ACT Government

MINISTERIAL BRIEF

Infrastructure Canberra

To:	Minister for Health	**Tracking No.: 25/149270**
Date:	10/04/2025	
From:	Gillian Geraghty, Director-General, Infrastructure Canberra Rebecca Cross, Director-General, ACT Health Directorate Janet Zagari, Acting Chief Executive Officer, Canberra Health Services	
Subject:	Birthing Centre Feasibility Study	
Critical Date:	06/05/2024	
Critical Reason:	To provide background on the outcomes of the Birth Centre Feasibility Study and considerations for incorporation into the Northside Hospital Project	

Recommendations

That you:

1. **Note** the outcomes of the birthing centre feasibility study (Attachment A), with the preferred option being a stand-alone birth centre, conditional on being able to enable a safe, effective and dignified transfer of mothers and birth people by hospital staff without the need for an ambulance and pending further design and capital cost assessments in relation to the Northside Hospital;

Noted / Please Discuss

2. **Note** that the scoring between the Stand- alongside birth centre (81/100) and Stand-alone birth centre (82/100) were within 1 point of each other;

Noted / Please Discuss

3. **Note** that Infrastructure Canberra (iCBR) and Canberra Health Services (CHS) will undertake development of design for infrastructure options for the birth centre informed by the recommendations in the feasibility study and the Northside Hospital Project Clinical Services Plan;

Noted / Please Discuss

4. **Note** that iCBR and CHS will provide a communication plan to accompany release of the Feasibility Study Report during April 2025 to the Minister for Health; and

Noted / Please Discuss

5. **Note** the information contained in this brief.

Please discuss language - "alongside" has previously been used to describe the model at Townsville, which is different to those at TCH and NCH, in that it has a completely separate entrance but is connected to the hospital through a "back door" - closer to the way standalone is described in the report.

Noted / Please Discuss

Rachel Stephen-Smith MLA 7/5/25

Minister's Feedback

Please provide further information on the next steps to co-design the birth centre at the northside hospital with midwives and consumers. Please provide my office with a comms plan to release the feasibility study and establish a co-design group for the birth centre ASAP. Please also prepare letters for me to write to stakeholders and Ms Clay about the release of the report and next steps. CHS to please discuss the issues for privately practising midwives - the new birth centre should be inclusive of them being able to use it, and the access issues at both hospitals need to be resolved in the meantime.

Background

1. In March 2023 the ACT Government passed a motion in the Legislative Assembly to consider the early design and feasibility of establishing a co-designed freestanding birth centre in the context of the current health service planning for the Northside Hospital Project (NHP).
2. As a result of the ACT Government motion, the ACT Health Directorate (ACTHD) has delivered a feasibility study as part of the planning and development of the NHP.
3. The feasibility study was delivered in collaboration with the Maternity in Focus team who are committed to implementing the ACT Public Maternity System Plan 2022-2032 to improve maternity services to women or pregnant people and their family.
4. The ACT Government Public Maternity System Plan 2022-2032 outlines priorities for the public maternity system, aiming to meet the needs of women, pregnant people, their families, and the workforce.
5. The ACT Health Directorate (ACTHD) established a working group of subject expert matters to develop the Statement of Requirements (SoR) and engaged a suitable consultant (HealthConsult) to undertake the feasibility study on the birth centre options for the ACT.
6. The working group membership included the Directors of Midwifery (DOM) at North Canberra Hospital (NCH) and The Canberra Hospital (TCH), the Senior Director responsible for the Maternity in Focus plan, representatives from the Office of the Chief Nurse, Mental Health Policy, Health Planning and a representative from the Obstetrician workforce.
7. The study addresses two primary objectives:
    a. Optimal birth centre model for the Northside Hospital; and

b. Feasibility of an additional freestanding birth centre (in the community).

8. The Birthing Centre Feasibility Report (Report) considered three primary options:

   1) **Stand-alongside birth centre**: located within the hospital, adjacent to maternity services, (current birth centre at both The Canberra Hospital and North Canberra Hospital)

   2) **Standalone birth centre**: Separate building on the hospital campus that is connected to the main hospital via a covered walkway to enable a safe, effective and dignified transfer of mothers and birth people by hospital staff without the need for an ambulance.

   3) **Freestanding birth centre:** Located in community setting, away from a hospital, with separate staffing to the hospital and ambulance transfer required in event of an emergency during labour.

9. The methodology of the study included benchmarking and data analysis and recommended a standalone birth centre (marginally preferred) adjacent to the main hospital on the North Canberra Hospital campus to support the ongoing changes within the ACT Maternity System.

10. A standalone birth centre would provide a homelike environment separate from obstetric led birthing suites for people with low-risk pregnancies.

11. The study reinforced the evidence that birth centre births achieve a range of benefits such as lower medical intervention rates, no significant difference in adverse outcomes and positive maternal outcomes. Additionally, it demonstrated that for low-risk pregnancies, Birth Centres provide a safe and economical place of birth that is highly attractive to a diverse range of consumers.

12. The study also outlined some design principles associated with a standalone birth centre on a hospital campus.

13. The study focused on evaluating the operational costs and benefits of different birthing models, rather than on design or capital costing. It concluded that the system is capable of supporting either model, whether stand-alongside or standalone.

Issues

14. The report found that a freestanding birth centre in the community is not currently feasible due to limited evidence, workforce constraints, higher costs, and lack of medical community support.

15. The feasibility recommendation notes that further design and capital cost assessments in relation to the Northside Hospital is pending. Infrastructure Canberra (iCBR) and Canberra Health Services (CHS) will undertake development of design for infrastructure options for the birth centre informed by the recommendations in the feasibility study and the NHP Clinical Services Plan.

16. On 22 October 2024, the Territory Health Infrastructure Executive Steering Committee noted that future consideration of birthing centres and associated recommendations shall come from iCBR and CHS as a part of the Northside Hospital Project Governance.

17. Detailed clinical services planning in 2024 developed the NHP Clinical Services Plan (CSP), including expanded Midwifery Continuity of Care and Birthing on Country models for Aboriginal and Torres Strait Islander people.

18. Maternity services at Northside Hospital will align with this plan, providing comprehensive care that meets social, emotional, physical, psychological, spiritual, and cultural needs.

19. The development of a culturally safe birthing model of care has been identified as a priority within both the Report and the CSP, with reference to the outcomes of the Birth Centre Feasibility study. This is consistent with contemporary Models of Care.

20. The data set used to inform the Feasibility Study Forecast numbers has been superseded by the data underpinning the NHP CSP. Further exploration of the Feasibility study forecasts, utilisation data and infrastructure requirements will be undertaken during the next stage of planning for the Northside Hospital. Detailed operational considerations, including operational expenditure, functional relationships/adjacencies and safe birthing principles, including transfer times and theatre access requirements in the event of treatment escalation will form part of the next stage of planning for the final infrastructure solution.

Financial Implications

21. The Feasibility Study did not explore design or undertake any capital cost assessment of the options. This work will be undertaken by iCBR and CHS as part of the next stage of planning.

22. Costings for birthing centre models are proposed to be considered as part of additional criteria analysis to be provided through iCBR and its advisors on the Northside Hospital Project.

Consultation

Internal

23. ACTHD and the consultant (HealthConsult) worked with senior clinicians and managers from the maternity services at NCH and TCH.

Cross Directorate

24. Initial consultation was undertaken by ACTHD and included members of the Territory Health Infrastructure Executive Steering Committee (ESC), with representation iCBR, CHS, ACTHD and Chief Minister, Treasury and Economic Development Directorate (CMTEDD).

25. CSP Steering Committee included stakeholders from CHS, ACTHD and iCBR. The CSP Steering committee endorsed the CSP in February 2025.

External

26. During development of the Feasibility Study the consultation strategy focused on ensuring a wide range of perspectives were captured. The approach centred on two main streams of consultation (summarised at Attachment A):

    a. Community engagement: focus groups targeting diverse demographics, including the general public, Aboriginal and Torres Strait Islander people, and birth centre advocates.

b. Workforce and professional stakeholders: interviews with peak bodies and clinical colleges, local health and community services, consultations with ACT Health healthcare professionals including midwives, obstetrics and gynaecology staff specialists, nurses, allied health and ambulance services.

27. When considering the options, while most stakeholders agree that proximity is less critical if within a 20-minute transfer window, there remains a subset of medical professionals who stress the importance of minimising transfer time and distance. The general consensus favoured birth centre designs that allow for quick, discrete transfers, that minimise exposure to the main hospital environment during labour.

Work Health and Safety

28. The Feasibility Report states there is limited Australian evidence on the safety and outcomes of freestanding birth centres. This lack of local data makes it challenging to confidently assess the risks and benefits in the ACT context.

29. The Feasibility Report indicates a standalone birthing centre model to present a preferred non-medical environment that on balance may present a higher (yet acceptable) level of risk as compared to a stand-alongside model.

Benefits/Sensitivities

30. The existing Maternity Services at NCH delivers both obstetric-led and midwifery-led care models, providing choice to people in their pregnancy journey.

31. Opportunities and future considerations for the maternity service include:

    a. expanding for the Midwifery Continuity of Care model to include home birthing and community-based options.

    b. exploring a Birthing on Country model to support Aboriginal and Torres Strait Islander people on their pregnancy journey.

    c. establishing an Early Pregnancy Assessment Unit for people in early stage or at risk of pregnancy loss.

32. To support these strategic directions, the following enablers will be considered:

    a. Building upon existing outpatient services to include better access to post-operative clinics, specialty clinics.

    b. Consideration for separate gynaecology and maternity spaces.

33. The different birthing centre models outlined in the Report will be considered as part of facility planning as followed:

    a. Be aligned to CSP maternity strategies to a unified ACT public maternity service, aimed to deliver consistent care across both sites is a key objective and is aligned with CHS objectives in establishing clinical networks across ACT. This will provide further support for a shared workforce model across both hospitals.

34. Consider that existing and future services meet minimum quality and safety standards to ensure service delivery and care do not lead to adverse outcomes. Patient safety and good clinical outcomes are key drivers in decision-making.

35. Consider NHP design noting that the infrastructure plays a critical role as an enabler for hospital service delivery. It provides the physical framework and support necessary to ensure the smooth functioning of the hospital. Future infrastructure needs to be flexible to meet changes in the model of care but also support the delivery of services across different modalities such as in-person and virtually. To achieve the CSP Strategic Directions, the infrastructure needs to enable the delivery of services with sufficient space and flexibility to ensure that new models of care can be delivered sustainably in the future.
36. The study found that when consulted about the Freestanding Birth Centre Option there was "a notable lack of support from the medical community, including hospital-based obstetricians and community-based General Practitioners (GPs). Many expressed concerns about the model's ability to withstand scrutiny in the event of adverse outcomes, particularly given the physical separation from hospital facilities." As a result, numerous doctors, including hospital-based obstetricians and community-based GPs, indicated they would be hesitant to recommend or refer patients to a freestanding birth centre.

Communications, media and engagement implications

37. The new Northside Hospital Project is in the early planning phases, including the approach to the new birth centre, with expected delivery in 2030.
38. The feasibility report, including consultation feedback, will be one of a range of inputs that will inform the planning and design for the project.
39. iCBR expects to further consult on the project design in late 2025 to early 2026 as design progresses.

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Attachments

Attachment	Title
Attachment A	ACT birth centre feasibility study report 16 10 2024 Revised FINAL