RURAL DOCTORS ASSOCIATION OF AUSTRALIA
Caring for the Country

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Australian College of Rural & Remote Medicine

Birthing services in small rural hospitals: sustaining rural and remote communities

Strategic outcomes from the RDAA and ACRRM symposium

10 March 2005, Alice Springs

Introduction

A major symposium, *Birthing services in small rural hospitals: sustaining rural and remote communities*, was convened by the Rural Doctors Association of Australia (RDAA) and the Australian College of Rural and Remote Medicine (ACRRM) earlier this year to develop practical strategies to ensure the ongoing delivery of birthing services in rural areas.

The multidisciplinary symposium was supported by a grant from the Australian Department of Health and Ageing, although the views and outcomes expressed in this paper do not necessarily reflect the views of the Department. The symposium preceded the 8th National Rural Health Conference held in Alice Springs during March.

The strategic directions from the symposium are outlined below. They are the work of a multidisciplinary group of about 130 medical, midwifery and other health personnel, community members, policy developers and program designers who attended the symposium. The data was developed through a series of expert presentations, leading to the development of recommendations for priority issues and action by the facilitated working groups which were the core of the symposium.

The strategic directions can also be found at www.rdaa.com.au (go to 'Publications') and www.acrrm.org.au (go to 'Symposium'). The outcomes are designed for use in advocacy and policy development by individuals, organisations and all levels of government.

Summary of the symposium outcomes

Guiding principles

- placing community interests first
- consultation on service delivery options
- collaboration in terms of workforce and service delivery models for rural and remote Australia

Priority areas

- community interests first
- consultation
- collaboration
- models of care
- workforce
- training
- policy and planning
- support mechanisms
- funding
- impact assessment

National implementation

The following priorities are recommended for implementation at a national level

- fireproofing communities against the loss of birthing services—development of social impact statements to enhance understanding of the impact of loss of birthing services on rural and remote communities
- firefighting—empowering rural communities to support and preserve birthing services
- maintaining regional birthing capacity—recruiting and maintaining co-ordinated regional teams
- skills maintenance—enhancing appropriate and financially supported continuing professional development (CPD), upskilling and skills maintenance for specialist, generalist and auxiliary health personnel in birthing service delivery

Strategic issues from speakers at the symposium

Challenges to the concept that birthing services in small hospitals are less safe than in tertiary hospitals

- evidence that the likelihood of neonatal death is significantly less in maternity hospitals outside tertiary centres over three years regardless of risk status and parity
- evidence that challenges the view that small hospitals are not a safe place for women with uncomplicated pregnancies to give birth

The importance of choice for women giving birth

- challenges to current thinking that minimises the capacity for choice for women and families in terms of birthing

Concerns by rural people that the true impact of the loss of birthing services in their community is not fully understood by policy-makers, particularly in terms of:

- future mother and baby safety
- loss of continuity in health services
- financial and social cost to families
- potential loss of midwives/medical/health staff
- problems recruiting staff in the future
- costs to the health system, *eg*. the transfer of patients

Concerns that communities underestimate the extent of their capacity to preserve existing services

- lobbying state and federal members for increased overall health funding for maintaining (or improving) maternity services in rural centres, especially for low risk births; increased funding for more medical places (and including more rural students); increased training and support for doctors and midwives in rural areas; increased equipment and resources
- promulgation of the key elements that may be of use to other communities faced with similar threats to, or closures of, rural health services to provide a model for successful community action

Workforce co-ordination and support

- sustainable, regional models of workforce collaboration including specialists, generalists and health personnel in the provision of safe and accessible birthing services
- workforce models currently being piloted that are designed to address community need for birthing in home territory, the imperative that health professionals provide a maternity service of high quality and the necessity that the model should be economically sustainable

Issues and recommendations from participants

Community interests first

- the right of women to choose birthing services provided in their local community must underpin the development of appropriate models of care
- any decision to close a small rural maternity unit should be conditional on an external health and community wellbeing impact statement
- clear and open discussion with communities must precede any decision to alter current patterns of maternity care
- local data collection needs to be developed to ensure an even understanding of the service requirements of communities
- rural communities should be supported to collect and disseminate data and comparative information about the safety and costs of local birthing and the available alternatives, and assisted to develop action plans to support services which meet their needs
- a flexible template should be developed to assist small rural communities to delineate their minimum health service requirements, the local resources available to meet them and practical ways in which they could be met
- guidelines and toolkits should be developed to support local community action including effective lobbying and media campaigns
- targeted and strategic community-based campaigns should collect, use and disseminate evidence to influence policy and program change, particularly in response to any erosion of services or infrastructure
- community advocacy should focus on local birthing services as the cornerstone of local family healthcare and community wellbeing
- the safety of small rural maternity services and the history of local continuity of team care in achieving this should be widely promulgated
- the value of midwives, GPs and specialist obstetricians to the health and wellbeing of rural communities must be promoted
- data on the high levels of outcomes and low levels of intervention in small rural hospitals should be used in advocacy and discussions of cost-effective service delivery
- authorities which close local services must provide adequate family accommodation near the new service
- rural change champions who can advocate for rural communities should be identified and supported
- successful models of community action to save their birthing services should be disseminated to help other communities do the same

Consultation

- all jurisdictions should mandate clearly documented formal public consultation processes with local communities as a prerequisite for any decision on the withdrawal of local birthing services
- community consultations must be open, honest, respectful and conducive to mutual dialogue
- consultation and decision-making should be focused on realistic regional solutions rather than problems and challenges
- a practical handbook of strategies for sustaining rural services should be developed
- senior health planners and decision-makers must visit and participate in meaningful consultations with communities before making decisions on birthing unit retention or closure
- consultation must include informed community assessment of the relevance of a local birthing service, local priority assessment and negotiation on minimum infrastructure and support networks in the context of social needs and flow-on costs to the community
- a closure assessment study should include consideration of the difficulty of reinvigorating services that have been downgraded or closed

Collaboration

- rural maternity care providers should train and work in an holistic team environment
- demarcation issues between members of the professions that provide birthing services should be resolved at the organisational level
- cultural change within professional groups should promote attitudes which enhance a team approach to the delivery of maternity services in small rural units
- professional education and training must promote trust and respect between all those involved in birthing services
- a collaborative team approach to birthing services should be used as an attraction in recruiting rural healthcare professionals

Models of care

- flexible team models should be the basis of all rural birthing services
- the skills of all members of the rural maternity care team—midwives, GPs and specialists—must be recognised and utilised efficiently and effectively
- local birthing services should be backed by rural specialist obstetricians in a consultant role and reliable 24-hour statewide telephone advice and retrieval systems

- protocols should be developed to ensure the maximum utilisation of local staffing resources, and hospital management should be involved in the development of workable guidelines for optimising the use of the existing public and private workforce
- successful models of integrated obstetric, midwifery, GP and specialist care and support networks should be analysed and disseminated
- new models should capitalise on the expertise of direct entry midwives
- models of care which can operate safely without a resident doctor should be considered on the basis of the available evidence
- the applicability of midwifery community-based care services to small rural communities should be considered in the context of current workforce shortages
- demarcation and credentialing issues which obstruct the rational delivery of clinical care must be critically reviewed and addressed
- protocols should be developed to ensure the maximum utilisation of local staffing resources
- greater emphasis should be placed on models which involve medical and specialist care as needed, not as the norm

Workforce

- recruitment strategies should promote the positive aspects of rural maternity care and the valued roles of obstetric and midwifery careers
- recruitment and retention incentives and professional development opportunities should include all members of the rural maternity care team
- the attitudes and aspirations of incoming cohorts should guide the development of recruitment policies and incentives
- there must be increased investment in recruiting GPs to rural obstetrics
- the role of midwives as valued health professionals and midwifery as a worthwhile professional career should be promoted to high school students
- the skills of all members of the maternity care team should be utilised to the full and maximised by ongoing professional development
- strategies to facilitate student exposure to rural maternity care should be strengthened
- current disadvantages faced by rural midwives in relation to professional development, work conditions and remuneration must be addressed
- state and regional solutions to working conditions and awards must be developed in the context of considerable differences across jurisdictions
- ongoing uncertainty about indemnity and medico-legal factors affecting obstetric practice must be addressed
- assessing, supporting and utilising the skills of overseas trained doctors with relevant skills should be a priority under current Commonwealth initiatives
- equitable remuneration must reward rural doctors and midwives for the complexity/responsibility of their practice and the hours that they work

Training

- constructive and positive approaches to rural maternity care must be embedded in early training for young healthcare professionals

- the advantages of rural training and experience as a basis for careers in obstetrics, procedural obstetrics and midwifery should be widely promoted
- multi- and cross-disciplinary mentoring should be provided in the early stages of training
- a strong and well-resourced network of regional training posts should underpin the development of strong and well-supported maternity care teams
- locally designed and positive team-based multidisciplinary training and integrated professional development should be provided on-site in rural areas, including for young professionals in their initial practice years
- training and practice environments should focus less on individual skills than developing the capacity of appropriately trained and supervised multidisciplinary teams based on mutual respect and efficient division of labour
- multidisciplinary training should enhance interest in, and the capacity of, students to take up rural maternity practice
- flexible training and upskilling modules should include series of short sessions, mobile workshops and exchange programs
- initial training for maternity care should include a persuasive rural perspective
- a national framework should support standardised requirements for ongoing training and continuing professional development for midwives
- rural training placements should be made available for midwife pupils and direct entry midwifery students
- midwives working in Aboriginal medical services should receive prioritised CPD support

Policy and planning

- health system reform must include a clear political and administrative commitment to informed consultation and decision-making centred on community need
- government policy must support the right of rural communities to quality birthing services appropriate to their needs and choice
- an integrated approach to rural procedural medicine should underpin recruitment, training, the provision of training places, mentoring the incoming generation, and policies on accreditation, conditions and pay
- birthing services should be considered as an integral part of a continuum of ante- and post-natal care
- the workforce which supports rural birthing services should be valued above physical infrastructure when assessing the viability of local services
- political will must underpin a regional commitment to maintain and support infrastructure and reverse the loss of birthing services in small rural communities
- a regional approach to team models of care should allow for backfilling and flexible professional support networks across the region
- programs should encourage flexibility in capitalising on the capacity of rural birthing services to expand to fill other roles, including training
- workforce planning and staffing systems must ensure working conditions that include adequate time off, programmed upskilling and relief. These arrangements should be subject to regular monitoring and review
- in the event that a local birthing service cannot be sustained, comprehensive local care to deal with emergencies must be established and maintained
- clustering, skills mix and diverse models of care should be tailored to community situations across regions
- regional and state health planning must be evidence-based and consider the interests of both small and larger centres when planning service networks
- small rural hospitals need to have a specific voice in health system reform
- local, intra- and inter-regional training and multidisciplinary support networks should be developed and supported
- multidisciplinary cluster models should be developed on the basis of natural client drainage patterns rather than arbitrary boundaries
- the decline in the obstetric and procedural workforce should be factored into service delivery planning based on flexibility in the scope of practice for regional maternity care teams
- regulations which block opportunities for doctors in private practice to maintain their skills and contribute to the work of public hospitals should be reviewed and adjusted

Support mechanisms

- the age and family structure of the current workforce, rather than traditional paradigms, should guide the development of support mechanisms
- education, training and practice should focus on developing and optimising team-based roles which highlight continuity of care and job satisfaction
- the New Zealand ‘no blame no fault’ approach should underpin legislative reform in relation to indemnity
- transferability of registration and credentialing between regions and states should be facilitated
- integrated strategies must be developed to support and promote the retention of all those involved in rural birthing services, including proceduralists in anaesthetics and surgery, specialist paediatricians and the hospital staff who supply and support these clinical services

- current strategies for vertical integration of training across medical and health disciplines should be exploited to provide early and positive experience for young people entering medicine and midwifery
- practical support for team-based birthing services should include backfilling, childcare, indemnity insurance and ways to encourage a collegial culture
- adequate locum support and backfilling with the appropriate skills for genuine replacement must be provided in rural birthing services
- state-based industrial support should cover the hospital work of all proceduralists

Funding

- health system reform must include new mechanisms to ensure an equitable distribution of federal and state funding to support regional and rural services
- support and funding should be provided to extend training and upskilling in regional centres
- acknowledge and assess the impact of cost-shifting to communities and families when considering the price of maintaining or removing local birthing services
- provide flexible funding to enable birthing services that have excess capacity to provide training and other services to other areas
- the Australian Health Care Agreements and/or other mechanisms to transfer Commonwealth funding for health services must include measures to ensure an equitable or per capita amount is distributed to the rural and remote populations
- the Australian Health Care Agreements and/or other mechanisms to transfer Commonwealth funding must include a loading to reflect the uneven burden of illness and the greater cost of service delivery in rural and remote areas
- national awareness and understanding of rural health funding issues should be raised to strengthen political will to ensure more equitable funding formulae
- an evidence-based framework should be developed as a basis for quarantined funding for rural health services

Impact assessment

- develop regional toolkits to enable communities to preserve and improve existing services in the face of current or future threat of losing them
- the safety implications of closing maternity services should be researched and the evidence disseminated to political decision-makers
- consumers should participate in research to provide evidence of need and minimum service requirements (including practical, low-tech options) and strategies for risk management

- realistic assessment must allow for risk management by developing new models of local services before old ones are withdrawn
- an evidence-based framework should be used to determine the minimum size and profile of a maternity unit required to provide quality care for small population centres
- a mandatory impact assessment system should be used to ensure the consideration of factors like cost-shifting, the expense of alternative systems and the effect of closing a rural birthing service on other local and regional services
- a mandatory impact assessment should include quantitative and qualitative data on safety which captures the experience and make-up of the community and alternatives to closure which include reassessing workforce training or deployment
- any proposal to close a rural birthing service must consider the time, distance and conditions of travel/transport between towns and clinical services and the practicalities of access to retrieval services
- service closure must include the maintenance or establishment of minimum services to deal with unforeseen obstetric emergencies
- opportunity costs, the departure of professional personnel and loss of social capital must be considered in a mandatory impact assessment of maternity services closure
- promote realistic assessment of service needs—in the context of current workforce supply, demographics, distance and outreach networks—which emphasises the benefits of improved co-ordination on cost-efficient service delivery

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