



CATEGORY: SAFETY AND QUALITY STATEMENT

# Stand-alone Primary Midwifery-led units

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This document is a template for a Safety and Quality Statement. It is intended to be used as a guide for the development of a Safety and Quality Statement for a Stand-alone Primary Midwifery-led unit.

**Background:** This statement was first developed by Women's Health Committee in July 2005 and most recently reviewed in September 2020.

**Funding:** The development and review of this statement was funded by RANZCOG.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) supports women's choice to birth in a stand-alone primary midwifery-led unit in Australia and New Zealand provided they have timely access to obstetric, paediatric and anaesthetic services when they need them.

A woman's decision about where to birth should be made in consultation with her maternity care provider, be that an obstetrician, general practitioner or midwife, based on her particular circumstances<sup>1</sup> and desires and the physical options available to her based on her location. For the majority of women this will result in a decision to birth in a hospital setting<sup>2</sup>. Some women, who have been carefully assessed as being at low risk of pregnancy complications, may choose to labour and birth in a midwifery led stand-alone primary childbirth unit<sup>3</sup>.

RANZCOG believes that it is desirable for metropolitan stand-alone primary childbirth units to be sited within, or immediately adjacent to, a 24-hour hospital facility with access to obstetric, anaesthetic/analgesia, neonatal paediatric and intensive care services, as well as operating theatres and blood products, to ensure timely access to these services should they be required. When a stand-alone primary childbirth unit is located some distance away from these type of facilities, it is important that the woman is fully informed of the limitations of the services available onsite, the backup services available should problems arise, including the availability of road and air ambulance evacuation and the level of support during transfer, should that be required. Informed consent should cover the implications for intrapartum and postpartum care, including possible delay of critical care due to the time necessary for a transfer to an obstetric unit. The option of birthing at an obstetric unit should be offered. This is especially important for woman living in rural location where the nearest obstetric unit may be a long distance away.

Formal systems must be in place to ensure safe, timely and rapid transfer of women and/or their babies to an appropriate obstetric unit when required. This is particularly important when the distances involved are greater. These arrangements should be collaborative and hold the safety of mother and baby as paramount. In addition, these arrangements must be subject to regular prospective practice audit and be supported by robust, consistent data collection systems.

RANZCOG believes that all models of maternity care, including stand-alone primary childbirth units, should be based on meeting the needs of women and their babies in as safe a manner as possible<sup>4, 5</sup>. Funding issues and shortages of key health profi11.88d



# Appendices

## Appendix A Women's Health Committee Membership

Name	Position on Committee
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## Appendix B Overview of the development and review process for this statement

### *i. Steps in developing and updating this statement*

This statement was originally developed in July 2005 and was most recently reviewed in September 2020. The Women's Health Committee carried out the following steps in reviewing this statement:

- Declarations of interest were sought from all members prior to reviewing this statement.
- Structured clinical questions were developed and agreed upon.
- An updated literature search to answer the clinical questions was undertaken.
- At the September 2020 committee meeting, the existing consensus-based recommendations were reviewed and updated (where appropriate) based on the available body of evidence and clinical expertise. Recommendations were graded as set out below in Appendix A part iii).

### *ii. Declaration of interest process and management*

Declaring interests is essential in order to prevent any potential conflict between the private interests of members, and their duties as part of the Women's Health Committee.

A declaration of interest form specific to guidelines and statements was developed by RANZCOG and approved by the RANZCOG Board in September 2012. The Women's Health Committee members were required to declare their relevant interests in writing on this form prior to participating in the review of this statement.

Members were required to update their information as soon as they become aware of any changes to