



Maternal and Newborn Care Capability Framework Policy

1. Background

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 4500 women are admitted to our 18 Maternity hospitals to give birth each year and over 890 of these are Aboriginal women. In addition, approximately 1050 country women travel to the metropolitan area annually to access more complex care and help them birth safely.

WACHS has five special care nurseries who admit around 400 babies for higher level care and additionally another 200 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, 2010 – 2024](#) and the WA Framework for the Care of Neonates in Western Australia 2009 levels.

Our 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 Statement

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 are listed in [Appendix 1](#) with detailed CSF Level descriptions in [Appendix 2](#) and [3](#).

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, GPs, RFDS, Aboriginal Medical Services or Telehealth.

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.

The 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.

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 Director.

For example: A CSF level 3 service may be 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 2:](#)** Contains expanded information for each **Maternity** CSF level, describing services, facilities, clinical workforce, service links and support services.
- [Appendix 3:](#)** Contains expanded information for each **Neonatal** CSF level, describing services, facilities, clinical workforce, service links and support services.
- [Appendix 4:](#)** The specific maternal and newborn conditions which can be managed at each Maternity CSF level.
- [Appendix 5:](#)** Emergency birth kit for non-maternity sites.
- [Appendix 6:](#)** List of maternal and newborns services currently available via Telehealth.
- [Appendix 7:](#)** List of minimum required equipment for Maternity and Newborn CSF levels.
- [Appendix 8:](#)** Newborn resuscitation cot checklist for Maternity services.

3. Definitions

ACCHO	Aboriginal Community Controlled Health Organisation
AHW	Aboriginal Health Worker
ANMF	Australian Nursing Midwifery Federation
ANMC	Australian Nursing & Midwifery Council
CTG	Cardiotocograph
DDI	Decision to Delivery Interval- time to Caesarean Section
DoHA	Department of Health & Ageing
DMOs	District Medical Officers
FTE	Full Time Equivalent
GP	General Practitioner
NETS WA	Neonatal Emergency Transport Service of Western Australia
NGOs	Non-Government Organisations
RANZCOG	Royal Australian & New Zealand College of Obstetricians and Gynaecologists
RFDS	Royal Flying Doctor Service
RN	Registered Nurse
MW	Midwife
SRN	Senior Registered Nurse
WACHS	Western Australian Country Health Service
24/7	Twenty four hours a day, seven days a week

4. Roles and Responsibilities

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

5. Compliance

Failure to comply with this policy 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](#) (WA) 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 is mandatory.

6. Records Management

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

7. Evaluation

Regional Directors (or delegate) are to evaluate implementation of this policy at each of their clinical sites.

8. Standards

[National Safety and Quality Health Service Standards](#) - 1.1c, 1.1e, 5.4b, 5.4c

9. 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 2014-2024](#)
[WA Health Framework for the care of Neonates in Western Australia 2009](#)
[WA Health Improving Maternity Services: Working together across WA. A policy framework 2007](#)

10. Related Policy Documents

[WACHS Maternal and Newborn Health Care Strategy 2019 -2024](#)

11. Related WA Health System Policies

[Western Australian Women's Health and Wellbeing Policy](#)

12. Policy Framework

[Clinical Governance, Safety & Quality](#)
[Clinical Services Planning and Programs](#)

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Appendix 1: WACHS Clinical Service Levels for Maternal and Neonatal Care

(Some site levels differ from below WA Health CSF table are based on service capability and workforce capacity in the town or region.)

REGION	HOSPITAL	OBSTETRICS 2018/19	OBSTETRICS 2024/25	NEONATES 2018/19	NEONATES 2024/25
GOLDFIELDS	KALGOORLIE	4	4	4	4
	ESPERANCE	3	3	3	3
	LAVERTON	1	1	1	1
	LEONORA	1	1	1	1
	NORSEMAN	1	1	1	1
	RAVENSTHORPE	1	1	1	1
KIMBERLEY	BROOME	4	4	4	4
	DERBY	3	3	2	2
	KUNUNURRA	3	3	2	2
	FITZROY CROSSING	1	1	1	1
	HALLS CREEK	1	1	1	1
	WYNDHAM	1	1	1	1
PILBARA	PORT HEDLAND	4	4	4	4
	NICKOL BAY	3	3	2	2
	NEWMAN	1	1	1	1
	ONSLOW	Not available	1	Not available	Not available
	PARABURDOO	1	1	Not available	Not available
	ROEBOURNE	Not available	1	Not available	Not available
	TOM PRICE	1	1	1	1

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REGION	HOSPITAL	OBSTETRICS 2018/19	OBSTETRICS 2024/25	NEONATES 2018/19	NEONATES 2024/25
GREAT SOUTHERN	ALBANY	4	4	4	4
	KATANNING	3	3	2	2
	DENMARK	1	1	1	1
	GNOWANGERUP	1	1	1	1
	KOJONUP	1	1	1	1
	PLANTAGENET	1	1	1	1
MIDWEST	GERALDTON	4	4	4	4
	CARNARVON	3	3	1	1
	DONGARA	1	1	1	1
	EXMOUTH	1	1	1	1
	KALBARRI	1	1	1	1
	MEEKATHARRA	1	1	1	1
	MORAWA	1	1	1	1
	NORTH MIDLANDS	1	1	1	1
SOUTHWEST	BUNBURY	5	5	4	4
	BUSSELTON	3	3	3	3
	MARGARET RIVER	2	2	2	2
	COLLIE	2	2	2	2
	WARREN	2	2	2	2
	BRIDGETOWN	2	2	2	2
	AUGUSTA	1	1	1	1
	BOYUP BROOK	1	1	1	1
	DONNYBROOK	1	1	1	1
	HARVEY	1	1	1	1
	PEMBERTON	1	1	1	1

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REGION	HOSPITAL	OBSTETRICS 2018/19	OBSTETRICS 2024/25	NEONATES 2018/19	NEONATES 2024/25
WHEATBELT	NARROGIN	3	3	2	2
	NORTHAM	3	3	2	2
	MERREDIN	1	1	1	1
	MOORA	1	1	1	1
	BEVERLEY	1	1	1	1
	BRUCE ROCK	1	1	1	1
	CORRIGIN	1	1	1	1
	DALWALLINU	1	1	1	1
	GOOMALING	1	1	1	1
	KELLERBERIN	1	1	1	1
	KONDININ	1	1	1	1
	KUNUNOPPIN	1	1	1	1
	LAKE GRACE	1	1	1	1
	NARAMBEEN	1	1	1	1
	QUAIRADING	1	1	1	1
	SOUTHERN CROSS	1	1	1	1
	WAGIN	1	1	1	1
	WONGAN HILLS	1	1	1	1
	WYALKATCHEM	1	1	1	1
	YORK	1	1	1	1

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Appendix 2: 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 WACHS Management of Unplanned Birth at Non-birthing Services Sites 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 seven).</p> <p>If required, inpatient care following birth elsewhere</p>	<ul style="list-style-type: none"> ■ Emergency maternity care equipment (see Appendix six). ■ Emergency resuscitation equipment available 24/7 (see Appendix six). ■ 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). ■ CTG monitor. ■ 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 eight 	<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 dietitians, 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 0 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"> ■ Fetal 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.

WA Country Health Service: 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 fetal medicine, obstetric medicine, genetic services.</p> <p>Dedicated HDU facilities.</p> <p>Onsite access to ICU.</p> <p>Have facilities to undertake obstetric and fetal research.</p> <p>Coordinates training of specialist obstetricians and specialist midwives.</p> <p>Onsite Level 3 Neonatal Intensive Care Unit (NICU).</p>				

Appendix 3: 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 Appendix six) ■ 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 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 \geq 37 weeks and birth \geq2500g 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 Appendix eight and nine). ■ 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: 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 4: WACHS Maternity and Neonatal Consultation and Referral Guideline for Clinical Services

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	TERM	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 >1000ml	✓	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	✓	✓	✓	✓	✓	✓

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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: < 90g/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	✓	✓	✓	✓

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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 BMI 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 OVD Procedure	X		I		I		✓		✓		✓	
Postnatal conditions												
Thromboembolism	X		X		I		✓		✓		✓	
PPH > 1500 ml	X		X		I		✓		✓		✓	
Eclampsia	X		X		X		✓		✓		✓	

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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 > 6.1: no resus and no signs of compromise	X	I	I	✓	✓	✓
Cord lactate > 6.1: any resus +/- signs of compromise	X	X	X	I	✓	✓
Birth weight < 2000 gm	X	X	X	I	✓	✓
Birth weight 2000-2500 gm	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 NOTE: GP referral to tertiary service must first be approved by the Regional Obstetrician	IP	Intrapartum
I	Individualise treatment according to condition and on advice from specialist	MFM	Maternal Fetal Medicine Specialist
X	No	GP	General Practitioner
✓	Yes	MW	Midwife

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Appendix 5: Emergency Birth Box for non-maternity sites (Check monthly including all expiry dates)

NAME OF SITE: _____ DATE: _____

Equipment for Actual birth		COMMENTS
<ul style="list-style-type: none"> • Sterile delivery bundle (<i>obtained from nearest birthing site</i>) contains: <ul style="list-style-type: none"> ○ 1 bowl (for placenta) ○ 1 bowl (for collecting and weighing blood loss) ○ 2 metal clamps (for clamping cord) ○ 1 cord scissors ○ 1 yellow cord clamp ○ Drapes 	1	
<ul style="list-style-type: none"> • Sterile gloves (latex free) 		
<ul style="list-style-type: none"> • 1 disposable Episiotomy scissors (obtain from nearest birthing site) – for use by a midwife or doctor with obstetric experience only 	1	
<ul style="list-style-type: none"> • Plastic apron + goggles (eye protection) 		
<ul style="list-style-type: none"> • Large disposable under-pads for under mother's bottom (or lots of bluies) 		
<ul style="list-style-type: none"> • Neonatal resuscitation bag and mask (in case baby not breathing at birth) 	1	
<ul style="list-style-type: none"> • Newborn Resuscitation Algorithm 	1	
<ul style="list-style-type: none"> • WACHS Policy Imminent Birth Flow Chart 	1	
<ul style="list-style-type: none"> • Towels (to dry baby and then a fresh one to keep baby warm) 		
In case of perineal repair (by doctor with obstetric experience or MW only):		
<ul style="list-style-type: none"> • Lignocaine 1% 	2	
<ul style="list-style-type: none"> • tagged large surgical packs or tagged sterile tampons (obtain from nearest birth site or theatres) 	3	
<ul style="list-style-type: none"> • 2/0 vicryl rapide (cutting edge) 	1	
<ul style="list-style-type: none"> • Disposable suture set 	1	
To manage haemorrhage (≥ 500mls following birth):		
<ul style="list-style-type: none"> • Syntocinon 10 iu – light sensitive, 	5	
<ul style="list-style-type: none"> • Ergometrine 0.5mcg – light sensitive. Stored in fridge 	1	
<ul style="list-style-type: none"> • Misoprostol 200mcg 	8	
<ul style="list-style-type: none"> • 14G cannula x 2 (cannulate both arms for rapid volume infusion) • IDC equipment – catheter, syringe, bag, lubricant (full bladder most common cause of PPH) 	2	

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Record post birth observations mother and baby (min 15/60 first two hours, half hourly twice, hourly twice then two hourly twice):		
• Maternal Observation and Response Chart (MORC MR 140B)	1	
• Neonatal Observation and Response Chart (NORC MR 140 D)	1	
Extras:		
• Gloves (sterile, latex free) - 6.0, 6.5, 7.0, 7.5, 8	2ea	
• Syringe 10mL	2	
• Needles 23 G	2	
Documentation (obtain a copy of each from the nearest birthing site):		
• Labour and Birth Summary (MR72)	1	
• Vaginal birth care plan (MR80)	1	
• Newborn Care Plan – complete the birth history page (MR75)	1	
Please check the appropriate box after each use of the checklist		
No action required		
Minor problem(s) corrected		
Disposable supplies replaced		
Major problem(s) identified. ACTION(S) TAKEN		
Name		
Signature		
Designation		

Appendix 6: WA Maternal Health – Telehealth Services

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 send via [email](#).

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: sihi.childbirtheducation@health.wa.gov.au for the dates and topics. Find maternity service information, pregnancy news and stories on the [Baby Bumps WA Facebook page](#).

Ngala – Country Families:

Web- www.ngala.com/what-we-do/country-services/ (book below services via website)

- **Online ‘Live Chat’** Chat with a child health nurse. Available 9am to 12pm Monday – Friday
- **Online parenting workshops** Regular program of online workshops (i.e. sleeping, feeding)
- **Country Early Parenting Groups** Tuesday afternoons 2pm for families with babies aged 0-4 months

Appendix 7: Maternal and Newborn Equipment and Medication List (CSF Level 2 +)

	Maternal	Neonatal
<p>Standard Minimum Obstetrics Equipment and Drugs for Births at Level 2 CSF and above.</p>	<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 drugs ■ Tape measure ■ Thermometer ■ Sphygmomanometer / Stethoscope ■ Wall clock ■ Maternal oxygen and suction equipment ■ Airways ■ Yankeur suction ■ Hudson face mask and tubing ■ Sonicaid ■ Overhead light 	<p>Neonatal resuscitairre 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) ■ ETT tubes: oral 2.0 - 4.0 (Straight non cuffed) ■ Laryngoscope and blades (size 0 and 1 straight) ■ Introducer (size 5fg) ■ Suction catheter straight FG10 ■ Oxygen catheter fg 6 ■ Pedicap x 2 ■ Meconium Aspirator ■ 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 swab 1% x 5 ■ Providine-iodine swab x 5 ■ NaCl 0.9% x 10mls x 5 ■ 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 ■ 22g x 25mm cannula ■ pen light torch ■ alcohol wipe <p>Other</p> <ul style="list-style-type: none"> ■ Gloves sterile plus disposable various sizes ■ Cord scissors ■ Baby name tags ■ Neowrap or bubble wrap

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	Maternal	Neonatal
	<ul style="list-style-type: none"> ■ Rubbish bin ■ Infant basket ■ Baby scales ■ Fetal Fibronectin kit ■ 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. ■ Entenox Apparatus. ■ 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. 	<ul style="list-style-type: none"> ■ 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>

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	Maternal	Neonatal
	<p>ADULT OBSTETRIC DRUGS</p> <ul style="list-style-type: none"> ■ Celestone Chronodose ampoules 5.7mg x 2. ■ Magnesium Sulphate for injection 100ml bag of 8% solution. ■ Calcium Gluconate 1g in 10ml ■ Nifedipine tablets 20mg. ■ Ergometrine 0.5mcg in 1ml. ■ Syntometrine. ■ Syntocinon (10 units). ■ Misoprostol 1000mcg. ■ Carboprost ■ F2 Alpha prostaglandin for injection ■ Tranexamic acid ■ Sodium Citrate. ■ 1% Lignocaine ampoules ■ Salbutamol Obstetric 5mg in 5ml ampoules. ■ Diazepam ampoules. 10mg/2ml. ■ Hydralazine 20mg. ■ Gelofusion. ■ N/Saline fluids. ■ Hartmann’s solution 500 and 1000ml. ■ 5% Dextrose IV fluids ■ Narcotics e.g. Morphine, Pethidine. ■ Antiemetic e.g. Maxolon, Phenergan Antibiotics. Including parenteral Benzyl penicillin, and Clindamycin. ■ Resuscitation drugs as per adult resuscitation trolley. 	<p>NEONATAL DRUGS</p> <ul style="list-style-type: none"> ■ Konakion 2 mg. ■ 1: 10, 000 Adrenaline ampoules x 5. ■ N/Saline IV solution. ■ 10% Dextrose IV. ■ 5% Dextrose IV. ■ Sodium Bicarbonate 8.4% ampoules ■ Calcium Gluconate ampoule 1gm in 10ml. ■ Cefotaxime. ■ Gentamicin. ■ Benzylpenicillin. ■ Amoxil. ■ Glucagon. ■ Water for injection. ■ Saline for injection. ■ Naloxone 400mcg <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.

Appendix 8: Newborn resus cot checklist (Maternity units only) Name of Site : _____

	DATE							
TOP / SHELF	no							
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 attached	1							
Kidney dish on shelf: (cot cards, ID bands, pupil torch, thermometer, blood gas syringes x2, cord clamps x2, scissors, oximeter & SpO2 probe, disposable tape measure, Vitamin K)								
Infant Stethoscope	1							
KEMH Neonatal resus algorithm (laminated)	1							
Towels x 2, bunny rug and nappy								
WACHS MER Record on a clipboard with pen	1							
Sharps container - small	1							
DRAWER 1 (+ Basic resus pack)								
ETT Tubes 2.5, 3.0, 3.5, 4.0 (uncuffed)	2 ea							
Newborn face masks : sizes 50, 60 and 72 mm	1 ea							
DRAWER 2 (+ Emerg Orogastric, Pneumothorax, UVC, IV packs}								
Disposable IV Cannula Insertion Pack (Neonatal)								
Test lung (for T-piece resus or blue cap dependent to T-Piece set)	1							
LMA I-Gel size 1	1							
Meconium Aspirator (spare)	1							
Y Suction Catheter 10Fr	1 ea							
BASIC RESUSCITATION PACK (in Drawer 1)								
Adrenaline 1:10,000	1							
CO2 detector (Pedicap)	1							
Duoderm thin (pre cut) in jar with 3.0 silk tie (for ETT)								
ETT Strapping tapes (pre-cut on card)								

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Introducer 5Fr (Neonatal)	1							
Laryngoscope Handle (Stumpy) - no blade	1							
Laryngoscope Blades & Handle (BritePro) - disposable size 00, 0, 1	1 ea							
Lubrication Sachet	1							
NGT size 5Fr (NOT PURPLE) - for ETT administration of adrenaline	2							
Magills Forceps (Neonatal)	1							
Medication Labels (Adrenaline & Normal Saline)								
NaCl 0.9% ampoules 10ml	1							
Needles - Drawing up 18g	2							
Oropharyngeal Airways size 0, 00, 000	1 ea							
Syringe caps (red)	4							
Syringes 1ml, 2ml	2							
Thermal wrap								
EMERGENCY OROGASTRIC KIT (in Drawer 2)								
Duoderm thin (precut)								
Fixomull tape (precut)								
Purple gastric tubes (size 5Fr, 6Fr, 8Fr)	1 ea							
Purple enteral syringe 10ml	1							
pH indicator strips								
EMERGENCY CHEST ASPIRATION KIT (in Drawer 2)								
3 way tap with short extension tube (7.5cm)	1							
IV Cannula (NON SAFETY BD Insyte) 22g, 24g	2 ea							
Pen Torch	1							
Scalp Vein Needle (winged butterfly) 23g	1							
Swab Chlorhexidine 1% with Ethanol 70%	2							
Syringe 10ml (leur lock)	2							
EMERGENCY UVC KIT (in Drawer 2)								
Disposable Umbilical Catheter Placement Kit	1							

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3 way tap	1							
Green nasogastric tube for UVC (NOT PURPLE) size 5Fr	2							
Leukoplast tape 1.25cm	1 roll							
Povidone-Iodine Swabs (<28 weeks gestation)	2							
Tegaderm (6cm x 7cm)	2 ea							
Blood gas syringe	2							
Swab Chlorhexidine 1% in 70% Ethanol (>28 weeks gestation)	2							
NaCl 0.9% Posiflush syringes 10ml	4							
Syringe 50ml (for bolus fluids)	1							
CANNULATION EQUIPMENT KIT (in Drawer 2)								
Swab Chlorhexidine 1% in Ethanol 70%	5							
IV Cannula 24g (non safety)	2							
Blood Gas Syringe	2							
Scalp Vein Needle (butterfly) 18g and 21g (for Intraosseous)	1							
IV armboards (neonatal) - small and large	1 ea							
NaCl 0.9% ampoules 10ml	2							
Leukoplast tape 1.25cm	1 roll							
Syringes 2ml, 5ml	1ea							
Blood tubes (paediatric) - geen, blue, pink, red	1 ea							
Disposable IV Cannula Insertion Pack (Neonatal)	1							
RESUSCITAIRRE SETTINGS CHECKLIST								
Air and O2 cylinder – both size D cylinder with min. 10 000 kpa volume (or wall air & O2)								
Air and oxygen lines are correctly connected IF EXTERNAL BLENDER: check correct gas flow by FiO2 (oxygen) on blender to 60% (for testing only), turn O2 flow to 15LPM for 10 sec. If O2 incorrectly connected, blender should alarm within 10 secs								
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								

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Warmer goes to 100% heat when Apgar clock on							
Suction tubing occludes when turned on							
Suction set at 100mmHg for 2.5kg or more (or 80 mmHg < 2.5kg)							
Check Bag and valve mask seals and inflates							
Turn on T-piece, check Oxygen mix set at 30% and flow is at 8 lpm							
Check inflation using test lung and check mask seal							
PEEP is set at 5cm Hs0							
PIP is set at 30cm H20 for term (or 25cm H20 for preterm)							
If birth not imminent: turn off gases to conserve and leave heater on							
Please check the appropriate box after each use of this checklist							
No action required							
Minor problem(s) required							
Disposable supplies replaced							
Major problem(s) identified ACTION(S) TAKEN							
NAME							
DESIGNATION							
SIGNATURE							

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