Rural Maternity Services

POSITION STATEMENT

Australian College of Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

Background

Over the past three decades there has been a progressive decline in rural and remote maternity services, and in particular birthing services. With over 34,000 babies born each year in locations classified as outer regional, remote and very remote, lack of access to appropriate services impacts on a significant number of women and their families.

The loss of maternity services in rural towns has wider community impacts. It is usually associated with a progressive de-skilling of the medical workforce and a downgrading of facilities and overall level of services, so access to a wider range of health care services becomes poorer. It can affect the economic and social fabric of the community, resulting in temporary or permanent relocations and difficulty in attracting younger couples and families to the affected areas.

> "A coordinated national effort is required to stop further downgrading of rural maternity services and work proactively to re-establish those facilities which have been closed."

Safety and Quality for Rural Maternity Services

The closure of many rural and remote maternity services has been justified by concerns about quality, safety and the need to manage risk. There is ample evidence that outcomes for well-managed rural birthing services can be as good, or better than those in larger centres, and that the risks to mother and baby are greater where access to these services is limited by distance.

There are clear linkages between the need for extended travel time to access maternity services and increased rates of mortality and adverse outcomes. Canadian studies have found that women with no local access to maternity services have worse maternal and newborn outcomes than women from similar communities with local access to even limited birthing services.

Risk management in rural and remote areas should be viewed in the context of the needs of women and their families. Many women may prefer to give birth in their local community with holistic continuity of care and the support of trained staff and appropriate facilities as opposed to being forced to travel to a larger regional centre and the associated travel costs and risks; economic imposts; and lack of support from family and community.

Where issues of quality and safety have been raised, the usual response is to close services and facilities or severely limit their scope of practice, rather than taking steps to remedy the specific issues of concern and provide additional support to improve those services. When this occurs, risk is transferred from the health service to the woman, her family and her community. This risk management strategy needs to change so the design and maintenance of high-quality services that meet identified community need becomes the key objective.

It is inevitable that unplanned births will occur in rural and remote facilities for a range of reasons. These present a much greater risk to the mother and baby where the facility has been downgraded and staff de-skilled. Appropriate and well-maintained infrastructure and equipment should be available at all rural facilities and staff adequately trained to cope with unplanned births.

The Role of the Rural Generalist

The Rural Generalist is trained to meet the health care needs of the community through a broad scope of practice which includes comprehensive primary care, public health, and advanced skills as appropriate for community need.

These doctors can work independently or as part of a broader team to deliver a continuum of maternity care including preconception; antenatal and postnatal care. Many also provide more advanced GP obstetric, anaesthetic and emergency procedural services. They are a key element in maintaining and increasing access to rural and remote maternity services.

Securing Sustainable Rural Maternity Services

This requires a coordinated national strategy which includes the following components:

Quality and Safety

Safe, high quality services which are cognisant of clinical and cultural safety and the needs of rural and remote women and their families:

- Prioritising continuity and holistic care that encompasses pre-and post-natal periods
- Developing strong clinical networks and support mechanisms for rural maternity teams

- Implementing realistic and consistent service capability frameworks which can be understood by both clients and clinicians
- Maintaining facility infrastructure and equipment and staff skills

"ACRRM supports the provision of high quality, equitable, culturally safe, woman-centred maternity care which is delivered as close as possible to where women live, noting that that models of care should be based on the needs of rural and remote women and their families rather than budgetary and/or other considerations.

The College seeks a clear commitment from both Federal and State governments to improving access through the retention of existing rural maternity services and the reintroduction and/or initiation of new services."

Training and Skills Maintenance

Access to training posts which recognise the rural and remote context and support the development of eventual independent and confident practice:

- Securing quarantined training posts for Rural Generalist trainees to acquire the necessary skills and qualifications for procedural practice
- Providing appropriate training in rural and remote maternity care for all GP trainees
- Continued support for practitioners to maintain and update their skills through procedural training grants and other mechanisms
- Ensuring that staff working in rural and remote facilities are trained in basic obstetric care, particularly in the management of obstetric emergencies and use of equipment that supports their current scope of practice

Workforce Support

A skilled rural maternity workforce which is supported through:

- Recognising the rural generalist model as a mechanism to deliver services safely, sustainably and efficiently as close to home as possible
- Valuing team-based care and the various roles of all team members in promoting high quality, collaborative continuity of care; and facilitating these roles through strategic and operational planning both at the government and service delivery level
- Practical support including certainty of locum relief; ensuring that staff accommodation is of a suitable standard; and regular opportunities for study and other leave
- Clinical advice and support, including advice from consultants and the embedding of clinical governance and clinical handover

The maternity workforce should be viewed within the context of overall service delivery and the required skill set in rural and remote areas. There should be a focus on coordination and consistency in broader workforce policy which can then identify and address any significant gaps from the maternity services perspective.

Flexible and Innovative Models of Care

This includes developing, promoting and supporting locally solutions and team-based continuity of care and using a range of tools including digital solutions to support the delivery of services.

Infrastructure and Clinical Support

Clear Federal and State strategies to provide new services and maintain and improve existing rural birthing facilities, together with appropriate infrastructure and clinical support to accommodate unplanned deliveries in facilities which do not routinely provide birthing services.

Coordination and Collaboration

Coordinated approaches to risk management, mitigation and retrieval, and utilising a team-based approach wherever possible to facilitate continuity of care and a seamless care pathway.

Evaluation and Evidence

Robust, transparent evaluation and reporting processes which include all stakeholders but be focussed on the needs and experiences of rural and remote women.

Find out more

If you have any queries relating to this Position Statement, please contact us by:

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ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the traditional owners of lands across Australia in which our members and staff work and live, and pay respect to their elders past present and future.