

The Hong Kong College of Obstetricians and Gynaecologists

Guidelines for an Obstetric Specialist Service Unit

A. Antenatal Service

1. Antenatal screening should include blood groups, haemoglobin, mean corpuscular volume, syphilis serology, rubella antibody, hepatitis B surface antigen and HIV tests.
2. Facilities for cervical smear should be provided as according to the guidelines of the HKCOG.
3. Antepartum cardiotocography should be available on a daily basis, if required.
4. Ultrasound scanner(s) should be available for immediate scanning, if required.
5. Prenatal diagnosis should be provided, either in-house or via a referral / networking arrangement.
6. Regular antenatal educational programme or classes should be made available to clients.
7. In a team of nurses serving a sizable obstetric outpatient clinic, there should be at least one midwife or nurse-midwife.
8. In a team of doctors attending an obstetric outpatient clinic, there should be at least one specialist obstetrician.

B. Intrapartum Service

1. Foetal heart monitors should be available for intrapartum continuous foetal heart rate monitoring, if required. There should be at least two intrapartum monitors (both of which possessing with foetal scalp electrode for foetal heart signal pick up and with the capacity to monitor twins foetuses depending on the circumstances of the case) available for every 1,000 deliveries per year in the hospital.
2. Facilities for foetal scalp blood pH analysis should be available, if required.
3. Epidural analgesia service should be available, if required.
4. Adequate arrangement for privacy, both acceptable and agreeable to each patient, should be achieved at delivery.
5. During labour, the ratio of midwives to patients should not be less than 1:3. During the second stage of labour, there should be a minimum of two attendants present during each delivery, one of which must be a registered doctor or a midwife. For high-risk patients, at least one doctor must be present. There should be clear management guidelines for junior staff concerned to follow, in particular when a senior doctor or other multidisciplinary advice(s) should be sought. When an obstetric opinion is required, it should be available as soon as required and not longer than 30 minutes. The doctor must be of adequate seniority and experience to ensure that appropriate management decisions could be laid down. For obstetric emergencies, each hospital should have adequate guidelines on management of such, based on the clinical and their own organizational needs. A specialist in O&G or a FHKAM (O&G) should be available within 30 minutes when required.

6. Qualified anaesthesiologists should be available when required.
7. A '24-hour emergency Caesarean section service' should be available. When there is an immediate threat to the life of woman or foetus, such service could be provided as soon as possible, or the duration for 'decision-to-skin-incision interval' be made within 30 minutes.
8. Neonatal resuscitation station with adequate equipment could be available close to the delivery bed.
9. Paediatrician(s) should be available to standby for delivery of the high risk foetuses.
10. Adult resuscitation equipment and facilities should be available to cope with obstetrical emergency.

C. Postnatal and Neonatal Service

1. There should be at least one Neonatal Intensive Care bed for every 1,000 livebirths per year. Alternatively, an effective neonatal transport system should be established with other hospital(s) with Neonatal Intensive Care Unit(s).
2. Early neonatal vaccination programme should be provided for Poliomyelitis, Tuberculosis and Hepatitis B.
3. Routine neonatal screening tests should be provided for congenital G6PD deficiency and congenital hypothyroidism. The neonate should be examined by a doctor before discharged.
4. Postnatal physiotherapy and exercise should be provided when required.
5. Expert services and facilities for supporting breast feeding should be available.
6. Telephone hotline service should be available.

D. Supporting Services

1. Blood components therapy and transfusion service should be available 24 hours a day.
2. Tests including haemoglobin, WBC, platelets, electrolytes, blood gas (including cord blood), coagulation studies, urea, and blood sugar should be available 24 hours a day.
3. Postmortem examinations of stillbirths and neonatal deaths should be available.
4. Radiological facilities should be available in the hospital.
5. At least one ultrasound scanner should be available in the hospital 24 hours a day.

Quality Assurance Activities

A Committee including obstetricians as committee members should be established for monitoring, auditing and quality assurance of the obstetric service of the hospital. The Committee should submit an annual report* for all deliveries according to the College requirement.

*The service or report should follow the College guideline.