

MEDIA RELEASE



**The Royal Australian
and New Zealand
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College statement on 'stand-alone' childbirth units

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) today released a formal statement developed and endorsed by the College's 23-member Council on the minimum standards and requirements of stand-alone primary childbirth units in Australia and New Zealand.

The statement (see below for full text) presents the RANZCOG's position on the necessity of timely access to obstetric, paediatric, anaesthetic and midwifery services in pregnancy, labour and for at least several hours after birth to ensure the safety of women and babies. It states that where such services cannot be provided, women should be informed of the limitations of the services available and the possible implications for their care during and after childbirth.

"This statement defines where as a specialty we stand on the most appropriate 'models of care' for obstetrics in Australia and New Zealand," said RANZCOG President, Dr Kenneth Clark.

"Australian and New Zealand women and babies deserve access to true specialist services if things do not go well in labour, during delivery or in the immediate hours following delivery," he said.

"Childbirth has never been safer but that does *not* mean it is without risk of serious complications for both mother and baby," said Dr Clark. "What is more, complications can and do occur with frightening rapidity on some occasions—it is then that the quality of support systems is put to the test. There is at times *no* margin for unnecessary delays."

“Specialist obstetricians and gynaecologists are extremely experienced when it comes to ‘things going wrong’ in labour,” said RANZCOG President, Dr Kenneth Clark. “Nothing makes an obstetrician happier than to see a woman labour and deliver normally but equally we are passionate about ensuring that women and babies have prompt access to assistance when it is required.”

“As a society we must put more effort and resources into proper audit of our support systems for women having babies—even more so if we intend to make changes to our care options. We have not reached the current level of safety by taking a casual attitude to how we care for women—we must monitor closely how any changes impact on standards, he said”

“New Zealand has made very significant changes over the last decade but unfortunately has not kept adequate data to allow genuine assessment of the impact of these changes on safety—Australia should not make the same mistake,” said Dr Clark.

College Statement on Stand-alone Primary Childbirth Units:

“ The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) believes that the women and babies of Australia and New Zealand should have timely access to obstetric, paediatric, anaesthetic and midwifery services in pregnancy, labour and for at least several hours after birth. The RANZCOG accepts that some women who have been carefully assessed as being at lower risk of pregnancy complications will choose to labour in relatively low-technology primary care units.

Wherever possible, and certainly in metropolitan areas, such units should be sited within or immediately adjacent to a 24-hour obstetric facility, which must have anaesthetic / analgesia services, operating theatres and blood products with timely access to neonatal paediatric expertise and intensive care specialist consultation.

Where, by virtue of remote location, such onsite services cannot be provided, patients should be informed of the limitations of services available and the implications for intrapartum and postpartum care. Antenatal transfer to a centre with more comprehensive services should be offered.

In all circumstances where transfer may be necessary, formal systems must be in place to ensure safe, timely and rapid transfer of women and/or their babies who require specialist treatment. 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.

The RANZCOG is concerned that in some situations in Australia and New Zealand funding issues and shortages of key health professionals are driving decisions on the appropriateness of different models of care, rather than considered assessment of best practice. The RANZCOG would welcome open debate on this matter between the community, relevant health professional groups and government representatives. Such debate should occur prior to changes in service delivery being made. ”

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