Australian College of Rural & Remote Medicine

WORLD LEADERS IN RURAL PRACTICE

COLLEGE SUBMISSION

Queensland Rural Maternity Services Taskforce

February 2019

College Details

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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.

Summary of Recommendations

The Australian College of Rural and Remote Medicine (ACRRM) recommends that:

- the outputs from the Queensland Rural Maternity Services Taskforce should provide leadership through a strong framework to promote development and support sustainable for rural and remote maternity services throughout the State.

- the development of recommendations that support '*the provision of suitable woman-centred care as closed as possible to where women live'*, noting that an interpretation of the term *'suitable'* should be clearly defined in the final report and recommendations. The College urges the Taskforce to adopt an holistic view in developing a definition which is based on the needs of rural and remote women and their families rather than budgetary considerations and a clinically-focussed view of quality and safety issues.

- the delivery of a clear message about the need to retain rural maternity and birthing services to improve access and improve outcomes for rural and remote women and their families in the final recommendations and clinical framework.

- the role of the local General Practitioner (GP) and GP Obstetrician in providing maternity care both as a private practitioner and as a key member of the health care team, be acknowledged and expanded to include increased use of their services in the VMO capacity and in teaching and training.

- all rural and remote hospitals be prepared and equipped to cope with obstetric emergencies and unplanned births, both through the provision and maintenance of equipment and infrastructure, and staff upskilling and training.

- the Taskforce is cognisant of the work which is currently under way to develop a National Strategic Framework for Maternity Services, and that its output is consistent with the values and principles espoused in the Framework.

- the Taskforce supports consults widely and through a range of mechanisms including a web-based survey; call for submissions and consultation forums. It is important that as many rural and remote women and health professionals have the opportunity to provide input into this important issue.

- the Taskforce report include a specific value statement for rural and remote women which includes a commitment to:
  - Equity of access to services as close to home as possible
  - Maintaining and enhancing rural birthing services
  - Improving culturally appropriate access and outcomes for Aboriginal and Torres Strait Islander women and their families
  - Developing and supporting a skilled rural and remote workforce
  - Ongoing investment in infrastructure to support rural maternity and birthing services

Given the close interest and involvement of the College in this issue both generally and through many of its individual members, ACRRM would welcome an opportunity to hold further detailed discussions with the Taskforce.

About the Australian College of Rural and Remote Medicine (ACRRM)

ACRRM's vision: *The right doctors, in the right places, with the right skills, providing rural and remote people with excellent health care* reflects its strong commitment to improving service access and health outcomes for people living in rural and remote communities.

The College progresses this vision through the provision of quality vocational training and professional development education programs; setting and upholding practice standards; and support and advocacy for rural doctors and the communities they serve.

ACRRM is one of two professional Colleges recognised by the Australian Medical Council to provide vocational training towards Fellowship in the specialty of general practice. The College's programs are specifically designed to provide Fellows with the extended skills required to provide the highest quality rural generalist care in rural and remote communities, which often experience a shortage of face-to-face specialist and allied health services.

The Queensland Rural Maternity Taskforce

The College notes that the Queensland Rural Maternity Taskforce has been established to:

- *engage with key stakeholders in rural and remote Queensland regarding access to and provision of safe and sustainable woman-centred care.*
- *gain an understanding of the issues, concerns, and expectations in those communities.*
- *enable the development of appropriate recommendations that support and enable the provision of suitable woman-centred care as close as possible to where women live, whilst enabling good outcomes for mothers and babies in rural and remote communities.*

To achieve:

- *A report on current maternity services, which will include an analysis of the factors that affect access to and safety of services, and outcomes for mothers and babies.*
- *A decision-support guide for Hospital and Health Services to assist with planning, developing and delivering rural and remote maternity services.*

ACRRM supports the development of recommendations that facilitate '*the provision of suitable woman-centred care as closed as possible to where women live'*, noting that the term *'suitable'* should be clearly defined in the final Taskforce report and recommendations. The College urges the Taskforce to adopt an holistic view in developing a definition which is based on the needs of rural and remote women and their families rather than budgetary considerations and a medical/midwifery-centred view of quality and safety issues.

ACRRM recommends that the Taskforce is cognisant of the work which is currently under way to develop a National Strategic Approach for Maternity Services (NSAMS), and that its output is consistent with the purpose, values and principles espoused in that document. The NSAMS refers to the use of the rural birthing index as a guide to the development and maintenance of rural maternity services and the College encourages the Taskforce to adopt this approach.

These include the NSAMS proposed purpose: *to ensure that Australian Maternity Services are equitable, culturally safe, woman-centred, informed and evidence-based,* underpinned by values of *respect, access, choice and safety.*

The College also supports the stated intent of the Taskforce to consult widely and through a range of mechanisms including a web-based survey; call for submissions and consultation forums. It is important that as many rural and remote women and health professionals as possible have the opportunity to provide input so that the needs of rural and remote women, including Aboriginal and Torres Strait Islander women and women from diverse cultural backgrounds, can be identified and addressed. We remind the Taskforce of the necessity of offering culturally safe environments for Indigenous women, their families and communities to contribute - without cultural safety, their important contributions may not be heard.

College Position on Rural and Remote Maternity Services

ACRRM strongly supports the retention of rural and remote maternity and birthing services. This is a national and state-wide issue which can significantly affect the health and wellbeing of rural women and their families and the economic and social fabric of rural and remote communities.

While acknowledging that proactive steps have been taken to re-introduce birthing services to several regional, rural and remote communities, the College viewed with concern, the closure of services in Chinchilla and Theodore during 2018. This occurred in spite of strong advocacy from local women and their communities.

The College urges the Queensland government take proactive steps, both independently and in coordination with the Commonwealth government, to stop the further downgrading of rural maternity services and to re-establish or resurrect facilities which had been closed.

High quality maternity services can be provided by rural generalist doctors who often have procedural skills in obstetrics and anaesthetics, working closely with midwives and other health professionals as part of a dedicated and highly skilled maternity care team.

ACRRM Fellows are involved in the provision of the full range of maternity care in rural and remote areas and fill key roles in enabling timely access to services as close to home as possible. This includes preconception care; antenatal and postnatal care; and GP obstetric, anaesthetic and emergency procedural services.

Safety and Quality in the Rural and Remote Context

Rural and remote general practitioners work under unique circumstances and with a scope of practice and working environment which can very different to urban practice. These doctors are often the only readily available health care practitioners, meaning that they are often called on to provide a different and typically broader and more complex suite of services than their urban counterparts. These extended services are often delivered in ways that differ from typical urban practice models due to the limited resources and clinical support in the local rural setting. This does not mean that quality and safety is compromised, but rather that high-quality models of care are developed which are appropriate to the location, resources and needs of the local community.

The closure of many rural and remote maternity services has occurred under the guise of quality and safety and the need to manage risk. However there is ample evidence that outcomes for rural birthing services are as good, or better than, their urban counterparts. This data is available from within Queensland as well as at the national and international level.

In the past, there has been the tendency to respond to any concerns about quality and safety by closing services and facilities or limiting 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 of shift to those with limited capacity to respond to it is an abrogation of the social contract inherent in the provision of public health services.

This approach to risk management needs to change, so the design and maintenance of high-quality services that meet identified community needs, becomes the priority and the accepted response.

The closure of maternity and birthing services can actually result in poorer health outcomes. The loss of maternity services in rural towns diminishes the overall health service quality for rural communities and significantly lowers maternal safety. Local services are essential to deal with obstetric emergencies and studies have clearly linked the need for extended travel time to access maternity services to increased rates of mortality and adverse outcomes. (Allen and Kamradt, 1991) (Kildea et al, 2005). 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. (Grzybowski et al, 2007).

Risk management in rural and remote areas also needs to be viewed in the context of the needs of women and their families. For many of these women, it may be 'safer' for them to give birth in their local communities and with the continuity and support of trained staff and appropriate facilities, than necessitating travel to a larger regional centre, with its associated economic imposts and lack of support from family and community.

In any case, 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. The lives of babies and their mothers are saved in emergencies when their carers have current expertise in advanced obstetric life support. Likewise, a standard of infrastructure and equipment must be provided in these facilities in order to cope with unplanned births. This must be well maintained and staff trained in its use.

Rural Generalist practitioners working in both the public and private sectors can play a key role in maintaining local birthing services and maintaining the continuum of care for the woman and her baby, in addition to meeting a broader range of community health care needs.

Safe and Sustainable Maternity Services for Rural and Remote Queensland

The outputs from the Queensland Rural Maternity Services Taskforce should provide leadership through a strong framework to promote development and support sustainable for rural and remote maternity services throughout the State.

Specific reference should be made to:

- A woman's right to choice
- Improving access through the retention of existing services and the re-introduction and/or initiation of new services
- Clear ownership and prioritisation of rural birthing by relevant Health and Hospital Services

- Mechanisms to ensure support from regional specialists and the embedding of clinical governance and clinical handover
- A statewide approach to risk management, mitigation and retrieval

The following issues should be considered:

- ***Workforce training and support,*** and in particular the value of the rural generalist skill set in delivering services safely, sustainably and efficiently as close to home as possible. The GP and GP Obstetrician play a fundamental role in rural and remote maternity care, including as key team members in the rural and remote context. There is potential to expand the role of GP obstetricians, especially in providing VMO services and in training staff and registrars.

  It is important that rural and remote healthcare professionals have access to the necessary training and support so that they have the skills and equipment to manage obstetric emergences, noting that these will invariably occur even in communities which do not provide birthing services.

  Workforce support includes fostering the development of innovative and community-based responses in addition to a number of practical strategies including providing certainty in terms of locum relief, ensuring that staff accommodation is of a suitable standard, and providing opportunities for study and other leave.

  The College notes that this a complex issue which is already the subject of a range of Commonwealth and State programs and initiatives. Maternity services should be viewed as an integral component of health service delivery, particularly in rural and remote areas. Rather than developing a separate set of maternity workforce strategies which may duplicate existing policies, the Taskforce should promote coordination and consistency in workforce policy and look to identify and address any significant gaps from the maternity services perspective.

- ***Service delivery, coordination and collaboration,*** with reference to utilising a team-based approach wherever possible to facilitate continuity of care and a seamless care pathway for rural and remote women.

- ***Infrastructure and clinical support***, with a commitment to not only maintain existing rural birthing facilities but to increase the number of these facilities state-wide, together with appropriate infrastructure and clinical support to accommodate unplanned deliveries in facilities which do not routinely provide birthing services.

- ***Aboriginal and Torres Strait Islander peoples***, with a clear commitment to addressing the current disparity in access and outcomes and engaging with Aboriginal and Torres Strait Islander communities to design and deliver culturally appropriate services.

- ***Women for culturally and linguistically diverse backgrounds***, recognising that an increasing number of these women are living in rural and remote areas and that there may be increased demand for cultural training and interpreter services.

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