

1995—No. 96

**PRIVATE HOSPITALS AND DAY PROCEDURE CENTRES
ACT 1988—REGULATION**

(Relating to licensing standards for obstetric hospitals)

NEW SOUTH WALES



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HIS Excellency the Governor, with the advice of the Executive Council, and in pursuance of the Private Hospitals and Day Procedure Centres Act 1988, has been pleased to make the Regulation set forth hereunder.

Ron Phillips
Minister for Health.

Commencement

1. This Regulation commences on 17 March 1995.

Amendments

2. The Private Hospitals Regulation 1990 is amended:

(a) by inserting before the definition of “nursing supervisor” in clause 4 (1) the following definition:

“**medical advisory committee**” means a committee whose members are elected or appointed under clause 1.3.1 of Schedule 1;

(b) by inserting after clause 7 (1) (b) the following paragraph:

(c) a proposed obstetric class private hospital should have at least 15 obstetric beds and should also be a surgical class private hospital unless:

(i) the hospital will provide a post-natal service only;
or

(ii) the hospital will provide the only obstetric service in the district concerned and the service will be limited to patients diagnosed as having a low risk pregnancy.

(c) by omitting clause 8 (4) and by inserting instead the following subclauses:

(4) Except in an emergency, the licensee of a private hospital is not to admit a person for the primary purpose of obstetric care unless:

- (a) the private hospital is an obstetric class private hospital; or
- (b) the admission is approved.

(4A) In subclause (4), “**obstetric care**” includes:

- (a) antenatal care related to childbirth; or
- (b) assistance and care involved in normal childbirth; or
- (c) surgical intervention in achieving childbirth; or
- (d) care of a mother admitted with a baby immediately following childbirth.

(d) by omitting from clauses 2.1.2 (a), 2.1.3, 2.1.6 (d), (e) and (f) and 2.4.7 of Schedule 2 the words “Faculty of Anaesthetists of the Royal Australasian College of Surgeons” wherever occurring and by inserting instead the words “Australian and New Zealand College of Anaesthetists”;

(e) by omitting Part 2 of Schedule 2 and by inserting instead the following Part:

PART 2—OBSTETRIC HOSPITALS

Medical advisory committee

2.2.1. The medical advisory committee of an obstetric class private hospital must include at least one specialist obstetrician.

Design and construction

2.2.2. An obstetric unit of an obstetric class hospital:

- (a) must include an adequate number (relative to the size of the unit) of delivery rooms which:
 - are separate from any operating room; and
 - will accommodate the presence of at least 2 support persons (in addition to attending staff) during a birth; and
 - are suitably finished and fitted for birthing; and
 - have adjacent bath and shower facilities for use by a patient; and
- (b) must include a nursery for the newly born (of a size appropriate to the size of the unit) with a separate isolation facility; and

(c) must have facilities for medical consultations with patients.

Conduct of hospitals

2.2.3. An obstetric class private hospital:

(a) must have a written policy in relation to the following matters:

- the hospital's criteria for admission to obstetric services;
- normal childbirth;
- breast feeding;
- rooming in;
- the accommodation by the hospital of the individual needs of patients and their families;
- details of the numbers and qualifications of medical practitioners and nursing staff available to the hospital and the numbers of any such staff on duty for each shift;
- details of the quality assurance programs established by the hospital;
- provision made by the hospital for the transfer of patients to another hospital providing a higher level of medical service; and

(b) must have an obstetrician, an anaesthetist and a paediatrician on close call at all times; and

(c) must have an approved number of registered nurses with obstetric qualifications on duty at all times; and

(d) must have contingency arrangements for the transfer of mothers and babies to a hospital providing a higher level of care in an emergency.

Clinical records

2.2.4. (1) The clinical record of a patient in an obstetric class private hospital must include the childbirth labour record if an obstetric delivery has been performed.

(2) An obstetric patient's clinical record must be retained for at least 25 years from the date of the patient's separation from the hospital.

Record of births

2.2.5. (1) Details of the birth of a baby (whether live or stillborn) born in a private hospital or admitted to a private hospital as a newborn baby (otherwise than by transfer from another hospital) must be recorded in Form 13.

(2) The record must be signed:

- (a) by the medical practitioner or midwife attending the birth; or
- (b) by the chief nurse or a person authorised by the chief nurse for the time being for that purpose.

(3) Copies of the record are to be distributed as follows:

- (a) the first copy is to be retained by the hospital with the mother's clinical record;
- (b) the second copy, unless otherwise approved, is to be forwarded to the Health Statistics Unit of the Department of Health within 6 weeks after the separation of the mother or baby from the hospital, whichever occurs first;
- (c) the third copy is to be made available to the local community nurse, but only with the consent of the mother;
- (d) other copies of the record are to be forwarded to the mother's referring medical practitioner and consulting specialist (if any), unless the mother objects.

Identification of patients

2.2.6. (1) An identification band must be fitted around a wrist or an ankle of each obstetric patient and baby.

(2) The patient's name and date of birth, and the attending medical practitioner's name, must be written indelibly and legibly on the patient's band.

(3) The baby's name and date of birth, and the attending medical practitioner's name, must be written indelibly and legibly on the baby's band.

Furnishing of wards

2.2.7. Each maternity ward in an obstetric class private hospital must have one bassinette for each maternity bed and one reserve bassinette for each 10 (or portion of 10) maternity beds.

Medical, surgical and nursing equipment

2.2.8. The delivery suite of an obstetric class private hospital must be equipped in accordance with the recommendations of the Australian and New Zealand College of Anaesthetists in its publication entitled “Recommended Minimum Facilities for Safe Anaesthetic Practice in Delivery Suites”.

(f) by omitting clause 2.3.1 from Part 3 of Schedule 2 and by inserting instead the following clause:

Medical advisory committee

2.3.1. The medical advisory committee of a rehabilitation class private hospital must include among its members at least one specialist in rehabilitation medicine.

(g) by omitting clause 2.4.2 from Part 4 of Schedule 2 and by inserting instead the following clause:

Medical advisory committee

2.4.2. The medical advisory committee of a psychiatric class private hospital must include among its members:

(a) a majority who are psychiatrists, if the hospital is a general and psychiatric class private hospital only; or

(b) at least one psychiatrist, in any other case.

(h) by inserting at the end of Form 1 in Schedule 3 the following matter:

Annexure C

Additional information to be supplied for an obstetric class licence

- (1) The level of obstetric service to be provided.
- (2) The staff and facilities to be provided for birthing and the care of mothers and babies.
- (3) The prenatal and support services to be provided in association with obstetric services.
- (4) The criteria to be used in assessing the suitability of women to be admitted for obstetric care.
- (5) The arrangements to be made for the transfer of mothers or babies to appropriate facilities in the event of complications.
- (6) The liaison to be established with community based services to ensure continuity of support and care.

1995—No. 96

EXPLANATORY NOTE

The objects of this Regulation are:

- (a) to define “medical advisory committee” (clause 2 (a)); and
- (b) to prescribe additional guidelines in relation to applications for an obstetric class private hospital licence (clause 2 (b)); and
- (c) to prohibit (except in an emergency) a private hospital from admitting a person primarily for obstetric care unless the hospital is an obstetric class private hospital or unless the Director-General of the Department of Health approves of the admission (clause 2 (c)); and
- (d) to replace references to the “Faculty of Anaesthetists of the Royal Australasian College of Surgeons” with references to the “Australian and New Zealand College of Anaesthetists” (clause 2 (d)); and
- (e) to vary the standards in relation to a licensed obstetric class private hospital (clause 2 (e)); and
- (f) to amend the provisions fixing the standard relating to a medical advisory committee of a rehabilitation class or a psychiatric class private hospital (clause 2 (f) and (g)); and
- (g) to prescribe additional information that must be furnished by applicants for an obstetric class licence (clause 2 (h)).

This Regulation is made under the Private Hospitals and Day Procedure Centres Act 1988, including section 55 (the general regulation-making power) and sections 7, 8 and 9.
