QTON No. 180

Legislative Assembly for the Australian Capital Territory
Select Committee on Estimates 2026-2027

Inquiry into Appropriation Bill 2026–2027 and Appropriation (Office of the Legislative Assembly) Bill 2026–2027

Answer to question taken on notice

Asked by: THOMAS EMERSON MLA

Addressed to: MS MELISSA O'BRIEN

In relation to: Implementation of RANZCOG Guidelines

Hearing: 29 July 2026
Uncorrected Proof Transcript pp 60-61, 91
Transcript provided: **3 August 2026**
Answer Due: **10 August 2026**

MS MELISSA O'BRIEN took on notice the following question(s):

1. Progress on the implementation of RANZCOG miscarriage guidelines?

2. What is available at Canberra Hospital for recurrent miscarriage?

3. Is there a policy, or a policy change required for midwives to attend to all cases of threatened miscarriage or miscarriage in emergency departments?

MINISTER PATERSON: The answer to the Member's question is as follows:

1. Canberra Health Services (CHS) reviewed the Royal Australian and New Zealand College of Obstetricians and Gynaecologists' (RANZCOG) *Miscarriage, Recurrent Miscarriage and Ectopic Pregnancy (C-Gyn 38) Clinical Guideline* in March 2025 when it was issued. Care for women or pregnant people experiencing miscarriage, recurrent miscarriage and ectopic pregnancy is provided in accordance with contemporary evidence-based practice and relevant RANZCOG guidance. Services including the Emergency Department (ED), Early Pregnancy Service (EPS), Maternal Fetal Medicine (MFM) Unit, Maternity Assessment Unit (MAU) and outpatient gynaecology services support the delivery of miscarriage-related care across CHS.

2. While CHS does not currently operate a dedicated recurrent miscarriage clinic, women or pregnant people experiencing recurrent miscarriage can access specialist assessment, investigation, management and follow-up through CHS gynaecology and obstetrics services. Women or pregnant people with complex or high-risk presentations may be referred to the MFM Unit, while other women or pregnant people may be assessed and managed through Gynaecology outpatient clinics.

3. Clinical assessment and care is allocated according to each patient's presentation and needs, with involvement of ED clinicians, gynaecology staff, medical officers and midwives as appropriate. Accordingly, CHS has not identified a need to establish a policy requiring midwife attendance for every presentation.

Approved for circulation to the Select Committee on Estimates 2026-2027

Signature: M. Paterson Date: 10/8/26

By the Minister for Health, Dr Marisa Paterson