

Part 1 – Overview of National Maternity Services Capability Framework

1.0 Acronyms

ACM	Australian College of Midwives
ACRRM	Australian College of Rural and Remote Medicine
ANMAC	Australian Nursing and Midwifery Accreditation Council
C/S	Caesarean Section
CT	Computerised Tomography
CTG	Cardiotocograph
DRANZOG	Diploma of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists
EFM	Electronic Foetal Monitoring
FRACGP	Fellow of the Royal Australian College of General Practitioners
ICU	Intensive Care Unit
JCCA	Joint Consultative Committee on Anaesthesia
MRI	Magnetic Resonance Imaging
RACP	Royal Australian College of Physicians
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists

2.0 Introduction – Background, scope and purpose

The National Maternity Services Plan (the Plan), as endorsed by the Australian Health Ministers' Advisory Council in 2010, provides a number of strategic initiatives aimed at national maternity reform over a five year period. The development of the National Maternity Services Capability Framework (the Framework), is one of the initial year actions outlined in the Plan. Specifically, the Framework provides a rigorous methodology to assist in woman-centred maternity service planning and improve risk management in maternity care. A primary purpose of the Framework is to support the provision of safe maternity services in as many localities as possible across Australia in both the public and private sectors. It is important that planned maternity clinical activity is matched to the capability and sustainability of the local health service to ensure that women receive appropriate, timely care as close to home as possible and achieve optimal outcomes.

The Framework should be viewed as a high level document which complements and helps to inform the review and development of individual jurisdictionally based documents which may address additional specific nuances of local maternity services. It will also assist the clinician and the woman and her family to make an informed decision about the most appropriate place to undertake her confinement. The Framework was developed through an extensive consultation process and desk top research.

The Framework's purpose is to:

- define the levels of maternity care in Australia by describing a set of criteria which identifies minimum requirements for each level of service provision
- promote congruency across the country, providing a consistent language for healthcare providers and planners to use when describing and planning maternity services
- assist health services to manage risk associated with the provision of maternity care and complement health services' clinical governance systems, credentialing and scope of practice requirements
- guide health service planning for maternity services
- provide confidence to clinicians and consumers that services meet agreed minimum requirements for mother and newborn safety.

The Framework is intended for a broad audience, including consumers, clinical staff, managers and health service planners. It is not intended to replace clinical judgement or service-specific patient safety policies and procedures, but to complement and support the planning and/or provision of the full range of maternity health services.

The Framework is guided by a set of principles in an effort to ensure relevance to a wide range of practice settings while recognising the differing circumstances around the country which need to be accommodated.

These principles are that:

- the best available evidence should underpin the delivery of safe and quality health services
- there is alignment with legislation, regulations, legislative and non-legislative standards, guidelines, benchmarks, policies and frameworks, and relevant college standards
- the Framework applies regardless of the model of care adopted by health facilities
- service networks facilitate transfer and management of women appropriate to their care needs
- there must be effective systems and guidelines for consultation, referral, transfer, risk assessment, screening and emergency evacuation.

The scope of this document is to provide guidance and support quality care across all Australian maternity services. The National Maternity Services Capability Framework describes minimum service capability requirements for both public and private maternity services across all rural, regional and metropolitan settings.

2.1 Objectives

1. Service **safety** – Define minimum standards for maternity services at each complexity level to ensure that safe, efficient, sustainable and equitable care can be provided to mothers and babies.
2. Service **quality** – Allow for national benchmarking of clinical indicators as well as meaningful comparisons of perinatal and maternal mortality and morbidity through use of consistent language in describing health services.

3. Service **planning** – Provide a framework to assist in planning of local and national maternity systems that safely and appropriately meet the needs of the community and have clearly defined and agreed escalation strategies between different entities providing different levels of maternity care.
4. Service **coordination** – Improve service coordination through describing and standardising service linkages for processes such as client referral, back transfers and escalation of care.

3.0 Framework development

The Framework was developed under the direction of the Maternity Services Inter-jurisdictional Committee for the Australian Health Ministers' Advisory Council. Representatives from each state and territory are represented on this committee.

Relevant capability/role delineation documents and other supporting documentation from several Australian jurisdictions were reviewed. The information from these documents was then mapped across the jurisdictions to identify any significant departures or issues that needed to be further addressed as part of this work. A draft document was developed for initial feedback from the Maternity Services Inter-jurisdictional Committee, health planners in each state and territory and from the relevant specialist colleges. Feedback from this work was incorporated into a final draft for wider consultation and presentation at a series of national workshops in each state and territory. These workshops included wide representation from many interested stakeholders.

Information from these workshops was incorporated into this final document for presentation to the Australian Health Ministers' Advisory Council.

4.0 Framework content – discussion and definitions

Clinical capability framework

Clinical capability describes the level of complexity of care that can be planned for each level of maternity service based on the *arrangement and mix of a suite of factors that enables the management of the level of acuity matched for that service*. These factors are the available workforce, clinical policy, capability of the clinical support services available in each facility, and integration of the service within a wider health care network.

The capability of any health service is recognised as an essential element in the provision of safe, quality care. The aim is to have safe, sustainable and appropriately supported maternity services. The geographical location of a service and timely transfer in the event of an emergency is an important consideration in the provision of safe care. Achieving this aim requires a combination of services, links, and multidisciplinary collaboration across all levels of service provision. It also requires that women and their families are aware of the level and limitations of services available in proximity of their homes.

Access refers to the ability to utilise a service or the skills of a suitably qualified person without difficulty or delay via a variety of communication mediums. Access may be provided via documented processes with an off-site provider on an inpatient or ambulatory basis. *Onsite* refers to staff and/or resources available at the health facility and their ability to provide the service without difficulty or delay when the need arises. Where onsite is required in a location it is nominated in the service capability profile. The requirement for onsite will be satisfied where services are provided under a documented services agreement with a third party service provider located either at the health facility or in close proximity.

It is recognised that some health services, particularly those in more isolated regions, may, at times, experience fluctuations in service delivery provision and may not be in a position to sustain a service at a nominated level for a short period of time. This may be due to a variety of factors such as a temporary variation in workforce composition. In these circumstances the health service would assume the level which best fits the service provision at that time. The service would need to satisfy the higher service capability for at least 80% of the time to be classified at the higher level.

Any change to a service level for a short period of time would need to be well communicated both within the statewide Maternity Services Network and to the community receiving the service.

Four components have been identified as key elements to best describe the criteria required to meet the stated objectives and support the minimum standards for the provision of safe maternity services. These are *complexity of care, workforce, clinical support services, and service networks and integration* and are defined and elaborated in the subsequent sections.

The Framework is a maternity services framework. It is not the intent of this framework to delineate other specialty services such as neonatal services which would require a similar process and commitment of resources. In this framework neonatal support capability for the relevant levels is addressed under complexity of care.

The Framework has been constructed and described in a manner which does not preclude new models of care that may occur in the future.

As it is important to have a common understanding of what is being described, further terms used in the Framework are defined in the glossary of terms at the end of the document.

4.1 Complexity of care

Complexity of care addresses objectives 1 and 2 of this document which relate to safety and service quality.

Maternal and neonatal 'risk'¹ is determined by the presence of certain conditions or circumstances or planned interventions which influence the probability of an adverse event or undesirable outcome before, during or after birth. These influences in turn determine the complexity of care and of clinical support services required by the woman

¹ Risk assessment in maternity care is complex as what is assessed as low risk at one point in time is not necessarily predictive of the level of risk encountered over the duration of the pregnancy, confinement and post natal events.

and/or baby in order to minimise the probability of an adverse event or undesirable outcome.

Determining the actual or potential clinical complexity of care is a dynamic and ongoing process which requires assessment at every encounter with the woman and revision of planned care as necessary with the addition of new information or findings. Assessing clinical complexity should begin at the outset of maternity care (including preconception care) and continue until the completion of the postnatal period, with timely consultation with higher levels of care should it be necessary.

It is the responsibility of all maternity care providers to work within their scope of practice to identify the level of clinical complexity the women under their care requires, and to manage this with interdisciplinary collaboration according to evidence-based and agreed guidelines and policies for consultation, referral or transfer. Tailoring maternity care to address clinical complexity also requires a family/woman-centred approach to ensure that care is not only as clinically safe as possible but as also socially and culturally appropriate as it can be for the woman given her clinical circumstances.

The following definitions aim to guide appropriate care for women and their babies based on a service's capability to address particular levels of clinical complexity.

Normal care needs

A woman with a normally progressing pregnancy, with no maternal or anticipated neonatal conditions or planned interventions which may lead to pregnancy and birthing complications, may be cared for in the antenatal and postnatal period at any maternity service level by any appropriately qualified and credentialed practitioner including midwives, general practitioners and obstetricians. (However, while they may not require specialist clinical services they may choose to access them.) Such women predominantly give birth to healthy full-term neonates who do not require specialist care and therefore, birth can be planned to take place in a level 2–6 maternity unit with the woman cared for by a variety of practitioners of her choosing in either the public or private health care sectors.

In consideration of some of the geographic challenges in Australia, the lower levels of the Framework which are normally associated only with normal care needs may support women to access higher levels of service for specific, more complex parts of their care.

Moderate complexity

A pregnant woman with certain foetal or maternal conditions or planned interventions which may adversely impact on the pregnancy outcome may be cared for by a general practitioner obstetrician or midwife according to agreed guidelines and policies for consultation, treatment and referral or transfer in consultation with a specialist obstetrician. Care may be provided at a level 4–6 service so that available maternity and clinical support services are appropriate for the woman and baby's identified actual or potential clinical needs.

Depending on clinical assessment however, level 1–3 services may also provide planned care for selected clients with moderately complex care needs. For example, in consultation with the level 4-6 facility coordinating care, level 1-3 services may provide planned occasions of antenatal care or education, and accept postnatal back transfers of

physiologically stable, convalescing mothers and babies for either inpatient or community postnatal care.

High complexity

A woman who has or, due to the presence or history of certain conditions or planned interventions, is likely to develop serious maternal or foetal complications during or after the pregnancy, birth or puerperium that will require management by a multidisciplinary maternity care team including a specialist obstetrician and other high level clinical support services. Consultation with other interdisciplinary team members, which could include maternal foetal medicine specialists, other specialist physicians, neonatologists, midwives and others such as genetic counsellors, should occur as often as necessary to ensure safe, quality maternity care. Birth in a higher level 5 or 6 maternity services will usually be indicated due to the potential need for specialist adult or neonatal expertise and services.

In consultation with the level 5 or 6 maternity service coordinating care, selected clients with high complexity of care needs may also have planned occasions of antenatal and postnatal care with level 1–4 services where it is deemed that in doing so, there would be no increase in the likelihood of adverse maternal or neonatal outcomes. In these circumstances, particularly for women living in remote and rural areas, provision for services such as telemedicine and the Medical Specialist Outreach Assistance Program (MSOAP) should be increasingly available.

4.2 Workforce

Defining the workforce requirements at each site assists to address objectives 1 and 3 — service safety and service planning.

A clinical services capability framework is chiefly determined by the presence of a workforce who hold qualifications compatible with the defined level of care being offered in a particular service. The workforce describes the minimum standard agreed to achieve safety. Services may have additional levels or categories of staff over and above the minimum defined and this framework is not intended to limit this in any way. In the Framework, reference is made regarding access to particular clinicians. This access may be defined as either on site or by referral (see definitions in glossary).

The workforce capability for each level needs to be supported by appropriate regulatory and governance mechanisms which, in this country, include oversight of training, registration, scope of credentialed clinical practice and ongoing professional development. At all times the onus remains on the clinicians to ensure that their skills are at a standard to match the level of the service in which they are practising.

Workforce terminology	Definition/training requirements
	Nursing/midwifery
Registered midwife (RM)	Qualifications as per Australian Nursing and Midwifery Accreditation Council (ANMAC) accreditation standards
Midwife educator	Midwife with postgraduate clinical experience and a postgraduate qualification in education.
Nurse practitioner	Registered nurse with endorsement by the Nursing and Midwifery Board of Australia (NMBA) to function autonomously and collaboratively in an advanced and extended clinical role.
Eligible midwife	Registered midwife with necessary competence and post graduate experience to meet the requirements of the <i>Registration Standard for Eligible Midwives of the NMBA</i> .
	Medical
General practitioner	Training recognised by the Royal Australian College of General Practitioners (RACGP) or Australian College of Rural Remote Medicine (ACRRM)
General practitioner obstetrician credentialed for shared care and normal/assisted vaginal birth	6 month Diploma qualification (DRANZCOG) (or recognised equivalent standing). Completion allows general practitioners to provide shared ante and postnatal care with specialist obstetricians, or general practitioner obstetricians (advanced)
General practitioner obstetrician (advanced) credentialed for management of obstetric complications including performing caesarean section (C/S)	12 month Diploma qualification (DRANZCOG Advanced). Completion further qualifies general practitioners to manage complications of labour and to perform surgical procedures including caesarean section and emergency laparotomy
General practitioner anaesthetist	Undertake special training to meet the requirements of the Joint Consultative Committee on Anaesthesia (JCCA). JCCA is a tripartite committee with representatives from FANZCA, the FRACGP (National Rural Faculty) and ACRRM.

Workforce terminology	Definition/training requirements
	Medical
Resident medical officers (RMO)	General Medical Registration with the Medical Board of Australia
Registered medical practitioner enrolled in obstetric training program (registrar)	Training program of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)
Registered medical practitioner enrolled in an anaesthetic training program (registrar)	Training program of the Australian and New Zealand College of Anaesthetists (ANZCA)
Registered medical practitioner enrolled in an paediatric/neonatal training program (registrar)	Training program of the Royal Australasian College of Physicians (RACP) – (Division of Paediatrics & Child Health)
	Specialist
Specialist obstetrician and gynaecologist	Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (FRANZCOG)
Specialist anaesthetist	Fellow of the Australian and New Zealand College of Anaesthetists (ANZCA)
Specialist neonatologist	Fellow of the Royal Australasian College of Physicians (FRACP) – (Division of Paediatrics & Child Health)
Specialist physician (obstetric medicine)	<p>This includes medical specialists with specific perinatal expertise in areas such as but not limited to endocrinology, cardiology. There is no nationally accredited training program for this group of medical specialists, however, various societies represent them including:</p> <ul style="list-style-type: none"> • Society of people interested in obstetric medicine • Society of Obstetric Medicine Australia and New Zealand • International Society of Obstetric Medicine.
Specialist in maternal-foetal medicine	A registered medical specialist with credentials in obstetrics and subspecialty accreditation in maternal foetal medicine equivalent
	Management
Nurse unit manager (NUM) or midwife unit manager (MUM)	Designated to be in charge of each clinical maternity area. Qualifications as per registered midwife + locally defined requisite clinical experience
Nursing/midwifery director	Designated to maternity services. Qualifications as per registered midwife + locally defined requisite clinical experience
Head of obstetric services	Qualifications as per specialist obstetrician/gynaecologist + locally defined requisite clinical experience

Workforce terminology	Definition/training requirements
	Management
Head of neonatology services	Qualifications as per specialist paediatrician/neonatologist + locally defined requisite clinical experience
Head of anaesthetic services	Qualifications as per specialist anaesthetist + locally defined requisite clinical experience
	Other
Aboriginal and Torres Strait Islander health worker	Includes any locally defined appropriately qualified and skilled Aboriginal and Torres Strait Islander Health Workers. From July 2012, there will be national registration for this group
Allied health personnel	Definitions of the allied health workforce are as per the Australian Health Practitioner Regulation Agency (AHPRA)
Maternal and child health services	Service which administers support for mothers and infants in parenting, child health and development in the perinatal period.

4.3 Clinical support services

Defining the mix of available clinical support services addresses objectives 1 and 3 of this document — service safety and service planning.

The clinical support services nominated and described below and in the Framework are the services that are essential to supporting safe, contemporary and comprehensive maternity and perinatal care. The complexity of clinical care provided within each level is dependent upon the presence of the combination of support services identified for each level and not on the individual skills of a clinician. Access to these services can mean the services are available on site at a particular facility or the services are accessible through an established referral pathway. The Framework clearly delineates what type of access is the minimum agreed standard for each service level.

- Pathology services
- Pharmacy services
- Diagnostic imaging / radiology services
- Operating theatre
- Adult acute care services
- Maternal and child health services
- Perinatal mental health services
- Genetic counselling /testing services
- Interpreter services
- Allied health services

4.4 Service networks and integration

The third and fourth objectives of the National Maternity Services Clinical Framework require the Framework to assist in the planning and coordination of local and national maternity systems to ensure the needs of the community are met. Particular reference is made to improved coordination through standardising service linkages and having defined escalation strategies.

This framework identifies:

- the 'arrangement' of services to achieve this outcome. This is through integrated maternity service networks
- the 'means of coordination' or communication to achieve the seamless movement of women across the system: consultation, referral and transfer.

Service networks

Service networks provide essential service links to ensure the continuum of care through all levels is matched with the requisite expertise and clinical support services at each level. A service network is a formalised and clearly defined linkage of health services across a range of sites and settings to provide an appropriate, effective, comprehensive and well coordinated response to health needs². Safety in the provision of maternity care is dependent upon appropriate consultation and/or referral and transfer within the appropriate designated networks.

² Queensland Health (2011) Clinical Services Capability Framework for Public and Licensed Private Health Facilities V3

The network is described as a maternity services (clinical) network which may differ from another formalised network. In many instances these may be within the local health network boundaries. These networks would be tiered in line with the levels of the Framework. Lower level services must be aware of their designated higher level service. Higher level services (typically level 5 and 6 services) must be aware of their obligations and responsibilities for lower level services identified within a tiered structure. This framework does not prescribe, either at a local, statewide or national level, the configuration of maternity service networks as this is a local decision and different arrangements suit different states and territories and their geographic circumstances.

Maternity services network

An integrated maternity services network allows the coordination of activities and programs among health care institutions within a defined geographic area for the purpose of improving the delivery and quality of maternity care. The network includes the full range of clinicians, hospitals and related services to provide the complete spectrum of maternity care for women and their families.^{3,4} A maternity services network will be linked with services of lower, the same or higher service capability levels.

Means of coordination

Within each network there needs to be formal communication, referral and transfer mechanisms based on a mutual understanding and respect for the roles of all members within the network.

Referral and transfer

To facilitate and integrate management of the women at each service level, coordination links between health services are required for referral and transfer of women. (These terms are defined in the glossary.) These coordination links should be underpinned by documented and agreed processes which are reviewed by all services at least every three years or more frequently if necessary.

Such documented processes should include the following elements:

- agreed level of registered medical personnel, or other specialist clinicians who can initiate coordinating processes
- agreed clinical criteria for referral and transfer of women to and from services
- agreed referral pathways for access and referral to specialist clinicians
- trigger mechanisms for local emergency health interventions
- agreed process for organising emergency retrieval
- referral and transfer processes including review of patient transfers and back transfers
- safety and quality indicators of the agreed documented process.

There currently exist some guidelines, such as those by the Australian College of Midwives and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists that facilitate this process and this framework does not inhibit this.

³ Adapted from Rygh EM, Hjortdahl P (2007) 'Continuous and integrated care services in rural areas. A literature study', *Rural and Remote Health* 7:766 (Online) p. 4

⁴ Commonwealth Department of Health and Ageing (2008) National Consensus Framework for Rural Maternity Services.

Transport and emergency retrieval

Coordination of transport services is an integral part of the coordination of maternity care within a network. Transport can be by road ambulance or by aero medical means and requires availability of appropriately trained staff and equipment coupled with effective liaison between referring, transporting and receiving staff at a senior level.

A streamlined approach is required for effective emergency retrieval for maternal and newborn emergencies, as emergency retrieval demands exceptional cooperation between many providers and multiple agencies who may have competing operational priorities. The respective Medical Colleges of Intensive Care Medicine, Anaesthetics and Emergency Medicine recommend in their guidelines for the transport of critically ill patients,⁵ that there be a clear chain of command and a centralised coordinated emergency retrieval system.

The Framework requires agreed and documented arrangements for coordinating transport and emergency retrieval. Some states and territories already have in place Emergency Retrieval Processes and as stated above, this framework does not inhibit this.

5.0 Clinical governance

Clinical governance is a mechanism whereby accountability for quality patient care and standards of care delivery is ensured and demonstrated. It encompasses the system by which the governing body, the managers, clinicians and staff share the accountability for the safety and quality of care. There are currently clinical governance frameworks in place in all states and territories in Australia. It is important that this framework complements these systems in assisting to plan for safe and coordinated care across a range of service delivery environments.

The Framework does assist in the assessment of quality as it describes and defines the minimum standards and components of the services within each of the six levels of care and how that care is coordinated for maternity services across the country. This consistent description of services is a starting point for making meaningful comparisons when benchmarking or comparing core maternity indicators.

⁵ Minimum Standards for Transport of Critically Ill patients (2010) College of Intensive Care Medicine of Australia and New Zealand, Australian and New Zealand College of Anaesthetists and the Australian College of Emergency Medicine.