RURAL DOCTORS ASSOCIATION OF AUSTRALIA

Submission – National Maternity Services Framework

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RURAL DOCTORS ASSOCIATION OF AUSTRALIA

The Rural Doctors Association of Australia (RDAA) is a national body representing the interests of all rural medical practitioners and the communities where they live and work. Our vision for rural and remote communities is accessible, high quality health services provided by a medical workforce that is numerically adequate, located within the community it serves, and comprises doctors and other health professionals who have the necessary training and skills to meet the needs of those communities.

INTRODUCTION

The RDAA is a strong advocate to support women birthing close to home, with consideration to the quality and safety of the maternity service for mother and the baby.

The RDAA supports the concept of a National Framework for Maternity Services (NFMS), to enable jurisdictions to be innovative and flexible with the future development of maternity services while ensuring a high standard of quality and safety.

In some State jurisdictions and/or local health service districts, there is an increasing push to avoid all risk, and there is concern that the NFMS may be used as a mechanism to further reduce the maternity service capability in rural and remote communities. Reducing maternity services in rural and remote communities has potential increased risks to mothers living in these communities, as well as the significant financial and social costs to families and government. RDAA will not support any further reduction of birthing services across Australia.

RDAA also believes that there has been a lack of front line rural clinician engagement in the development of this document. Holding workshops in capital cities with broad invitation lists and limited notice did not facilitate a strong and meaningful level of rural engagement.

In reviewing this draft document there are a number of notable omissions. There are the explicit references to midwives and specialists and only a minor reference to Primary Health Care Providers. The role of the GP obstetrician, which is essential to the sustainability of maternity services in many rural and remote communities across Australia, has not been referenced once.

RECOMMENDATIONS

- Undertake specific stakeholder engagement with a focus on key areas to further develop the draft document eg rural clinicians, Aboriginal and Torres Strait Islander health professionals and their communities.
- There must be explicit statements/references in the document of the role of the GP obstetrician rather than just referencing specialist care.

- The RANZCOG Routine Antenatal Care Guidelines should also be referenced as part of the antenatal screening reference materials.

ISSUES

TARGETED CONSULTATION

The consultation process to develop this document appears to have been limited to a number of workshops held in capital cities, and with limited notice. This process was not conducive to strong rural clinician engagement.

Birthing services in rural communities are often scrutinised by policy makers in relation to sustainability, quality and safety. It is essential in the development of the framework that there is strong stakeholder, consumer and community engagement. RDAA's position in relation to maternity services reflects not only our member's views but also the organisation has strongly advocated on the issue in relation to what is best for the rural and remote communities.

ROLE OF THE GP OBSTETRICIAN

In many rural towns the women continue to rely on the GP obstetrician to provide oversight of their maternity care in partnership with the local midwives. In this framework there is no explicit mention of the role of the GP obstetrician, but a significant number of references to the need to support women in rural and remote communities to access care close to home and that is evidence based.

Birthing as close to home as possible is essential as mothers have greater access to the broader family support during and post pregnancy. With over 34,000 babies born in locations classified as outer regional, remote and very remote[1], it is essential rural service models are supported as part of the NFMS. Also in having to access care away from home, expectant mothers are often required to relocate 3-4 weeks prior to their anticipated due date, this places great mental and physical stress on the mother and the family, particularly if there are younger children in the family. Financial pressure is also a key deterrent for leaving the area.

There is evidence to indicate that women birthing in rural areas have better outcomes than women birthing in metropolitan locations. This is due to a strong culture of appropriate risk assessment and care management of the mother. Risk management of expectant mothers by rural GP obstetricians and midwives is a critical element for a quality and safe rural birthing service. The risk management integrates such things as defined care referral pathways to specialists, if required, and models for integrated antenatal and postnatal care, particularly to support a mother locally during this period, but who may be required to relocate for the birth.

- Under Section 3 of the Framework "Safe, high quality maternity care", it states "Maternity services are made available as close as possible to where the woman resides, providing clinical care that is evidence based and links to specialist care using available resources and technology, with access to appropriate consultation and care referral arrangements."

- RDAA request this is amended to "….that is evidence based, with clearly defined care referral pathways, and access to consultations with GP obstetrician and/or specialist care where possible and appropriate using available resources and technology or in person."

- Under Section 4 Access it states " Primary health care providers play a vital role in the delivery of maternity care and interface with specialist service providers."
- RDAA requests that this is amended to "….. interface with GP obstetricians and specialist service providers." In rural locations not all GPs will manage the antenatal care with assistance of a specialist. In many situations the GP refers to the local birthing service, which is staffed by a GP obstetrician and local midwifery team. If specialist care is required, the GP obstetrician will make the referral rather than the original referring GP, however the GP obstetrician would advise them of the new referral.

Rural GP obstetricians and midwives recognise that a planned low risk birth can turn into something unexpected, and they need to ensure that they have the necessary skills to manage these situations and provide the highest level of quality care they can.

- The Framework also references the lack of infrastructure and skilled workforce as issues impacting on rural and remote primary health care.
- RDAA recommends that it is appropriate for the document to indicate that to support the delivery of maternity services in rural and remote areas requires a level of investment and commitment to the service by governments and health service districts.

GUIDELINE REFERENCES

The National Antenatal Health Risk Factors Strategy (NAHRFS) outlines in its antenatal screening references the National Midwifery Guidelines for Consultation and Referral. RDAA proposes that the Royal Australian and New Zealand Routine Antenatal Care Guidelines also be referenced in this part of the document. There must be a balance through out the framework reflective of the collaborative care arrangements of expectant mothers between the medical and midwifery teams.

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[1] http://www.aihw.gov.au/perinatal-data/source-data/ 2012, 2013 & 2014