

MATERNITY SERVICES for RURAL AUSTRALIA

PREAMBLE

Rural women have the right to choose birthing at hospitals in their own communities supported by their family and friends and continuity of care from their local maternity service. Robust evidence shows that small rural hospitals are safe places to give birth. Yet despite their proud record, more than 130 rural maternity units have been closed since 1995. The Rural Doctors Association of Australia (RDAA) asserts that the three major issues related to these closures – safety, workforce and cost – must be examined in the light of current evidence and vigorously addressed as a matter of urgency.

CRUCIAL ISSUES

Risk-adjusted data show that obstetric outcomes in small maternity units are as good as, and often better than, those achieved in larger hospitals. RDAA contends that it is closing local birthing services that compromises the safety of rural mothers by forcing them to travel elsewhere to give birth.

Closing rural maternity units exacerbates workforce shortages by undermining government workforce policies and programs that support the recruitment and training of GP proceduralists when the rural maternity units in which they could practise are closed.

Hospitals, health authorities and health departments may anticipate savings through closing rural maternity units. However, in broader terms, this is not cost-effective because:

- delivery costs are usually lower in smaller hospitals
- closure shifts costs from the health budget to rural families and communities in the form of transport, accommodation, loss of income due to absence from a farm or other employment and spending diverted from local businesses
- the local hospital is an important employer, sometimes the largest employer, in a small town. Its downgrading or closure has a significant impact on the socio-economic vitality of the community
- the larger hospitals where mothers have to go to give birth incur increased costs, often without commensurate increases in human or financial resources
- ambulance services face higher costs, workloads and responsibilities, frequently without the increased funds, staff or training needed to cover them

Safe and cost-effective services

RDAA asserts that the following basic requirements are essential for the safe and cost-effective delivery of safe maternity care for rural communities:

- continuity of care within the mother's community during pregnancy, birth and the postnatal period which enhances safety, bolsters patient satisfaction and reinforces professional job satisfaction
- appropriately trained and properly supported procedural doctors, midwives and multi-skilled rural nurses working collaboratively in flexible, locally developed team models of care that utilise the skills of all the team efficiently and incorporate rural and regional specialists
- local birthing teams backed by reliable 24 hour advisory and referral networks, ambulance services and retrieval systems
- local hospitals and community based services that are adequately funded, staffed and equipped for safe birthing care
- planning based on community need, rather than predominantly budgetary considerations
- an evidence-based framework for service delivery developed in consultation with rural communities and rural healthcare providers

Strategies

- a community health impact assessment should be mandatory before any maternity unit is closed. It should investigate cost-shifting, the expense (including opportunity costs) of alternative systems, the effect on other local and regional health services and the impact on the social capital of the town.
- service rationalisation must be balanced by the prior development of compensatory services and the maintenance of minimum services to deal with emergencies
- Federal and State/Territory policies and programs to sustain rural communities should have a co-ordinated focus on health outcomes for mothers and babies
- the Australian Health Care Agreements should be redesigned to include quarantined incentive payments to support small rural hospitals, particularly those providing maternity care
- existing and evolving models of team care should be rigorously evaluated and successful models disseminated to encourage their adaption to other settings

Workforce

The maternity care workforce in rural and remote Australia must be sustained and enhanced by targeted, co-ordinated strategies that support collaborative care by doctors and midwives.

The procedural rural GP workforce has reached critically low levels. A broad range of measures must be deployed to ensure the survival of this fragile component of the health care system. Evidence-based strategies must be strengthened to retain existing maternity care providers. The attitudes, aspirations and family responsibilities of medical students and graduate trainees must guide recruitment policies and incentives. Both must include:

- administrative policies and frameworks that acknowledge and respect the value of all members of the maternity care team
- sustainable on call rosters – ideally 1 in 4 – with additional leave and locum support where this is not achievable
- guaranteed locum relief, childcare and other social supports for all maternity care providers
- remuneration which reflects the skills, complexity and responsibility of rural maternity care
- complete and affordable medical indemnity coverage for all maternity care providers
- robust assessment and support for International Medical Graduates willing to contribute to the rural obstetrics team

Education, training and upskilling

Team care should be developed through an integrated approach to training which reinforces trust and respect. An adequate rural maternity care workforce should be grown through:

- initiatives to engage the interest of young rural people in a career in health and to introduce all students to the challenges and satisfaction of rural procedural practice
- a nationally accepted rural training pathway which gives all rural registrars exposure to obstetrics
- rural training incentives which reward the acquisition of procedural skills
- a well-resourced network of regional training posts for both GPs and GP registrars who wish to gain obstetric skills
- training in the local community through regional and rural hospitals supported as centres for education, training and upskilling for all team members

RDAA is committed to working with other key stakeholders on the consultative development of a flexible framework that can be used by all jurisdictions in planning maternity care services for rural Australia.

February 2006