Rural Maternity Services

Rural people understand that they will have to travel to access many health services, particularly specialist services. However, access to maternity care services within local community catchment areas is an issue about which rural people have strong feelings. Maternity services are seen by many rural people as essential to their community. When these services are threatened community concern is high, other rural health services may also be at risk and the broader range of community businesses and services and local employment negatively impacted. RDAA does not support the closure or downgrading of rural maternity services.

RDAA is committed to working with all relevant stakeholders to ensure that rural women have access to maternity services that are safe and of high quality as close as possible to where they live.

Providing maternity services in rural Australia that will meet the needs of rural women into the future will require:

- a long-term vision for the provision and sustainability of services that encompasses a range of areas, including: quality and safety; access; workforce; models of care; and infrastructure
- secure funding at adequate levels across all areas to enable the provision of rural models of obstetric care that have the care and safety of rural women (and their babies) at their core.

RDAA points to five key principles to inform the provision of rural maternity services:

**Quality and Safety**

*The care and safety of rural women throughout the whole of their reproductive journey must be the centrepiece of all models of rural obstetric care.*

This care must be:

- provided by well-trained and supported rural maternity services workforces that deliver both the continuum of care and the continuity of care needed by rural women, their babies and their families
- underpinned by coherent consistent obstetric guidelines for maternity services and clinicians with clear reference to the varying contexts of different rural maternity units
- reinforced by robust systemic governance and administration that
  - includes mechanisms to identify possible vulnerabilities for the provision of high quality and safe rural maternity services and provides solutions that can be adapted to the needs of individual services
  - ensures that obstetric clinicians are supported during critical incidents and that critical incident reviews emphasise systems-based solutions over individual blame.

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1 Within this document the term rural is used to encompass locations described by Modified Monash Model levels 2-7.
**Access**

*Rural women have the right to make informed choices about their reproductive and maternity care and have access to services that are safe and of high quality as close as possible to where they live.*

Ensuring rural women have access to contraception and safe termination of pregnancy services and to preconception, antenatal, peripartum and postnatal care as a continuous model of care diminishes health risks and maximises positive health outcomes for rural women and their babies.

**Workforce**

*All health professionals involved in maternity services – including GPs, GP Obstetricians, midwives and obstetric specialists – have a valid role in patient care that must be recognised and valued.*

The importance of team-based care and each role within the maternity care team in providing rural maternity services must be recognised in strategic and operative plans at all levels of government and at service delivery level, including in the *Strategic Directions for Australian Maternity Services*.

These plans must:

- deliver funding for the training of maternity services health professionals, including for the establishment and implementation of the National Rural Generalist Pathway
- enable the workforce recruitment, retention and development strategies necessary to ensure the ongoing delivery and maintenance of rural maternity services
- ensure robust and supportive governance processes for administration and operations
- align workforce recommendations with the National Rural Generalist Pathway.

**Models of care**

*Rural maternity models of care must be fit-for-purpose for the communities they service.*

Rural obstetric care must:

- be multi-disciplinary and collaborative in approach and provide continuity of care cognizant of the lifelong health of the woman
- comprise a continuum of care for contraceptive and safe termination of pregnancy services as well as preconception, antenatal, perinatal and postnatal care.

**Infrastructure**

*Adequate investment in physical and capital infrastructure is necessary for the provision of safe, high quality maternity services in rural areas.*

There is a continuing decline in rural health infrastructure and services that is impacting negatively on the health and safety of rural people and more broadly on rural communities. Unless this trend is halted and reversed rural people will have even worse access to maternity and other health services than is currently the case, contributing to the already poorer health outcomes being experienced by rural Australians.

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Background and detailed position

Maternity services are already not routinely provided in all rural hospitals and there is an apparent nationwide trend toward further closing or downgrading of existing rural maternity facilities. Recent anecdotal evidence suggests that this is happening across the country, but that the reopening of some facilities is offsetting the overall numbers of closures in some States. However, the overall trend raises issues of distribution, equity and safety: downgrading or closing rural maternity services places expectant mothers and their babies at significant risk.

RDAA acknowledges that there have been some high profile instances where there have been legitimate safety concerns but they have been rare and related to circumstances in the particular service. For example, the avoidable perinatal deaths identified in the 2016 investigation into maternity services provided by Djerriwarrh Health Service\(^3\) happened within a facility operating a specialist model of care. While such occurrences reinforce the need for excellent training, appropriate resourcing and robust governance, extrapolating identified issues of concern to all rural maternity services may be misdirected.

Rather than developing one-size-fits-all approaches to ensuring quality and safety in maternity services that employ a single model across an entire jurisdiction, risk mitigation strategies must include procedures to identify possible vulnerabilities and provide solutions that can be adapted to the needs of individual services. Significant consideration must be given to solo practitioners or very small team (two or three practitioners) models whether they be specialist obstetricians, GP Obstetricians or GP Anaesthetists, particularly in relation to support mechanisms, peer review, integration into services and clinical governance.

Rural maternity services have an exceptional safety record and rural women and their babies are at greater risk where maternity care and birthing services are far distant. While women giving birth on the side of the road is still a relatively rare occurrence in Australia, the greater the distance to a birthing facility the greater the risk. When rural maternity services are downgraded or closed women (and following birth, their newborns) may have to travel significant distances for appointments and deliveries.

Women are also often asked to relocate to a town or city with a birthing facility two to four weeks (and sometimes more) prior to their due date depending on distance to travel and assessed level of risk. This places considerable financial and other imposts on expectant and new mothers, their partners and families.

The downgrading or closure of birthing facilities can also have significant immediate and long-term impacts on access to a broader range of health services and on local communities. Closure of birthing facilities can force women to permanently relocate to other towns to start or add to their families, contributing to the social and economic decline of rural communities. The midwives and GP Obstetricians who provided the services may leave the community to go where they can use their training, further stripping rural communities of skills, opportunities for employment of supporting health professionals and administrative staff and income derived by other local businesses.

Investing in access to safe, high quality maternity services that deliver contraceptive and safe termination of pregnancy services as well as preconception, antenatal, perinatal and postnatal care in rural towns and are provided by doctors trained in obstetrics and anaesthetics and midwives, diminishes the health risks for rural women and their babies.

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The Australian Government's *Strategic Directions for Australian Maternity Services*\(^4\) will provide a high-level framework for the provision of maternity services across the country. It must be supported by operative frameworks that:

- detail actions to be taken at all levels
- stipulate timeframes; specify federal, jurisdictional and service responsibilities
- outline evaluation methodology and requirements, performance criteria and accountability mechanisms.

A review of the *2012 National Maternity Services Capability Framework*\(^5\) must be an immediate action to confirm common understandings of facility capability levels and ensure national consistency of maternity service provision across jurisdictions. Currently not all jurisdictions align facility capability with service provision. For example, in Queensland it is not usual to have Level 2 service provision in rural areas which means that women in these areas may have to travel much further than is warranted by their assessed level of risk. A small number of sites may fluctuate between Level 2 and Level 3 or experience periods of bypass depending on workforce availability. Consistent arrangements for level of service that can be clearly communicated to the community are necessary.

A specific, rurally focused action plan should also be developed and implemented to redress the inequities in access to maternity services in rural Australia and ensure a continuum of service provision in rural areas.

*Strategic Directions for Australian Maternity Services*\(^6\), and any other forthcoming national and jurisdictional maternity services plans and frameworks, must align with the development of a National Rural Generalist Pathway when making rural maternity workforce recommendations.

To support rural women’s access to maternity services, the policy and planning approach must be more innovative and flexible than is currently apparent. Local health boards, executive management and State/Territory governments often seem to see only two options – all or nothing – and the range of possible actions to ameliorate underlying issues are not always fully explored or given sufficient time to yield positive results.

The provision of stable and sustainable maternity services in rural Australia requires:

- a long-term vision for service sustainability
- a watchful, preventive approach to risk management that is cognizant of the risks inherent to the rural context where a small change, such as one or two staff resignations, has the potential to place a service at risk of closure
- commitment to finding innovative solutions to identified problems
- consultation and communication with the local community, in particular about the limitations of the various service models
- that those involved in the development of policy, planning and service management:
  o define and clearly articulate processes to ascertain risks to services before they eventuate
  o identify and implement strategies to mitigate against those risks
  o utilise all available options to maintain a service that is identified as being at risk.

Maintaining rural maternity services in rural areas where services are identified as being at risk, for example a service that has been staffed by locums for an extended period of time, will require both investment to address the deficits in the service or workforce model and sufficient time for that

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\(^4\) Op cit. *Strategic Directions for Australian Maternity Services* consultation draft.


\(^6\) Op cit. *Strategic Directions for Australian Maternity Services* consultation draft.
investment to bring about change. One without the other will do little to negate the risks of downgrading or closure: it is unrealistic to expect that investment will lead to improvement in the immediate or short-term future.

RDAA continues its commitment to the 2008 National Consensus Framework for Rural Maternity Services. While there have been some changes over the past 10 years within the areas identified in the document and a number of systemic reviews and initiatives, at both federal and jurisdictional levels, that are impacting on or will impact on maternity services – for example, the development of Strategic Directions for Australia Maternity Services and Victoria’s Better, Safer Care, Delivering a world-leading healthcare system – the content remains largely relevant.

There are five key areas that must be addressed to ensure high-quality, safe and sustainable maternity services are available in rural Australia. They must all be underpinned by adequate and secure levels of funding that reflect the greater costs of service provision in rural areas.

**Quality and Safety**

*The care and safety of rural women throughout the whole of their reproductive journey must be the centrepiece of all models of rural obstetric care.*

The overarching governing principle for the provision of maternity services in rural areas must be that they are safe and of high quality. This requires that they be:

- characterised by an evidence-based continuous quality improvement culture and innovation processes that are mindful of the realities of rural and remote practice
- underpinned by clinical services capability frameworks and clinical governance measures, including credentialling and peer review, that support this quality improvement and practitioner development
- nationally accredited
- based on models of care that have been proven to be successful in rural settings not transposed urban models
- culturally safe
- delivered locally by well-trained doctors, midwives and other health professionals with strong telehealth mechanisms to link patients to their GPs and specialists as needed and to link health professionals to each other
- supported by the formal networking of facilities and health professionals to provide increasingly specialised care appropriate to assessed level of risk including through the provision of reliable information, communication and other technologies to facilitate local and further afield care
- reinforced by effective referral and transfer systems to ensure that:
  - women have safe and high quality care appropriate to their assessed level of risk
  - the transfer of women and babies requiring more specialised care is timely
  - emergency retrieval and transport services are efficiently dispatched when needed
- regulated by robust and dynamic administration and governance processes – including appropriate systemic risk management strategies and clinical peer review mechanisms for credentialling, performance and clinical outcomes – including by ensuring that obstetric clinicians are supported in critical incidents and that critical incident reviews emphasise systems based solutions over individual blame.

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8 Op cit. Strategic Directions for Australia Maternity Services consultation draft.
9 Better, Safer Care, Delivering a world-leading healthcare system was developed following Targeting zero, the review of hospital safety and quality assurance in Victoria that was commissioned following a number of avoidable perinatal deaths at Djerriwarrh Health Services. Available at [https://www2.health.vic.gov.au/about/publications/factsheets/better-safer-care-delivering-a-world-leading-healthcare-system](https://www2.health.vic.gov.au/about/publications/factsheets/better-safer-care-delivering-a-world-leading-healthcare-system)
Rural Doctors Association of Australia Position Paper

RDAA Rural Maternity Services Policy Position

All rural hospitals without maternity services should be prepared for imminent unplanned births and neonatal resuscitation by ensuring staff have the training, equipment and communication plans and systems to manage such situations. This should include ensuring that in all emergency departments:

- monitoring equipment and labelled imminent birth and neonatal resuscitation equipment boxes are readily available
- obstetric emergency protocols, including for premature labour, pre-eclampsia and severe post partum haemorrhage, and relevant perinatal clinical guidelines are easy to access.

**Access**

*Rural women have the right to make informed choices about their reproductive and maternity care and have access to services that are safe and of high quality as close as possible to where they live.*

Ensuring rural women have access to contraception and safe termination of pregnancy services and to preconception, antenatal, peripartum and postnatal care as a continuous model of care is critical to maintaining the health and wellbeing of rural women and their babies.

It is the responsibility of health professionals to provide all relevant information to enable women to make informed choices about their reproductive health and relevant services.

Rural maternity services must recognise the significance of Birthing on Country for Aboriginal and Torres Strait Islander people and provide culturally safe care. Where medical need requires clinical escalation to a distant facility every effort must be made to maintain engagement with family, community and carer.

RDAA recognises that it is not practicable to provide full obstetric services in all rural hospitals. However, a continuum of service that gives consideration to the distance to the next birth facility must be provided in rural areas. Women should be able to access termination of pregnancy, antenatal care, postnatal care and support services that are as safe as possible in their own communities even if birthing services are not available.

Clearly defined telehealth processes and networks and reliable technology are necessary in all rural hospitals to ensure rural practitioners are able to easily access specialist advice when needed.

The limitations of any service, including part-time maternity services, must be understood by all team members and clearly communicated to patients.

The future sustainability of the rural maternity service must be an underlying operating principle. This will require a keen awareness of the realities of rural practice, continuing vigilance, responsive governance and preparedness for action at the first indication of a workforce or other issue that may put service viability at risk.

The downgrading or closure of rural maternity services places rural women and their babies at risk. Where such decisions are made they must be governed by strong transparency and accountability mechanisms, informed by evidence and independent impact assessments, and taken in consultation with local communities. A closure of service framework which:

- identifies mandatory steps that must be taken to identify, assess and address underlying causes
- links evaluation measures and performance criteria to each step, and
- specifies timeframes for acting on and evaluating implementation of those steps

must be developed to ensure that all possible avenues for maintaining a rural maternity service have been exhausted before a service can be closed.
Workforce

All health professionals involved in Maternity Services – including GPs, GP Obstetricians, Midwives and Obstetric specialists – have a valid role in patient care that must be recognised and valued.

A well-trained generalist medical and midwifery workforce supported by other health professionals as needed is generally the best option to deliver sustainable rural maternity services.

Targeted, coordinated strategies to support and enhance this collaborative care must include:

- adequate long-term investment in the National Rural Generalist Pathway as an important step to redress the shortage of GP Obstetricians and GP Anaesthetists in many rural areas that is placing maternity services at risk
- investment in the training of rural midwives and other rural health professionals, including Aboriginal Health Workers
- support for staff engagement in Continuing Professional Development (CPD) to maintain and update knowledge and skills
- alignment of training initiatives with appropriate and continuing recruitment and retention strategies to ensure workforce sustainability
- flexible employment models that can support innovative models of care tailored to local circumstances, for example midwifery-led medically integrated care.

Very few rural maternity services have sufficient activity to support the full time obstetric teams needed to provide suitable numbers for the on-call roster or ensure that all professionals are able to update and maintain their skills. This requires a team of clinicians with advance skills in obstetrics/maternity care as well as a broader generalist skill set in medical, nursing and allied health. A small change in workforce circumstances can put many rural birthing services at risk of closure.

To provide safe, high quality maternity services in rural settings a multi-disciplinary, team-based approach is essential to deliver models of care appropriate to rural communities. This approach must:

- be founded on understanding and respect for the roles of each member of the team
- effectively utilise the skills of team members by ensuring involvement at the appropriate level of service delivery
- give consideration to continuity of carers
- clearly articulate operating principles and processes under which the team works, including clinical escalation trigger points and procedures
- support obstetric clinicians in critical incidents
- have efficient referral pathways and communication mechanisms to support collaborative care, including for non-obstetrically trained GPs to deliver antenatal care.

All staff from the smallest to the largest hospital must be trained to manage an obstetric emergency and neonatal resuscitation.

All staff must be trained in providing culturally safe care.
**Models of care**

*Rural maternity models of care must be fit-for-purpose for the communities they service.*

Rural obstetric care must:

- be multi-disciplinary and collaborative in approach
- place the care and safety of women through the whole of their reproductive journey as the centrepiece of continuous care models providing access to contraception and safe termination of pregnancy services through preconception, antenatal, peripartum and postnatal care
- reflect the complexity, scope and circumstances of maternity service provision in rural communities
- be based on evidence about what works in these settings, including integrated midwifery and medical models
- provide holistic care for mothers and babies that gives consideration to continuity of carers
- be flexible and adaptable to enable innovation, tailoring to local circumstances and responsiveness to changing conditions
- be reinforced by robust mechanisms that clearly identify the roles of each team member
- be governed by unambiguous protocols for clinical escalation, referral and transfer
- be underpinned by coherent consistent obstetric guidelines with clear reference to the varying context of different rural maternity units.

**Infrastructure**

*Adequate investment in physical and capital infrastructure is necessary for the provision of safe, high quality maternity services in rural areas.*

The building or refurbishment of existing facilities to ensure that they are modern, fit-for-purpose and of a similar standard to facilities in larger regional or major city hospitals will have a positive impact not just with respect to the number of women giving birth locally but also for employment and support for local economies.

Improvements in physical structure must also be supported with capital investment. Up-to-date equipment and computer systems that can support the requirements of digital health initiatives are essential tools for safety and quality.

While not all rural hospitals can have the capacity to support maternity services that cater for complex, high-risk deliveries, a continuum of nationally accredited and formally networked services must be maintained in rural and remote areas. As communities increase in size (and with consideration given to the distance to the next service) the capacity of rural hospitals to provide birthing services should increase from low-risk deliveries to 24-hour emergency and caesarean capability.

All hospitals must be equipped to manage an obstetric emergency and provide neonatal resuscitation.
RDAA will:

- work with all relevant stakeholders to ensure that rural women have access to maternity services that are safe and of high quality as close as possible to where they live
- continue to seek feedback from its broader membership on all aspects of rural maternity service provision
- advocate for the maintenance of existing rural maternity services and for the reopening or establishment of new services as appropriate
- provide support for members (including maternity services corporate members) to address any forthcoming issues
- seek feedback from members and other stakeholders to develop equipment guidelines for imminent birth and neonatal resuscitation boxes and work with federal, jurisdictional and local health services to progress the adoption of the initiative nationally
- work to ensure the availability of appropriate training – such as Rural Emergency Obstetrics Training (REOT), PRactical Obstetric Multi-Professional Training (PROMPT), the Maternity Emergency Care Course and Queensland’s Imminent Birthing Course – for non-birthing and birthing facilities staff.