitals as listed in the WA Health Clinical Services Framework, 2025 – 2035 and the Framework for the Care of Neonates in Western Australia 2009, with detailed CSF Level descriptions in [Appendix A](#) and [Appendix B](#).

CSF Level 1 hospitals do not provide inpatient maternity, newborn or birthing services however they should ensure there is a local pathway to access antenatal, postnatal and newborn services depending on community need: clinical workforce skill and availability. This may include, but is not limited to community midwives, endorsed midwives, non-government organisations, outreach clinics, general practitioners (GPs), Royal Flying Doctor Service (RFDS), Aboriginal Medical Services or Telehealth.

2.2 WACHS Maternity and Newborn Services Care Capability Levels 1-5

This Maternity and Newborn Care Capability Framework (the MaNCCF) informs health service planners, clinicians, service managers, stakeholders and communities about

where services can be delivered and the standards that apply to provision of these services.

This policy summarises, for CSF Level 1 to 5 sites, the type of:

- clinical services able to be provided
- the clinical workforce required to safely provide those services
- the physical resources required for service delivery
- the service links and support services required to sustain the service.

WACHS seeks to maintain the determined service levels, or to upgrade these, where there is a demonstrated need and safe / sustainable capacity to do so. Service safety is to drive the decision for any change in service level and must consider safe work practices including safe working hours.



ATTENTION

On occasion, the level of service delivery capability may need to be reduced temporarily due to workforce or resourcing issues. Any temporary change to CSF level must be escalated via the Regional Executive Director. For example: A CSF level 3 service may need to be reduced to CSF 2 due to a temporary absence of the clinical workforce required to support emergency caesarean section capability. Similarly, services offered at a Level 4 site may need to revert to Level 3 in the absence of a consultant obstetrician.

Further maternal and newborn services requirements are found below:

- [Appendix A](#) – contains expanded information for each **Maternity** CSF level, describing services, facilities, clinical workforce, service links and support services
- [Appendix B](#) – contains expanded information for each **Neonatal** CSF level, describing services, facilities, clinical workforce, service links and support services
- [Appendix C](#) – the specific maternal and newborn conditions which can be managed at each Maternity CSF level
- [Appendix D](#) – list of maternal and newborns services currently available via Telehealth
- [Appendix E](#) – list of minimum required equipment and medicines/fluids for Maternity and Newborn CSF level 2 +
- [Appendix F](#) – neonatal resuscitation cot checklist for Maternity services
- [Appendix G](#) – neonatal resuscitation trolley checklist for Maternity services.
- [Appendix H](#) – emergency obstetric trolley checklist for Maternity services

3. Roles and Responsibilities

Regional Executive Directors are accountable for ensuring the prescribed level of maternity and newborn service in the region is provided, including Midwives, Obstetricians, GP Obstetricians, Anaesthetists, Special Care Nursery Nurses, and emergency medical services at non birthing sites.

Regional Directors of Nursing and Midwifery and **Regional Medical Directors and relevant professional leads** are responsible for monitoring skill mix and model of care of the maternity and neonatal service delivered within the region and escalating to the Regional Executive Director when the level differs to that documented in this policy or if there are risks to the safety and sustainability of the service.

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

4. Monitoring and Evaluation

Monitoring of compliance to this policy is to be undertaken by:

- review of service level of maternity sites provided, compared to the level in this policy
- regular audit of equipment lists provided in this policy by the WACHS clinical midwife educator to assure that they meet clinical requirements

Outcomes of monitoring processes are to be escalated as applicable with the planned actions implemented, documented and monitored via Regional Directors.

5. Compliance

This policy is aligned to the [Health Services Act 2016](#).

Failure to comply with this <policy/procedure> may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to Section 26 of the [Health Services Act 2016](#) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies and procedures is mandatory.

6. References

[National Women's Health Strategy](#)

[WACHS Strategic Plan 2019-24](#)

[WA Health Midwifery Continuity of Carer Model Toolkit](#)

[Australian Rural Birthing Index Toolkit](#)

[WA Health Clinical Services Framework 2025-2035](#)

[WA Health Framework for the care of Neonates in Western Australia 2009](#)

[Woman Centred Care - Strategic Directions for Australian Maternity Service, August 2019](#)

[National Midwifery Guidelines for Consultation and Referral \(2013, 3rd Ed. Issue 2\)](#)

[Maternity Suitability for Models of Care and Indications for Referral \(March 2015\).](#)

7. Definitions

Term	Definition
Integrated District Health Services	Integrated District Health Services (IDHS) provide diagnostic, emergency, acute inpatient and minor procedural services, low-risk obstetrics (by GP/obstetricians and midwives) and aged care services (where required), coordination for acute, primary and mental health services at the district level.
Regional Resource Centre	These centres form the 'hub' of the 'hub and spoke' network for their respective region and act as the regional referral centre for diagnostic, secondary-level acute and procedural (surgical) services, emergency and outpatient services, specialist services (e.g. obstetrics, mental health) and the coordination of outreach specialist services
Small Hospital	Small country hospitals and/or primary health care centres provide emergency care services, residential aged care services and limited acute medical and minor surgical services in locations 'close to home' for country residents and the many visitors to the regions

8. Document Summary

Coverage	WACHS-wide
Audience	Regional Executive Directors, Regional Medical Directors, Regional Directors of Nursing and Midwifery, Maternity staff
Records Management	Non Clinical: Corporate Recordkeeping Compliance Policy
Related Legislation	Health Services Act 2016 (WA)
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • Clinical Governance, Safety & Quality Framework • Clinical Services Planning and Programs Framework
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Imminent Unplanned Birth at a Non-Birthing Site Policy • Maternal and Newborn Care Collaboration and Escalation Policy • Maternity High Body Mass Index and Bariatric Surgery Risk Management Policy • Neonatal and Paediatric Continuous Positive Airway Pressure Guideline • Operative Vaginal Birth Policy
Other Related Documents	<ul style="list-style-type: none"> • DoH Framework for the Care of Neonates in Western Australia 2009 • WA Health Clinical Services Framework, 2025 – 2035 • WACHS Maternal and Newborn Health Care Strategy 2019 -2024 • Western Australian Women’s Health and Wellbeing Policy
Related Forms	Nil
Related Training Packages	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 2950
National Safety and Quality Health Service (NSQHS) Standards	1.01c, 1.10e, 5.04b, 5.04c
Aged Care Quality Standards	Nil
Chief Psychiatrist’s Standards for Clinical Care	Nil
Other Standards	Nil

9. Document Control

Version	Published date	Current from	Summary of changes
3.00	9 September 2025	9 September 2025	<ul style="list-style-type: none"> the Maternity and Neonatal Consultation and Referral Guideline for Clinical Service Levels has been rescinded and this information is now captured in Appendix C of this policy. Appendix D has been updated to reflect the introduction of the Midwifery and Obstetrics Emergency Telehealth Service Appendix 5 (previous version)– emergency resus kit for non maternity sites removed as in the Imminent Unplanned Birth at a Non-Birthing Site Policy new appendices (Appendix E and H) have been added to reflect changes in equipment requirements at maternity services Appendix G and F have been edited to reflect the changes in the Neonatal Resus training and procedure; also reformatted to be more user friendly for staff use as checklists.
3.01	TBD	9 September 2025	<ul style="list-style-type: none"> Minor amendment to correct typographical error in appendix H checklist, p41.

10. Approval

Policy Owner	Executive Director Nursing and Midwifery
Co-approver	Executive Director Clinical Excellence Executive Director Medical Services Chief Operating Officer
Contact	Maternal and Newborn Improvement Project Lead
Business Unit	Nursing and Midwifery
EDRMS #	ED-CO-14-27374
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This document can be made available in alternative formats on request.

Appendix A: WACHS Maternity Service Care Capability Guidelines Levels 1 – 6
WACHS Maternity Service Care Capability Guidelines Level 1

	Service Description	Facilities	Clinical Workforce	Service Links	Support Services
LEVEL ONE	<p>No planned births or inpatient maternity services 20 weeks or over</p> <p>Emergency births as per Imminent Unplanned Birth at a Non-Birthing Site Policy</p> <p>Antenatal and postnatal care may be provided by a local community or child health midwife, general practitioner (GP's), visiting medical officers, non-government services with support by Aboriginal health workers or Liaison officers as required</p> <p>Access to 24 hr telephone support from specialist obstetricians.</p> <p>Access to e-health or Telehealth (see Appendix D)</p> <p>If required, inpatient care following birth elsewhere</p>	<ul style="list-style-type: none"> Emergency maternity care equipment (see Imminent Unplanned Birth at a Non-Birthing Site Policy). Emergency resuscitation equipment available 24/7 (as above) Transfer of mother and infant(s) to Level 2 service or higher. Patient support until the retrieval team arrives. <p>Local guidelines for staff to:</p> <ul style="list-style-type: none"> Access Obstetric and or midwifery advice as required Access ETS and /or NETSWA Organise the retrieval team. The National Women Held Pregnancy record available for all women 	<ul style="list-style-type: none"> Generalist hospital staff. Nursing and medical (may or may not include a registered midwife). Nursing and medical officers competent in adult basic life support and neonatal resuscitation. <p>May have access for shared antenatal /postnatal care with a:</p> <ul style="list-style-type: none"> Community midwife or child health nurse /midwife General practitioner confident with antenatal/postnatal Obstetric care 	<ul style="list-style-type: none"> ETS support, ambulance and RFDS emergency transport services. <p>Established telecommunication link:</p> <ul style="list-style-type: none"> with allied and community services with regional and/or tertiary obstetric service and retrieval service between general practitioner, shared care providers and hospitals providing the birth care 	<ul style="list-style-type: none"> Limited local services with no on-call for pathology, pharmacy and diagnostic imaging. 24/7 pharmacy advice available (via tertiary centre). No emergency transfusion supplies. <p>Access to education and regular drills on:</p> <ul style="list-style-type: none"> adult and maternal resuscitation imminent unplanned birth <p>Access to:</p> <ul style="list-style-type: none"> NETSWA Handbook RFDS Guidelines KEMH Clinical Guidelines

WACHS Maternity Care Capability Guidelines Level 2 (in addition to Level 1 requirements)

	Service Description	Facilities	Clinical Workforce	Service Links	Support Services
LEVEL TWO	<p>Normal low-risk pregnancies and births</p> <p>at ≥ 37+0 weeks gestation or an estimated birth weight ≥ 2500 grams without complications</p> <p>No onsite Caesarean availability. Caesarean section transferred elsewhere but must be within safe timeframe</p>	<ul style="list-style-type: none"> • A range of antenatal, birthing and postnatal care in designated area (s). • Cardiocotograph (CTG) monitor. <ul style="list-style-type: none"> ○ Portable ultrasound scan • Onsite Level 1 neonatal facilities for transitional care and stabilisation of the unexpected sick neonate. • Adult Emergency resuscitation equipment available 24/7 • Cord blood pH or lactate measurement equipment • Equipment listed in Appendix F 	<ul style="list-style-type: none"> • Midwives rostered or available 24/7 • Availability of a professional lead for midwifery advice. • Midwives competent in all WACHS midwifery professional development requirements • Medical officers competent in adult basic life support and newborn resuscitation. <p>May have access to:</p> <ul style="list-style-type: none"> • 24/7 GP Obstetric proceduralist • Home visiting midwifery service • Health professional trainees providing services under supervision. 	<p>Established telecommunication links for consultation and advice :</p> <ul style="list-style-type: none"> • With higher level obstetric and neonatal/paediatric service, including surgical and medical specialties, mental health, child protection and family services • Between the admitting clinicians (midwives or GP obstetric proceduralist) and consultant obstetricians • With allied and community health services including dieticians, physiotherapists and social workers. • Access to mental health team for the management of mental health emergencies. 	<ul style="list-style-type: none"> • Limited emergency transfusion supplies. (Access to four units of O neg blood onsite). <p>Access to education on:</p> <ul style="list-style-type: none"> • Obstetric emergency including regular multidisciplinary drills. • CTG monitoring (*including competency assessment) • Breast feeding • Risk screening

WACHS: Maternity Care Capability Guidelines Level 3 (in addition to Level 2 requirements)

	Service Description	Facilities	Clinical Workforce	Service Links	Support Services
LEVEL THREE	<p>Elective and emergency caesarean capability.</p> <p>24 hr anaesthetic service available.</p> <p>Visiting specialist obstetrician or availability of regional specialist obstetric review.</p> <p>Gestations between 35 and 37 weeks should be discussed with a regional Obstetrician and /or Paediatrician after agreement by the local clinical maternity manager regarding site workforce skill and capacity.</p>	<ul style="list-style-type: none"> • Access to operating theatres for emergency Caesarean. 	<ul style="list-style-type: none"> • Access to a home visiting midwifery service or structured outpatient clinic. • Specialist obstetrician or GP obstetric proceduralist available 24/7. • Medical officers with anaesthetic and Paediatric credentials available 24/7 for obstetric surgical procedures and resuscitation of the neonate. • Sites may have a nurse or midwife credentialed in neonatal resuscitation as the primary attendant for the newborn. • Theatre staff available 24/7 for emergency procedures. 		<p>Available 24/7:</p> <ul style="list-style-type: none"> • Pathology service • Blood and blood products required for immediate management and stabilisation • Pharmacist advice • Access to Ultra sound service

WACHS: Maternity Care Capability Guidelines Level 4 (in addition to Level 3 requirements)

	Service description	Facilities	Clinical Workforce	Service Links	Support Services
LEVEL FOUR	<p>Births for low and moderate risk mothers.</p> <p>Specialist obstetrician on call 24/7.</p> <p>Access to specialist paediatricians and anaesthetists 24/7.</p> <p>On call roster for obstetricians and anaesthetists.</p> <p>Some allied health undergraduate education.</p> <p>On-site level 2A neonatal facility.</p>	<ul style="list-style-type: none"> • Foetal scalp blood sampling ability (pH or lactate). Access to HDU. 	<ul style="list-style-type: none"> • A registered midwife employed as manager of maternity in conjunction with a lead specialist obstetrician. • Access to consultant paediatric support for supervision of clinical care within a timeframe responsive to local clinical need. • General practitioner and/or appropriately accredited Obstetric medical officers available 24/7 including an assistant at caesarean section (one for anaesthetic, one surgical procedure and one for resuscitation of the neonate). 		<ul style="list-style-type: none"> • Allied health support including social work, physio, mental health, dietetics, diabetes education, continence advisor.

WACHS Maternity Care Capability Guidelines Level 5 (in addition to Level 4)

	Complexity of Care	Facilities	Clinical Workforce	Service Links	Support Services
LEVEL FIVE	<p>Births of low, moderate and high-risk mothers.</p> <p>Specialist obstetricians, neonatal paediatricians and anaesthetists on site during business hours and oncall overnight 24/7.</p> <p>Access to HDU/ICU facility.</p> <p>Regional referral role.</p> <p>Access to specialised allied health services</p> <p>Onsite Level 2b neonatal facilities.</p>		<p>Appointed Heads of Department for:</p> <ul style="list-style-type: none"> • Obstetrics • Anaesthetics, and • Paediatrics • On-site 24/7 medical officer obstetric cover by registrar or above • A registered midwife employed as manager of the birthing unit and one as manager for the maternity ward. • A registered midwife / nurse with appropriate neonatal qualification employed as manager of the special care nursery 	<p>Established links with Level 6 obstetric and neonatal services for consultation by a full range of services</p>	<ul style="list-style-type: none"> • Full range of pathology, pharmacy and diagnostic imaging services on call 24/7. • Full range of blood and blood product services 24/7.

WACHS : Maternity Service Guidelines Level 6 (based on Clinical Service Framework)

	Complexity of Care	Facilities	Clinical Workforce	Service Links	Support Services
LEVEL SIX	<p>Not available in country WA. Available metropolitan tertiary centres only.</p> <p>As for Level 5 plus:</p> <p>Tertiary obstetric services.</p> <p>Specialist obstetric services including subspecialty maternal foetal medicine, obstetric medicine, genetic services.</p> <p>Dedicated HDU facilities.</p> <p>Onsite access to ICU.</p> <p>Have facilities to undertake obstetric and foetal research.</p> <p>Coordinates training of specialist obstetricians and specialist midwives.</p> <p>Onsite Level 3 Neonatal Intensive Care Unit (NICU).</p>				

Appendix B: WACHS Newborn Care Capability Guidelines Levels 1 – 6

WACHS Newborn Care Capability Guidelines Level 1

	Service Description	Facilities	Clinical Workforce	Service Links	Support Services
LEVEL ONE	<p>May include care of well babies with emphasis on parenting, bonding and support for feeding and lactation.</p> <p>24-hour on-site access to a health professional accredited in neonatal resuscitation.</p> <p>Emergency care awaiting specialist retrieval.</p>	<ul style="list-style-type: none"> • Neonatal emergency resuscitation equipment available 24/7 (see Imminent Unplanned Birth at a Non-Birthing Site Policy) • Overhead warmer • A neonatal crib /cot <p>Local guidelines for staff in:</p> <ul style="list-style-type: none"> • Emergency neonatal presentations. • Organising retrieval team. • Newborn emergency care until retrieval team arrives. 	<ul style="list-style-type: none"> • Generalist hospital staff. Nursing and medical (may or may not include a registered midwife). • Nursing and Medical Officers competent in basic neonatal basic life resuscitation and stabilisation. 	<ul style="list-style-type: none"> • Ambulance, RFDS and NETSWA emergency transport services. • Local general practitioner proceduralist with access to specialist Paediatrician advice via Regional Paediatrician on call or NETSWA. • Established telecommunication link with allied and community services, higher level obstetric and paediatric service. • Established telecommunication links between general practitioner, shared care providers and hospitals providing intrapartum care. 	<ul style="list-style-type: none"> • Limited local services with no on call for pathology, pharmacy and diagnostic imaging. • Pharmacy advice available 24/7. • No emergency transfusion supplies. • Access to emergency and resuscitation care education for neonates. • Access to Neonatal Emergency Transport Service of Western Australia (NETS WA) guidelines.

WACHS Newborn Care Capability Guidelines Level 2 (Level 1 neonatal facility)

	Complexity of Care /Service Description	Facilities	Clinical Workforce	Service Links	Support Services
LEVEL TWO (1)	<p>Level one neonatal facilities:</p> <p>Care of well babies of ≥ 37 weeks and birth ≥ 2500g with minimal complications (e.g., hypoglycaemia, minor infections not requiring parenteral treatment, physiological jaundice).</p>	<ul style="list-style-type: none"> • A nursery for the transitional care and stabilisation of the unexpected sick neonate equipped with radiant heater, convection warmed incubator. • Emergency resuscitation equipment available for neonate 24/7 (see Imminent Unplanned Birth at a Non-Birth Site Policy) • Phototherapy 	<ul style="list-style-type: none"> • Midwives available 24/7 • GP with neonatal care procedural skills available 24/7 • Nursing/midwifery and medical officers competent in neonatal basic life support • May have health professional trainees providing services whilst under supervision. 	<ul style="list-style-type: none"> • Established telecommunication link for consultation and advice with higher level neonatal / paediatric service, including a range of surgical and medical specialties, mental health, child protection and families and communities' services and the state-wide retrieval service. • Established communication links between the admitting GP and a consultant paediatrician. • Referral arrangements with allied and community health services, including dieticians, physiotherapists, and social workers. 	<ul style="list-style-type: none"> • Limited emergency transfusion supplies.

WACHS Newborn Care Capability Guidelines Level 3 (Level 1 neonatal facility)

	Service Description	Facilities	Clinical Workforce	Service Links	Support Services
LEVEL THREE (1)	<p>As for Level 2 plus:</p> <p>Where gestation is just under 37 weeks or EFW just under 2500 grams and borderline for transfer - discuss with regional Obstetrician and Paediatrician as to appropriate birth place or neonatal transfer site – include local maternity manager regarding site workforce skill and capacity.</p>				<p>Available locally 24/7:</p> <ul style="list-style-type: none"> • Pathology service • Pharmacy service • Limited diagnostic imaging • Limited blood and blood product services

WACHS: Newborn Care Capability Framework Level 4 (Level 2A neonatal facility)

	Complexity of Care	Facilities	Clinical Workforce	Service Links	Support Services
LEVEL FOUR (2A)	<p>As for Level 3 plus:</p> <p>Licensed level 2A Special Care Nursery Facility to manage:</p> <ul style="list-style-type: none"> • Apnoea monitoring, • < 40% Oxygen therapy • Nasal/oral-gastric feeding • 34+0 weeks or more gestation with minimal complications • Intravenous therapy <p>All newborns admitted to the SCN are admitted under care of a Paediatrician.</p>	<ul style="list-style-type: none"> • Designated SCN facilities as per licensing requirements. 	<ul style="list-style-type: none"> • Midwives or neonatal qualified nurses rostered and available 24/7. • An appointed Head of Department for Paediatrics. • Access to paediatrician for supervision of clinical care 24/7. • Access to mental health team. • Home visiting midwifery service for postnatal follow-up after discharge. • Maternity manager is a midwife. 	.	<ul style="list-style-type: none"> • Full range of pathology, pharmacy, and diagnostic imaging services with on call 24/7. • Full range of blood and blood product services 24/7.

WACHS Newborn Care Capability Guidelines Level 5 (Level 2B neonatal facility)

	Complexity of Care	Facilities	Clinical Workforce	Service Links	Support Services
LEVEL FIVE (2B)	<p>As for Level 4 plus: Licensed level 2B Special Care Nursery Facility to manage:</p> <ul style="list-style-type: none"> • provision of short-term mechanical ventilation (< 6 hours) pending transfer, • nasal CPAP • arterial blood gas monitoring • 32+0 weeks or more with minimal complications • >Non-invasive BP monitoring <p>Consider regional referrals for L1 neonatal facilities (Level 2 or Level 3 hospital).</p>	<p>Equipment for:</p> <ul style="list-style-type: none"> • arterial blood gas monitoring • cardio-respiratory monitoring • Nasal CPAP 	<ul style="list-style-type: none"> • An appointed Head of Department for Neonatal services. • A designated specialist obstetrician and paediatricians available for consultation 24/7 • A Paediatric registrar or above on site 24 hours. • A registered midwife / nurse with appropriate neonatal training to manage the neonatal special care nursery. • Access to clinical and diagnostic paediatric subspecialties. • Role in post graduate medical and nursing education. • Access to specialised allied health services. • At least 20% of midwives /nurse have appropriate neonatal qualifications. • Health professional trainees providing services whilst under supervision of their accredited consultant. 	<ul style="list-style-type: none"> • Access to consultant neonatologist advice and tertiary services. 	

WA Country Health Service: Newborn Service Guidelines Level 6 (Level 3 NICU)

	Complexity of Care	Facilities	Clinical Workforce	Service Links	Support Services
LEVEL SIX (3 NICU)	Not available in country WA, only in Metropolitan specialist tertiary centres.	Not applicable to WACHS			

Appendix C: WACHS Maternity and Neonatal Consultation and Referral Guideline for Clinical Services

The following summary is an indicative guide of the most appropriate clinical settings for women and babies with complications of pregnancy, birth, the postpartum and neonatal periods. The guide is neither an exhaustive list of possible clinical scenarios, nor is it meant to be prescriptive.

In particular, individual WACHS clinical services may not have the appropriate infrastructure, or clinical resources, to support all of the clinical situations listed as appropriate to their designated clinical service level. In addition, the clinical and infrastructure resources at each service may change over time. Each unit may individualise the referral guidelines according to their available resources at any one time. This information is to be readily available for reference by all clinicians and managers working in each service, including locum medical and agency midwifery staff.

The individual social, psychological and clinical needs of each woman and her baby/babies must be considered when decisions are made concerning appropriate maternity and newborn care. **Where the woman and her clinical team decide on care which falls outside the recommended referral guidelines, the clinical situation and decision-making process must be carefully recorded in the clinical record.** Disagreement between any clinicians as to the appropriateness of a woman or newborn receiving care in a local service (antenatal, intrapartum or postnatal) should be escalated via the WACHS [Maternity Care Clinical Escalation Pathway](#).

Some of the clinical situations listed cover a broad spectrum of conditions and in such situations, it is impossible to define a set referral pathway. The recommended consultation pathway, in such situations, is to individualise care with reference to specialist advice (obstetric, paediatric, general medical or anaesthetic). In some situations, the decision whether or not to manage a woman and/or her baby/babies locally, may be determined by the availability, or not, of appropriate midwifery and / or nursing expertise. In general, the best interests of the mother and baby / babies are to be served by good communication with well-executed, collaborative team decision-making, involving the woman and her family at each step along the way.

This guideline has been developed by the WACHS Obstetrics & Gynaecology Clinical Advisory and Patient Safety Group with reference to Australian College of Midwives / Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) joint National Midwifery Guidelines for Consultation and Referral (2013, 3rd Ed. Issue 2) and the RANZCOG guideline (C –Obs 30) Maternity Suitability for Models of Care and Indications for Referral (March 2015).

CLINICAL SERVICES FRAMEWORK / CLINICIAN	Level 1 GP or MW		Level 2		Level 3		Level 4 SPECIALIST		Level 5		Level 6 MFM	
	AN	IP	AN	IP	AN	IP	AN	IP	AN	IP	AN	IP
Previous pregnancy complications	AN	IP	AN	IP	AN	IP	AN	IP	AN	IP	AN	IP
Eclampsia	S	X	S	X	S	I	✓	✓	✓	✓	✓	✓
Cervical incompetence	S	X	S	X	S	TERM	✓	✓	✓	✓	✓	✓
Placenta accreta	S	X	S	X	S	X	✓	I	✓	✓	✓	✓
Post-partum psychosis (Mental Health Unit Support indicated)	S	X	S	X	S	X	✓	I	✓	✓	✓	✓
Any previous birth between 13 - 35/40	S	X	S	TERM	S	TERM	✓	✓	✓	✓	✓	✓
IUGR: birthweight < 3 rd centile	S	X	S	I	S	I	✓	✓	✓	✓	✓	✓
Perinatal death	S	X	S	I	S	I	✓	✓	✓	✓	✓	✓
Classical CS or CS extending to upper segment	S	X	S	X	S	X	✓	✓	✓	✓	✓	✓
Three or more previous CS	S	X	S	X	S	X	✓	✓	✓	✓	✓	✓
Manual removal of placenta	✓	X	✓	X	✓	I	✓	✓	✓	✓	✓	✓
PPH >1000 mL	✓	X	✓	X	✓	✓	✓	✓	✓	✓	✓	✓
Shoulder dystocia	S	X	S	X	S	✓	✓	✓	✓	✓	✓	✓
Grade 3c or 4 th degree perineal tear	S	X	S	X	S	✓	✓	✓	✓	✓	✓	✓
Gestational trophoblastic disease	S	X	S	✓	S	✓	✓	✓	✓	✓	✓	✓
Medical conditions	AN	IP	AN	IP	AN	IP	AN	IP	AN	IP	AN	IP
Malignant hypertension	S	X	S	X	S	X	✓	✓	✓	✓	✓	✓
Neuromuscular disease	S	X	S	X	S	X	✓	✓	✓	✓	✓	✓
Endocrine disorders on treatment	S	X	S	I	S	I	✓	✓	✓	✓	✓	✓
Known thrombophilia	S	X	S	X	S	I	✓	✓	✓	✓	✓	✓
Bleeding disorder	S	X	S	X	S	I	✓	✓	✓	✓	✓	✓
Thromboembolism	S	X	S	X	S	I	✓	I	✓	✓	✓	✓
Epilepsy with seizure past 12/12	S	X	S	X	S	X	✓	✓	✓	✓	✓	✓
Renal function disorder	S	X	S	X	S	I	✓	I	✓	✓	✓	✓
Moderate to severe asthma	S	X	S	X	S	X	✓	✓	✓	✓	✓	✓
Connective tissue autoimmune disorders	S	X	S	X	S	I	✓	✓	✓	✓	✓	✓
Marfan's syndrome	S	X	S	X	S	X	✓	I	✓	I	✓	✓
Blood Group antibodies: risk HDN or XM problem	S	X	S	X	S	X	S	I	S	I	✓	✓
Refuses treatment with blood products	S	X	S	X	S	X	✓	✓	✓	✓	✓	✓

CLINICAL SERVICES FRAMEWORK / CLINICIAN	Level 1 GP or MW		Level 2		Level 3		Level 4 SPECIALIST		Level 5		Level 6 MFM	
	S	X	S	X	S	I	✓	I	✓	✓	✓	✓
Cardiac disease	S	X	S	X	S	I	✓	I	✓	✓	✓	✓
Active hepatitis or impaired liver function	S	X	S	X	S	I	✓	✓	✓	✓	✓	✓
Oesophageal varices	S	X	S	X	S	X	✓	I	✓	✓	✓	✓
Alcohol or drug dependency	S	X	S	X	S	I	✓	✓	✓	✓	✓	✓
Previous anaesthetic complications (Grade 3,4 intubation; failed epidural attempts; post anaesthetic complications)	S	X	S	X	S	X	✓	✓	✓	✓	✓	✓
Previous myometrial surgery e.g., myomectomy	S	X	S	X	S	I	✓	✓	✓	✓	✓	✓
Infectious diseases in pregnancy	AN	IP	AN	IP	AN	IP	AN	IP	AN	IP	AN	IP
HIV infection	S	X	S	X	S	X	S	I	S	I	✓	✓
Active TB	S	X	S	X	S	X	S	X	S	X	✓	✓
Rubella, Varicella, CMV, Toxoplasmosis, Listeriosis, Parvovirus, Malaria, Syphilis	S	X	S	X	S	X	S	I	S	I	✓	✓
Active genital herpes	S	X	S	X	✓	I	✓	✓	✓	✓	✓	✓
Antenatal complications	AN	IP	AN	IP	AN	IP	AN	IP	AN	IP	AN	IP
Diabetes requiring insulin	S	X	S	X	S	X	✓	✓	✓	✓	✓	✓
CIN 3	S	X	S	✓	S	✓	✓	✓	✓	✓	✓	✓
Cancer of cervix	S	X	S	X	S	X	S	X	S	X	✓	✓
Pre-eclampsia/ PIH: mild 140/90, < 2+ proteinuria and NOAD	X	X	X	X	S	I	✓	✓	✓	✓	✓	✓
Pre-eclampsia - moderate	X	X	X	X	X	X	✓	✓	✓	✓	✓	✓
Pre-eclampsia – severe/eclampsia	X	X	X	X	X	X	I	I	✓	✓	✓	✓
Cholestasis	S	X	S	X	S	I	✓	✓	✓	✓	✓	✓
Anemia: < 90 g/L at term	S	X	S	X	S	X	✓	✓	✓	✓	✓	✓
Multiple pregnancy	X	X	S	X	S	X	✓	✓	✓	✓	✓	✓
Twin to twin transfusion	X	X	X	X	X	X	S	X	S	X	✓	✓
Perinatal death	X	X	X	X	S	I	✓	✓	✓	✓	✓	✓
Placenta praevia	X	X	X	X	S	X	✓	I	✓	✓	✓	✓
Placenta praevia accreta	X	X	X	X	X	X	S	X	S	X	✓	✓
Preterm ruptured membranes < 34 weeks	X	X	X	X	X	X	X	X	✓	✓	✓	✓
Preterm ruptured membranes 34 - 37 weeks	X	X	X	X	X	X	I	I	✓	✓	✓	✓

CLINICAL SERVICES FRAMEWORK / CLINICIAN	Level 1 GP or MW		Level 2		Level 3		Level 4 SPECIALIST		Level 5		Level 6 MFM	
	S	X	S	X	S	I	✓	I	✓	I	✓	I
Vaginal Birth After Caesarean (VBAC): History of 1 confirmed LUSCS and no oxytocin in labour	S	X	S	X	S	I	✓	I	✓	I	✓	I
VBAC: History of 1 confirmed LUSCS with induction of labour using oxytocin	S	X	S	X	S	X	S	I	✓	I	✓	I
VBAC: History of more than 1 previous confirmed LUSCS	S	X	S	X	S	X	✓	I	✓	I	✓	I
Abnormal presentation > 36 weeks	X	X	S	X	I	I	✓	✓	✓	✓	✓	✓
Suspected IUGR: < 10th centile for gestational age	X	X	S	X	S	I	✓	✓	✓	✓	✓	✓
Suspected IUGR: < 3rd centile for gestational age	X	X	S	X	S	X	✓	I	✓	✓	✓	✓
Suspected macrosomia	S	X	S	X	S	I	✓	✓	✓	✓	✓	✓
BMI 35 - 39.9	S	X	S	X	S	I	✓	✓	✓	✓	✓	✓
BMI ≥ 40 (see WACHS Maternity High Body Mass Index and Bariatric Surgery Risk Management Policy)	S	X	S	X	S	X	I	I	✓	✓	✓	✓
Oligohydramnios	X	X	X	X	X	I	✓	✓	✓	✓	✓	✓
Polyhydramnios	X	X	X	X	X	X	✓	✓	✓	✓	✓	✓
APH	X	X	I	I	I	I	✓	✓	✓	✓	✓	✓
Bi-cornuate uterus	S	X	S	X	✓	✓	✓	✓	✓	✓	✓	✓
Intrapartum conditions												
34 - 37 weeks: (balance the risk of birth in transit versus birth on site with NETSWA retrieval)	X		X		X		I		✓		✓	
32 - 34 weeks (as above)	X		X		X		X		✓		✓	
<32 weeks (as above)	X		X		X		X		X		✓	
4th degree tear	X		X		I		✓		✓		✓	
Active primary genital herpes	X		X		I		✓		✓		✓	
Induction of labour	X		I		✓		✓		✓		✓	
Operative Vaginal Delivery - see WACHS Operative Vaginal Birth Policy	X		I		I		✓		✓		✓	
Postnatal conditions												
Thromboembolism	X		X		I		✓		✓		✓	
PPH > 1500 mL	X		X		I		✓		✓		✓	
Eclampsia	X		X		X		✓		✓		✓	

CLINICAL SERVICES FRAMEWORK / CLINICIAN	Level 1 GP or MW	Level 2	Level 3	Level 4 SPECIALIST	Level 5	Level 6 MFM
Neonatal conditions (WACHS Recognition and Mx of Newborn at Risk Policy)	GP or MW	GP		Specialist		Neonatologist
Apgar less than 7 at 5 minutes	X	X	X	✓	✓	✓
Cord pH < 7	X	X	X	✓	✓	✓
Cord lactate > 7.5: no resus and no signs of compromise	X	I	I	✓	✓	✓
Cord lactate > 7.5: any resus +/- signs of compromise	X	X	X	I	✓	✓
Birth weight < 2000 g	X	X	X	I	✓	✓
Birth weight 2000-2500 g	X	X	I	I	✓	✓
34 - 37 weeks	X	X	I	I	✓	✓
32 - 34 weeks	X	X	X	I	✓	✓
< 32 weeks	X	X	X	X	X	✓
Congenital abnormalities requiring treatment or investigation	X	X	I	I	I	✓
Abnormal heart rate or pattern	X	X	X	I	I	✓
Suspected seizure activity	X	X	X	X	✓	✓
Persistent hypoglycaemia	X	X	X	I	✓	✓
Jaundice in first 24 hours of life	X	X	X	X	✓	✓
Jaundice > 250 mmol/L within 1st 48 hours	X	I	I	I	✓	✓
Jaundice > 300 mmol/L after 48 hours	X	I	I	I	✓	✓
Persistent cyanosis or pallor	X	X	X	X	✓	✓
Persistent respiratory distress or apnoea	X	X	X	I	I	✓
Identified risk of Neonatal Abstinence Syndrome	X	X	X	✓	✓	✓

KEY TO CSF TABLE			
S	Shared care with regional centre with specialist obstetrician, paediatrician or medical / anaesthetist as indicated	AN	Antenatal
S	Shared care with tertiary centre as subspecialist required	IP	Intrapartum
I	Individualise treatment according to condition and on advice from specialist	MFM	Maternal Foetal Medicine Specialist
X	No	GP	General Practitioner
✓	Yes	MW	Midwife

Appendix D: WA Maternal Health – Telehealth Services

Midwifery and Obstetrics Emergency Telehealth Service (MOETS)

Email: WACHS.MOETS@health.wa.gov.au

<mailto:WACHS.MOETS@health> Phone: Contact MOETS via the Emergency Telehealth

Service Number: 1800 422 190

MOETS Team Lead Phone: 0437 603 065

Fax: 1300 711 506

The Midwifery and Obstetrics Emergency Telehealth Service (MOETS) provides 24/7 access to Senior Midwives and Obstetricians via videoconference for:

- Second clinician reviews of Cardiotocographs (CTGs).
- Collegiate advice, support, conflict resolution, and second opinions.
- Support for non-birthing sites for unplanned maternity and gynaecological presentations.
- Obstetric support/consultation via the regional on call system
- Support for maternity and neonate transfers in collaboration with Acute Patient Transfer Coordination (APTC) and NETSWA.
- Perinatal Loss and Bereavement Support.
- Scribe support.
- In-reach support to WACHS Maternity sites.

The MOETS team is situated in the WACHS Command centre, a 24/7 “virtual” clinical hub located in Perth.

Diabetes Telehealth for Country WA – Referral Information for Health Professionals

For women without access to diabetes education locally, you can refer to our Telehealth service by completing the referral form [Health Professional Referral Form \(PDF\)](#) and faxing to 08 9221 1183 or email: telehealth@diabeteswa.com.au

Who delivers Diabetes Telehealth?

Diabetes WA delivers this service funded by WA Country Health Service and WA Primary Health Alliance. [Click here](#) for more information for health professionals.

KEMH Diabetes Services:

The KEMH is the tertiary referral and resource centre for all pregnant women (or planning to be) with diabetes (including gestational) living anywhere in WA, including Christmas and Cocos Islands. We have a multidisciplinary team approach to the specialist care, education and management of diabetes during pregnancy including resources for women and families.

Contact us: Phone: (08) 6458 2163 or Email: kemh.diabetes@health.wa.gov.au

Telehealth perinatal psychiatry consultation service for mums and mums-to-be in rural WA

KEMH welcome the referral of women with complex mental health problems. Preconception counselling is available and encouraged. The team can now work in partnership to support the local clinician with assessment and treatment recommendations for perinatal women up to 12 months postnatal.

Referrals can be emailed or faxed to Department of Psychological Medicine, KEMH. If any queries or you need to discuss with the duty psychiatrist, please call the Triage Officer.

Contact us: Phone: 6458 1521 or Fax: 6458 1111 or
Email: PsychologicalMedicineTriage.WNHSWHCCU@health.wa.gov.au

Childbirth and Parenting Classes

Telehealth/video conference classes are provided for country women, either with your partner at a hospital or from your home if you have a good internet connection.

Email; WACHSbirtheducation@health.wa.gov.au for the dates and topics.

Find maternity service information, pregnancy news and stories on the [Baby Bumps WA](#) Facebook page.

Lactation Consultant Telehealth Service

- Women from a WACHS postcode with a newborn up to 6 weeks and 6 days of age
- Book appointments via e-Referrals
- or WACHSLactationSupportService@health.wa.gov.au
- Weekly breastfeeding problem solving classes also available via video conference, book in via WACHSBirthEducation@health.wa.gov.au

Virtual Child Health Project

Parents and carers of children aged from 12 months to three years resident in Kimberley, Pilbara, Midwest, Goldfields and Wheatbelt.

Comprehensive universal child health checks undertaken, and parenting information and support provided.

Book appointments via call or SMS to 0400 339 827

Appendix E: Standard Minimum Maternal and Newborn Equipment and Medicines/Fluids List (CSF Level 2 +)

Maternal equipment	Neonatal equipment
<ul style="list-style-type: none"> • CTG monitor • Portable ultrasound scan • Gloves (sterile and unsterile) • Syringes/needles/alcohol swabs / kidney dishes • Tourniquet • Blood specimen tubes (including cord blood) • Cord clamps • Lubricant • Sterile delivery pack • Suture set • Suture material • Single use and indwelling catheters • Urine drainage bag • Sterile lignocaine gel • Sterile water for irrigation • IV additive/allergy labels • IV dressings and tape • IV fluids • IV cannula and giving set • Large tagged packs, or large tagged, sanitary napkins Plastic aprons, safety glasses • Masks • Incontinence sheets Adult resuscitation trolley and medicines • Tape measure • Thermometer • Sphygmomanometer / Stethoscope • Wall clock • Maternal oxygen and suction equipment • Airways • Yankeur suction • Hudson face mask and tubing • Sonicaid • Overhead light • Rubbish bin • Infant basket • Baby scales • Foetal fibronectin kit 	<p>Neonatal resuscitaire with blended oxygen, neonatal suction and IPPV ability</p> <p>Neonatal resuscitation equipment comprising:</p> <ul style="list-style-type: none"> • Neonatal bags and masks (various sizes) • Neonatal airways (various sizes) • SGA iGel size 1 • ETT tubes: oral 2.0 - 4.0 (Straight non cuffed) • Laryngoscope and blades (size 0 and 1 straight) • Introducer (size 5 Fg) • Suction catheter straight Fg 10 • Oxygen catheter Fg 6 • Pedicap x 2 • NG tubes (sizes 8) • Size 24 IV cannula x 3 <p>UVC Kit</p> <ul style="list-style-type: none"> • Umbilical catheter 3.5 and 5.0 Fg • 3 way tap x 2 • 3.0 suture x 2 • 2 mL syringe x 4 • 1 mL syringe x 1 • Chlorhexidine 1% / 70% alcohol swab x 5 • Povidine-iodine swab x 5 <p>Sodium chloride 0.9% x 10 mL x 5</p> <ul style="list-style-type: none"> • Disposable instrument set x 1 • Umbi tape/ tie x 1 <p>Pneumothorax Kit (Two of each for bilateral aspiration)</p> <ul style="list-style-type: none"> • 10 mL syringe • 3 way tap • 23 g butterfly • 22 g x 25 mm cannula • pen light torch • alcohol wipe

(Page 1 of 3)

Maternal equipment	Neonatal equipment
<p>Cont.</p> <ul style="list-style-type: none"> • Antiseptic solution e.g., cetrimide 0.5% solution • Amnihooks / amnicots • Forceps (Wrigleys, Neville Barnes) • Kiwi cups or vacuum extractor with appropriate tubing / assorted cup sizes / posterior vacuum cups. • Pudendal needles • Lithotomy stirrups and straps • Jackson retractor • Sims speculum • Bakri uterine tamponade balloon • Airways • Yankeur suction • Hudson face mask and tubing • Y suction catheters (size 10) and tubing <p>Entonox® apparatus</p> <ul style="list-style-type: none"> • Appropriate tubing / mask and bacterial filter • Birth Suite bed • Bed steps • Bedside locker • Tissues / drinking straws • Emesis bowl • Spare linen • Delivery trolley - containing sterile delivery pack - containing sterile handtowel, sterile gown, sterile tagged large surgical packs or large sterile tagged tampons, drapes, 2 large kidney dishes, 2 bowls, 2 clamps, 1 pair episiotomy scissors and 1 pair scissors • Sharps container. 	<p>Cont.</p> <p>Other</p> <ul style="list-style-type: none"> ■ Gloves sterile plus disposable various sizes ■ Cord scissors ■ Baby name tags • Neowrap or bubble wrap • Baby bonnet • Oxygen analyser • Oxygen saturation monitor and strapping • Warm towels • Neonatal incubator • Infant O₂ and suction. • O₂ catheters (size 8 routine, size 6 on standby for premature) and tubing. • Phototherapy. <p>CSF 4 and above CPAP equipment.</p> <p style="text-align: right;">(Page 2 of 3)</p>

Maternal medicines and fluids	Neonatal medicines and fluids
<p>Medicines:</p> <ul style="list-style-type: none"> • Betamethasone ampoules 5.7 mg / mL x 2 • Magnesium sulfate 8 g in 100 mL Water for injection (8%) (contains approx. 32 mmol magnesium) • Calcium gluconate 1 g in 10 mL (10%) vial (0.22 mmol / mL) • Nifedipine 20 mg tablets • Ergometrine 500 micrograms in 1 mL ampoule • Oxytocin 5 units with ergometrine 500 micrograms per 1 mL (Syntometrine®) • Oxytocin 10 units / mL (Syntocinon®) • Misoprostol 1,000 micrograms • Carboprost (prostaglandin F2 alpha) 250 micrograms / mL vial • Tranexamic acid 1 g / 10 mL ampoule • Sodium citrate oral liquid • Lidocaine 50 mg / 5 mL (1%) ampoules • Salbutamol (Ventolin® Obstetric) 5 mg in 5 mL ampoules • Diazepam 10 mg in 2 mL ampoules • Hydralazine 20 mg ampoules • Narcotics e.g., morphine, pethidine • Antiemetic e.g., metoclopramide, promethazine • Antibiotics (including parenteral benzylpenicillin, and clindamycin) • Resuscitation medicines as per adult resuscitation trolley. 	<p>Medicines:</p> <ul style="list-style-type: none"> • Phytomenadione (Vitamin K) 2 mg / 0.2 mL (Konakion MM Paediatric®) ampoule • Adrenaline (epinephrine) 1 in 10,000 (1 mg in 10 mL) 10mL ampoule x 5 • Sodium bicarbonate 8.4% vials • Calcium gluconate 1 g in 10 mL (10%) vial (0.22 mmol / mL) • Cefotaxime 1 g vial • Gentamicin 80 mg / 2 mL ampoule • Benzylpenicillin 600 mg vial • Amoxicillin 1 g vial • Glucose gel 40% (buccal administration) • Naloxone 400 micrograms ampoules. <p>To stabilise infant prior to arrival:</p> <ul style="list-style-type: none"> • Thermal pack • Head box perspex or incubator • Oxygen analyser • Oxygen saturation monitor • Overhead radiant warmer.
<p>Fluids:</p> <ul style="list-style-type: none"> • Plasma volume substitute (e.g., Gelofusine) • Sodium chloride 0.9% fluids • Hartmann’s solution 500 mL and 1,000 mL • Glucose 5% fluids 	<p>Fluids:</p> <ul style="list-style-type: none"> • Sodium chloride 0.9% fluids • Glucose 10% fluids • Glucose 5% fluids • Water for injection 10 mL • Sodium chloride 0.9% 10 mL <p style="text-align: right;">(Page 3 of 3)</p>

Appendix F: Neonatal Resuscitation Cot Checklist (Maternity units only)

Name of Site:		Date						
Top/Shelf	Number							
Oxygen cylinder - size C (replace at 100 kpa)	1							
Air cylinder - size C (replace at 100 kpa)	1							
Pulse oximeter & neonatal SpO ₂ sensor with velcro strapping	1							
Neonatal bag and valve mask with oxygen tubing connected	1							
T-Piece tubing (Neopuff) with 60mm mask (unopened)	1							
Suction tubing with size 10 Fr Y suction catheter	1							
Towels	2							
Stethoscope - paediatric	1							
Safety masks	2							
Small sharps container	1							
ANZCOR Neonatal Resuscitation Algorithm laminated attached to panda cot	1							
Top drawer								
Sterile scissors	2							
SureTemp thermometer and box of probes covers	1							
Batteries	4							
Bottom drawer								
T-piece circuit resuscitator & tubing - spare	2							
Face masks size: 35 mm / 42 mm / 50 mm / 60 mm / 72 mm	1 each							
Suction tubing	2							
Y suction catheter 10g	2							
Removable shelf in bottom draw								
SpO ₂ sensor velcro strap	2							
Skin cleansing swab 1% chlorhexidine / 70% isopropyl alcohol	6							
Cord clamps & cord clamp cutters	2 each							

Neonatal Resuscitation Cot Checklist (Maternity units only)

Side of cot	Number	Date					
Clip board - MR75B Newborn Medical Emergency Response (MER) Record	3						
Hanging on cot - ANZCOR Neonatal Resuscitation Flowchart	1						

RESUSCITAIRRE settings checklist

Air and O ₂ cylinder – both size D cylinder with minimum 10 000 kpa volume (or wall air & O ₂)							
Air and oxygen lines are correctly connected. IF EXTERNAL BLENDER: check correct gas flow by FiO ₂ (oxygen) on blender to 60% (for testing only), turn O ₂ flow to 15 L/min for 10 seconds. If O ₂ incorrectly connected, blender should alarm within 10 seconds							
Both cylinders at least 75% full							
Cot turns on at wall, at back of cot and front of cot							
Overhead light can dim, and directional light works							
Warmer goes to 100% heat when Apgar clock on							
Suction tubing occludes when turned on							
Suction set at 100 mmHg for 2.5 kg or more (or 80 mmHg < 2.5 kg)							
Check bag and valve mask seals and inflates							
Turn on T-piece, check oxygen mix set at 21% and flow is at 8 L/min							
Check inflation using test lung and check mask seal							
PEEP is set at 5 cm H ₂ O							
PIP is set at 30 cm H ₂ O for term (or 25 cm H ₂ O for preterm)							
If birth not imminent: turn off gases to conserve and leave heater on							

See next page for actions and sign off section.

Neonatal Resuscitation Cot Checklist (Maternity units only)

Please tick the appropriate box after each use of this checklist							
Date							
No action required							
Disposable supplies replaced							
Minor problem(s) identified, and action(s) taken							
Major problem(s) identified, and action(s) taken							
Name							
Designation							
Signature							

Appendix G: Newborn Resuscitation Trolley (Maternity Units Only)

Name of site:		Date						
1 st Drawer contents – neonatal resus	Number							
Battery size AA & spare globes – site specific	2							
Introducer -size Fr 6	1							
Laryngoscope blade & handle set - size 00, 0 & 1 or disposable (site specific)	2 each							
Magill's forceps	1							
Feeding tube – size Fr 6 and 8, + 5 mL ORAL syringe	2 each							
pH indicator strips	1							
Pedicap (CO ₂ detector)	2							
Guedel airways 00 / 0 / 1	1 each							
Syringe 3 mL	2							
Syringe 10 mL	2							
Needles: 18g drawing up needle	2							
Skin barrier wipes / spray / wipes	2							
Scissors	2							
ETT strapping kit - Leukoplast for <30 wk, >30 wk, term	1							
- roll of 1.25 and 2.5cm Leukoplast	1							
- Duoderm	1							
2nd Drawer – ET Tubes								
Uncuffed ETT - size: 2.0, 2.5, 3.0, 3.5, 4.0	2 each							
SGA (LMA) iGel size 1	2 each							

Page 1 of 4

Newborn Resuscitation Trolley (Maternity Units Only)		Date						
3rd Drawer contents - medicines	Number							
Adrenaline 1:10,000 (1 mg in 10 mL)	2							
Sodium chloride 0.9% 10 mL	10							
Water for Injection 10 mL	2							
Glucose 10% in 500 mL bag	1							
Glucose 5% in 500 mL bag	1							
Syringes: 1 mL, 3 mL, 5 mL, 10 mL, 20 mL	6 each							
Needles: 18g (drawing up needle) and 25g	6 each							
Skin Prep 1% chlorhexidine / 70% isopropyl alcohol swab	6							
4th Drawer contents – intravenous access								
Neonatal PIVC pack UCN 176459X	2							
Gauze swabs	2 packets							
Skin prep 1% chlorhexidine / 70% isopropyl alcohol swab	6							
Skin prep 1% chlorhexidine in ethanol 70% Tinted Blue solution	2							
Skin prep povidone-iodine 10% solution (<28 weeks) or	2							
Skin prep iodine swabs (<28weeks)	6							
24G (yellow) safety cannula and non-safety cannula	3 each							
Syringes: 1 mL and 2.5 mL	6 each							
Syringes: 5 mL and 10 mL	6 each							
Hand splint	2							
Leukoplast 1.25 cm	1 roll							
Intraosseous 19g winged scalp vein needle	2							
Dieckmann 18g IO needle	2							
*IO Gun	1							
Sucrose	6							

		Date						
5 th Drawer contents – UVC kit	Number							
Umbilical catheter 3.5 Fg and 5.0 Fg	2 each							
3-way tap	2							
Blood gas syringe & blunt 18G needles	2 each							
Sodium chloride 0.9% 10mL	10							
UVC placement kit	1							
Leukoplast 2.5 cm	1 roll							
6 th Drawer contents – blood cultures / blood tubes / BG sets / giving sets								
Burette	2							
Braun Infusomat Space Line IV giving set	2							
Blood gas syringe and blunt 18G needles	2 each							
Cylinder of capillary tubes	1							
Blood culture bottles - paediatric	2							
Biohazard B=bags	2							
Paediatric blood tubes: purple / green / red	2 each							
7 th Drawer contents – pneumothorax kit								
10 mL syringe	2							
3-way tap	2							
Butterfly 23g and 25g	2							
22g x 25 mm cannula	2							
Cannula 24g	2							
15 cm extension tubing	2							
Steristrips	1 packet							
Penlight torch	2							
Tegaderm	2							

Newborn Resuscitation Trolley (Maternity Units Only)		Date						
8th Drawer contents – miscellaneous	Number							
Sterile gown	2							
Masks	1 box							
Goggles or face shield	1							
Unsterile gloves small, medium, large	1 box							
Sterile gloves - size: 6.5, 7, 7.5, 8	2 each							
Trolley cover	1							
Neohelp >2.5 kg, >1 kg – 2.5 kg	1							

Please tick the appropriate box after each use of this checklist							
Date							
No action required							
Disposable supplies replaced							
Minor problem(s) identified, and action(s) taken							
Major problem(s) identified, and action(s) taken							
Name							
Designation							
Signature							

*Site specific - If site decides IO Gun should be added to Neonatal resuscitation trolley

Appendix H – Emergency Obstetric Trolley Checklist for Maternity Services

WACHS Obstetric emergency drawer / box

Name of site:		Date						
Intravenous cannula & pathology	Number							
Scissors	1							
Coban	1							
Tourniquet	1							
IV Tegaderm	2							
Sterile scissors	2							
Blunt drawing up needle	5							
Needle 21g	5							
Needle 23g	5							
Syringe 3 mL	5							
Syringe 5 mL	5							
Syringe 10 mL	5							
Syringe 20 mL	2							
Cannula 16g	5							
Cannula 18g	5							
Cannula 20g	1							
Venepuncture butterfly's	5							
Posiflush	3							
Vacutainer Transfer Device Connection	3							
Vacutainer	5							
3 way extension	5							
IVC packs	2							
Water for Injection 10 mL	10							

Name of site:		Date						
Intravenous cannula & pathology cont.	Number							
Normal saline 10 mL	10							
Anaerobic blood culture bottle	1							
Aerobic blood culture bottle	1							
Chlorhexidine swabs	10							
Micropore tape	1							
Cotton wool packet	1							
Pressure dots	5							
Red caps	5							
Bungs	5							
IV additive labels	5							
Allergy alert labels	5							
Pathology tube- purple, pink, yellow, green	2 of each							
Pathology tube-mint, grey	1 of each							
Clear pathology bags	5							
Red pathology bags (if used at site)	5							
Pathology request forms (if available 2 x Urgent Path request forms)	5							
Suture and postpartum haemorrhage								
Tranexamic acid 1 g (protect from light) *not stored in fridge	1							
Misoprostol 200 mg *not stored in fridge	1 strip							
Lidocaine 1% (50 mg / 5 mL)	2							
Lidocaine 2% (100 mg / 5mL)	2							
Vicryl Rapide 2.0	2							
Vicryl Rapide 3.0	2							
Syringe 10 mL	2							
Syringe 20 mL	2							

Name of site:		Date						
Suture and postpartum haemorrhage cont.	Number							
Blunt drawing up needle	4							
Infiltration 21g needle	2							
Artery forceps	1							
Sims speculum	1							
Mosquito forceps	1							
Suture pack	1							
Each IV labels (additive + line)	4							
Oxytocin 40 units in 500 mL bag (+ orange giving set if available)	1							
CSL 1000 mL	2							
Giving set	2							
Pressure infusor bag	1							
Blood giving set	1							
Hand pump giving set	1							
Bakri (if not stored in OT)	1							
MR72A WACHS Primary Post Partum Haemorrhage Record	2							
WACHS Postpartum Haemorrhage Flow Chart (laminated)	1							
(Local) Blood Product Request Form	1							

In fridge stored at 2°C to 8°C Do not freeze		Date						
PPH Medicines (all in one box)	Number							
Oxytocin ampoules 10 units / mL (1 box)	5							
Syntometrine® (Oxytocin 5 units with ergometrine 500 micrograms per 1 mL) (1 x box)	5							
Ergometrine 500 microg ampoule (protect from light)	2							
Carboprost 250 microg (protect from light)	2							
<i>Note: Tranexamic acid and misoprostol not to be stored in fridge - keep separate in PPH drawer/box</i>								

Name of site:		Date						
Urinary catheter and cord prolapse	Number							
IDC pack	2							
IDC hourly bag	2							
Water for Injection 10 mL	2							
Chlorhexidine 0.05% / cetrimide 0.05%	2							
Syringe 5mL	2							
Syringe 10mL	4							
IDC 12fr	2							
in/out catheter	2							
Catheter anchor tape	2							
Abdo sponge pack	1							
Sterile glove sizes: 6, 6.5, 7, 7.5, 8, 8.5	2 of each							
Terbutaline 500 microg	1							
Sodium chloride 0.9% 500 mL	1							
Spigot or clamp	1							
Terumo syringe 50 mL	1							
MR72D WACHS Cord Prolapse Record	2							
Pre-eclampsia and eclampsia								
Sodium chloride 0.9% 10 mL	5							
Water for Injection 20 mL	5							
Nifedipine 10 mg tablets (one strip) (note: requires completion of online SAS form) Special Access Scheme - Custom Portal (health.gov.au)	1							
Labetalol 50 g / 10 mL IV solution	2							
Hydralazine 20 mg injection	1 box							
IV Labels (additive + line)	4 each							
Blunt Drawing up needle	4							

Name of site:		Date						
Pre-eclampsia and eclampsia cont.	Number							
Needle 21g	2							
Syringe 3 mL	2							
Syringe 10 mL	2							
Syringe 20 mL	2							
Calcium gluconate 2.2 mmol	1							
Luer lock cannula	1							
Magnesium sulphate 8 g in 100 mL Water for Injection bag	1							
Giving set	1							
Extension Set	1							
Tendon hammer	1							
MR72E WACHS Pre-Eclampsia/Eclampsia Crisis Record	2							
Caesarean section and assisted delivery								
Patient gown	1							
Lidocaine 1% (50 mg / 5 mL)	3							
Lidocaine 2% (100 mg / 5 mL)	3							
Syringe 10 mL	2							
Syringe 20 mL	2							
Blunt drawing up needle	2							
Infiltration 21g needle	2							
Measuring tape	1							
Slide sheet	1							
Red theatre cap	1							
Green theatre cap	1							
TEDS S, M, L XL	1							
Top + Pants scrubs (support person)	1 set							

Name of site:		Date						
Caesarean section and assisted delivery cont.	Number							
Perimortem pack	1							
Abdo sponges	2							
Epis scissors	1							
Kiwi cup	1							
Wrigley forceps	1							
MR72B WACHS Operative Vaginal Delivery Record	2							
OT medication box	1 box							
1 x cefazolin 2 g injection, 1 x sodium citrate oral solution 8.8% (88mg/mL) 30ml bottle, 1 x metoclopramide 10 mg injection, 1 x pantoprazole 40 mg injection	1 of each							
Documentation pack (LUSCS paperwork)	2 packs							

Please tick the appropriate box after each use of this checklist							
Date							
No action required							
Disposable supplies replaced							
Minor problem(s) identified, and action(s) taken							
Major problem(s) identified, and action(s) taken							
Name							
Designation							
Signature							