The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Excellence in Women's Health

CATEGORY: SAFETY AND QUALITY STATEMENT

Stand-alone Primary Midwifery-led units

This Safety and Quality Statement has been developed and reviewed by the Women's Health Committee and approved by the RANZCOG Board and Council.

A list of Women's Health Committee Members can be found in Appendix A.

Disclosure statements have been received from all members of this committee.

Disclaimer This information is intended to provide general advice to practitioners. This information should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The document has been prepared having regard to general circumstances.

First endorsed by RANZCOG: July 2005
Current: September 2020
Review due: September 2023

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[1] 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[2]. 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[3].

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[4, 5]. Funding issues and shortages of key health professionals should not be the principle drivers for decision makers choosing a particular model of care for their community. If changes to the type of birthing facilities available to women in a community are being considered, then collaborative discussion and engagement should occur between the impacted community, relevant health professional groups and the government/health authority representatives prior to changes in service delivery being made.

Links to other College statements

Cultural Competency
https://ranzcog.edu.au/statements-guidelines/workforce-and-practice-issues/cultural-competency-(wpi-20)
Evidence-based Medicine, Obstetrics and Gynaecology (C-Gen 15)
http://www.ranzcog.edu.au/component/docman/doc_download/894-c-gen-15-evidence-based-medicine-obstetrics-and-gynaecology.html?Itemid=341
Maternity Services in Remote and Rural Communities in Australia (C-Obs 34)
https://ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/O-G-services-in-remote-and-rural-communities-in-Australia-(C-Obs-34)-Review-July-2017.pdf?ext=.pdf

Important Resources

Ministry of Health. 2011. New Zealand Maternity Standards: A set of standards to guide the planning, funding and monitoring of maternity services by the Ministry of Health and District Health Boards. Wellington: Ministry of Health.
https://www.health.govt.nz/system/files/documents/publications/nz-maternity-stds-sept2011.pdf

Birthplace in England Collaborative Group. (2011). Perinatal and maternal outcomes by planned place of birth for healthy women with low risk pregnancies: the Birthplace in England national prospective cohort study. BMJ, 343d7400. doi:10.1136/bmj.d7400

Patient information

A range of RANZCOG Patient Information Pamphlets can be ordered via:
http://www.ranzcog.edu.au/publication/womens-health-publications/patient-information pamphlets.html

References

1. Homer CSE, Cheah SL, Rossiter C, Dahlen HG, Ellwood D, Foureur MJ, et al. Maternal and perinatal outcomes by planned place of birth in Australia 2000 – 2012: a linked population data study. BMJ Open. 2019;9(10):e029192.
2. Grigg CP, Tracy SK, Tracy M, Schmied V, Monk A. Transfer from primary maternity unit to tertiary hospital in New Zealand - timing, frequency, reasons, urgency and outcomes: Part of the Evaluating Maternity Units study. Midwifery. 2015;31(9):879-87.
3. Scarf VL, Rossiter C, Vedam S, Dahlen HG, Ellwood D, Forster D, et al. Maternal and perinatal outcomes by planned place of birth among women with low-risk pregnancies in high-income countries: A systematic review and meta-analysis. Midwifery. 2018;62:240-55.
4. Bailey DJ. Birth outcomes for women using free-standing birth centers in South Auckland, New Zealand. Birth. 2017;44(3):246-51.
5. John Waits AM, Lenord Burwell, Arnelya Cade, Lacy Smith. Are neonatal mortality rates increased in stand-alone birthing center births compared with hospital births? Evidence-Based Practice. 2018;21(6):E6-E7.

Appendices

Appendix A Women's Health Committee Membership

Name	Position on Committee
Professor Yee Leung	Chair and Board Member
Dr Gillian Gibson	Deputy Chair, Gynaecology
Dr Scott White	Deputy Chair, Obstetrics
Associate Professor Ian Pettigrew	Member and EAC Representative
Dr Kristy Milward	Member and Councillor
Dr Will Milford	Member and Councillor
Dr Frank O'Keeffe	Member and Councillor
Professor Sue Walker	Member
Dr Roy Watson	Member and Councillor
Dr Susan Fleming	Member and Councillor
Dr Sue Belgrave	Member and Councillor
Dr Marilyn Clarke	ATSI Representative
Associate Professor Kirsten Black	Member
Dr Thangeswaran Rudra	Member
Dr Nisha Khot	Member and SIMG Representative
Dr Judith Gardiner	Diplomate Representative
Dr Angela Brown	Midwifery Representative, Australia
Ms Adrienne Priday	Midwifery Representative, New Zealand
Ms Ann Jorgensen	Community Representative
Dr Rebecca Mackenzie-Proctor	Trainee Representative
Dr Leigh Duncan	Maori Representative
Prof Caroline De Costa	Co-opted member (ANZJOG member)
Dr Christine Sammartino	Observer

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 their interests and there was also a standing agenda item at each meeting where declarations of interest were called for and recorded as part of the meeting minutes.

There were no significant real or perceived conflicts of interest that required management during the process of updating this statement.

Appendix C Full Disclaimer

This information is intended to provide general advice to practitioners, and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient.

This information has been prepared having regard to general circumstances. It is the responsibility of each practitioner to have regard to the particular circumstances of each case. Clinical management should be responsive to the needs of the individual patient and the particular circumstances of each case.

This information has been prepared having regard to the information available at the time of its preparation, and each practitioner should have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that information is accurate and current at the time of preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.