New governance arrangements can't deliver on clinical benefits of tri-location

The AMA (WA) says the State Government's decision not to deliver genuine tri-location of tertiary adult, paediatric, obstetric and neonatal services remains a major missed opportunity for Western Australian families, despite the announcement of a new dedicated Women and Babies Health Service set to launch in July 2027.

Under the new service, Child and Adolescent Health Service will merge with King Edward Memorial Hospital and the new Women and Babies Hospital to bring State-wide responsibility for maternity, neonatal and child health under one organisation.

AMA (WA) President Dr Kyle Hoath said the Government's own consultation process confirmed clinicians preferred a comprehensive tertiary maternity service at the QEII Medical Centre.

The *QEII Medical Centre Maternity Unit Consultation Report*, based on a staged consultation process undertaken between April and July 2025, confirmed that clinicians favoured "a comprehensive tertiary-level maternity service (approximately 3,500 births per year) supporting complex, high-risk obstetric and fetal care in full co-location with PCH".

"World-class maternity care means tertiary adult, paediatric, obstetric and neonatal services located together. That is not what WA will have under the current model," Dr Hoath said.

The AMA (WA) has consistently advocated for a tri-located model, and maintains that clinical requirements should determine the location of the Women and Babies Hospital. The Association remains concerned that mothers, babies and specialist teams will continue to be spread across multiple sites.

"Infrastructure and workforce constraints may help explain the Government's decision, but they do not overturn the clinical advantages of tri-location," Dr Hoath said. "A mother should not have to choose between receiving proper postnatal care and being close to a critically ill baby."

Dr Hoath acknowledged the Government's announcement of improved transfer arrangements and enhanced paediatric capability at Fiona Stanley Hospital, but said mitigation measures should not be confused with solving the underlying problem.

"A dedicated neonatal transfer service is important and we welcome that investment," he said. "But a transfer is still a transfer. The proposed mitigations are necessary, but they do not replicate the benefits of immediate physical proximity between specialist teams."

The AMA (WA) said it would closely scrutinise the implementation of the Government's proposed safeguards, including neonatal transfer arrangements, paediatric services, postnatal support, and clinical governance frameworks.

"The Government has chosen not to deliver a tri-located model. It must now demonstrate that its preferred alternative will be safe," Dr Hoath said. ■

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