

The Hong Kong College of Obstetricians and Gynaecologists
Application for Accreditation of an Obstetric Specialist Service Unit
CONFIDENTIAL

Hospital: _____

Address: _____

Contact person: _____ Tel. _____ Fax: _____

No. of obstetric beds: _____

No. of deliveries in _____ (year): _____

Antenatal Service

Use of antepartum cardiotocography in the
outpatient clinic (yes/no); antenatal ward (yes/no)

Provision of prenatal diagnosis (yes/no)
If yes, within own hospital (yes/no); referral elsewhere (yes/no)

No. of midwife or nurse-midwife normally on duty in the obstetric outpatient clinic

No. of specialist obstetrician attending obstetric outpatient clinic

Intrapartum Service

No. of delivery beds _____

No. of single delivery room _____

No. of fetal heart monitors _____

No. of registered midwives in the obstetric unit _____

Anaesthetist available at all times (yes/no)

Paediatrician available at all times (yes/no)

Postnatal and Neonatal Service

No. of neonatal intensive care beds/cots

Provision of vaccination for neonates (yes/no)

Neonatal screening for
Congenital G6PD deficiency (yes/no)
Congenital hypothyroidism (yes/no)

Supporting Services

Provision of 24-hour blood transfusion service (yes/no)

Provision of X-ray/CT pelvimetry (yes/no)

Urgent access to ultrasound scanner at all times (yes/no)

Provision/Arrangement for postmortem examination of stillbirths and neonatal deaths (yes/no)

Signature

Date

Name and designation