ACT Government
Infrastructure Canberra

Northside Hospital Project

Project Control Group Paper

Meeting details

Meeting Date:	9 October 2025
Agenda Item:	#12
Agenda Item Title:	Birthing Centre Model and Design
Paper Type:	Direction
From:	Prepared by CHS
Drafted:	22 September 2025

Proposed resolution

That the Northside Hospital Project Control Group (PCG):

a) **discuss** the options for a stand alongside birthing centre and

b) **recommend** that a written brief is delivered to the Minister for Health seeking feedback on the proposed options.

Purpose and context

This paper draws together the background of the freestanding birth centre decision, the feasibility work undertaken and options for delivery of the Government commitment as part of the Northside Hospital Project (NHP). The current site planning and design approach does not enable an enduring and appropriate stand-alone solution, whereas the Stage 1 main building design can incorporate an elegant stand-alongside solution and realise the intended benefits of the birth centre model.

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).

   The Feasibility Study

2. As a result of the ACT Government motion, the ACT Health Directorate (the ACTHD) delivered a feasibility study as part of the planning and development of the NHP (refer Attachment A).

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. ACTHD established a working group of subject expert matter experts 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.

5. 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.
6. The study addressed two primary objectives:
    a. Optimal birth centre model for the North Canberra Hospital; and
    b. Feasibility of an additional freestanding birth centre (in the community).
7. 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.
8. 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.
9. A standalone birth centre would provide a homelike environment separate from obstetric led birthing suites for people with low-risk pregnancies.
10. 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.
11. The study also outlined some design principles associated with a standalone birth centre on a hospital campus.
12. The feasibility study concluded 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. It concluded that the system is capable of supporting either model, whether stand-alongside or standalone with the preference (by one point on the assessment matrix) being a stand-alone birth centre.
13. The Minister for Health, Rachel Stephen-Smith, was briefed on these results and noted them in April 2025.

Issues

Options

The Northside Hospital Project team has explored the planning and design requirements for the new birth centre with a range of options explored.

Options for the delivery of the centre were considered during the planning phase (Attachment B and Attachment C). Key design objectives including discreet entrance, demarcated zones for a more

homely design and all-weather access between the service and supporting services (e.g. theatres) have informed the assessment.

Other considerations being worked through to inform design include:

- Workforce efficiencies and team supervision during periods of low occupancy
- Flexibility of design to support increased demand
- Ease and efficiency of access for visitors, staff and support services
- Clinical risks and timeframes for transfer where required of a birthing mother to emergency support (e.g. theatres)

There are limited feasible options on the current site to deliver a standalone birth centre in Stage 1 of the Northside Hospital project and some options may preclude other master plan outcomes such as an efficient Stage 2 footprint, disruption to the birthing centre service during delivery of subsequent stages of construction, limited ability for all weather and dignified linkages to critical care infrastructure.

Based on the current assessment of service requirements, design objectives and opportunities on the campus, the feasibility study requirement for a stand-alone centre cannot be met in Stage 1 of the Northside Hospital Project. However, given the feasibility analysis showed a very small margin between stand alone and stand alongside, the current stand alongside option may still deliver the outcomes required of a new birthing model at Northside Hospital.

Operational considerations and benefits identified through design for the Stage 1 to incorporate a stand-alongside outcome include:

- Workforce efficiency in periods of low occupancy
- Flexible allocation of capacity in peak periods
- Easy and efficient access to
    - Other supporting services and infrastructure such as retain spaces, visitor amenities, back of house linen, food, pathology, pharmacy
    - Other critical clinical risks or model of care advantages
    - Other clinical support services and shared maternity specific facilities such as antenatal care, foetal ultrasound, education spaces, interview rooms etc.

It is to be noted that during an Estimates Committee hearing on Monday 8 September 2025, Minister Stephen-Smith referred to the birth centre being separate to the main building and not included in the tower block of the new hospital.

Maternity numbers

North Canberra Hospital (NCH) currently has 8 birthing suites. The Clinical Services Plan details the need for 6 birthing suites in 2031 and 7 in 2041. This is based on activity projections and has been endorsed by Government and the project.

The inclusion of the new birth centre in Stage 1 of the project will see 10 birthing suites delivered – 6 in the main building and 4 as part of the new centre. This increase in scope is policy-driven and not activity driven, with the decision for the new model of care to be delivered through the birth centre.

As indicated in the Feasibility Report, early costing indicates an uplift in funding would be required to support the standalone birth centre.

The provision of the birth centre suites is necessarily in addition to the main birthing suites because of the low acuity accepted in the birth centre. It is not safe to further reduce the number of suites in the main building because of the provision of the new centre because of the difference in patient entry criteria.

Next steps

Given the options that have been produced for the new birth centre service show limited ability to deliver the preferred stand-alone solution in Stage 1 of the NHP, it is recommended a written brief to the Minister for Health asking for her feedback on whether the project proceeds with one of the options at Attachment B, noting no option meets the Government commitment.

Attachments

Attachment A – ACT Birth Centre Feasibility Study Report 16 October 2024

Attachment B – Stand alone and stand alongside business case options

Attachment C – Embedded in Building Birth Centre Option