

Policy Position

Rural Maternity Services in Queensland

Rural Doctors Association of Queensland (RDAQ) asserts that maternity care should and can be delivered safely to women and their families as close to home as possible and by a collaborative, multidisciplinary team with strong governance structures.

All maternity services should be informed by their consumers and the community which they serve and seek to foster a culture of respect, professionalism and inter-disciplinary collaboration to provide a woman-centric service.

RDAQ's position on rural maternity services reflects the policy position of the Rural Doctors Association of Australia (RDAA). The RDAA policy has been widely consulted and identifies the following key enablers for sustainable rural maternity services.

"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."*¹

Experience across rural Queensland demonstrates that collaborative, multidisciplinary maternity care provides stable rural and remote maternity services.

Key Principles

Co-design

Maternity services, more than any other area of health care, need to do more than listen to consumer feedback. They need to have consumers involved in their design at all stages.

Flourishing maternity services actively seek, engage and respond to consumer feedback. A variety of methods including exit surveys, consumer satisfaction audits, consumer advisory networks and community groups, facilitate opportunities for women and their families to influence and shape the care which they receive.

National standards mandate that the health services go beyond superficial 'listening to consumer feedback' and engage in principles of co-design and partnering, welcoming and valuing consumers in service planning and delivery.

Multi-disciplinary teams

A multidisciplinary rural maternity team will value and recognise the unique skillset and experience that each team member brings. A mature and thoughtfully curated team includes hospital and community midwives, community general practitioners, experienced community and hospital doctors with obstetric, anaesthetic and neonatal skills, lactation consultants, and allied health professionals - particularly community mental health and physiotherapy, Aboriginal and Torres Strait Islander health workers, child safety officers and child health nurses.

The work of this core team is supported by onsite theatre staff, pathology services, medical imaging, general nursing and orderlies. Extended specialist supports in obstetric, anaesthetic and maternal

¹ Rural Doctors Association of Australia – Policy Position: Rural Maternity Services
(<https://www.rdaa.com.au/documents/item/591>)

foetal medicine, and psychiatry with an understanding and awareness of local capabilities are able to be consulted based on need.

RDAQ does not support isolated, independent practice by a single professional group and asserts that holistic and women-centric service planning requires contribution from all key stakeholders.

The multidisciplinary team promotes a culture that is woman-centred with the collective goal of maximising women's access to the broadest range of choice possible, within a strong and agreed upon clinical governance framework. Respectful collaboration within the team is contemporary, continuous, and inclusive, avoiding sequentially passing the women from one care provider to another.

Access and equity

A highly skilled workforce is necessary to provide sexual, reproductive and maternal health care for rural women, and manage obstetric emergencies when they arise.

Any service models that limit women's access to medical care undermines their basic human rights to choice and agency. Collaboration between professions must enable women's choices in their reproductive health care, pregnancy planning, maternity care and birthing journey.

A collaborative woman-centred approach provides access for local birthing to the widest possible number of women by enabling their concerns for risk to be responded to by a known care team.

Governance

All maternity services need to have a clear governance structure for the provision of safe and appropriate clinical care. This includes audit and review processes, whole of service education and a standard for maintenance of specialist clinical skills. A mature governance framework in rural maternity care utilises multidisciplinary clinical case conferences for pregnancy and birthing risk stratification, agreement on departmental guidelines, regular morbidity and mortality reviews and peer-driven case discussion and audits.

Each service should have a clear process for information sharing amongst the team who care for a woman along the continuum of her maternity journey from preconception right through the postnatal period and beyond.

Professional pathways

A vertical flexible vocational pathway with collegial support and mentoring and a well-developed program for the maintenance of skills to maintain the standards of the clinical workforce is crucial to sustaining high quality, safe rural maternity services. Maturation of such pathways and programs requires support at all levels including government, professional colleges, specialist departments and colleagues.

Safety

It is acknowledged that patient safety in maternity care can be difficult to quantify and risk is impossible to eliminate. These can be monitored and managed throughout pregnancy and birth, by a high functioning maternity team through situational analysis – considering patient factors and available resources including staff and facility capabilities.

Risk analysis needs to include not just clinical risks but cultural, social, and financial considerations for women and their families, their service and their community. Entrenched referral pathways and escalation procedures are vital for contingency planning for cases that exceed the clinical service capability of any maternity service.

Local birthing – a keystone to rural healthcare

Local birthing is the keystone in rural Queensland's healthcare that ensures quality care for all community members, irrespective of age or demographics. Local birthing provides a point where clinical services capability and community needs can be balanced and strengthened.

Local birthing supported by medical, midwifery and nursing capability enables community access to anaesthetic, obstetric, paediatric and surgical services and in turn access high quality critical, perioperative and emergency care.

Visiting consultant and local generalist specialists leverage those skills to broaden the scope of practice in that community. The provision of increased quality and number of services by a known care provider closer to home reduces costs – to the taxpayer, the community and the individual. Reduced requirements for travel and separation from community reduces emotional and financial burdens.

The provision of maternity services in a rural or remote hospital, heralds and indeed supports the provision of other advanced services such as elective surgery, endoscopy, emergency medicine and the care of the seriously unwell. This service mix attracts and retains high quality staff with advanced skills that they use on a regular basis. To remove local birthing from a rural facility quickly diminishes other valuable services particularly in acute care, procedural interventions and management of serious illness or injury.

Local birthing strengthens a community's health outcomes because the contribution it makes to access to health care and the amenity of community uniquely improves capacity to address social determinants of health.

Partnering between all members of the maternity team provides each woman with an integrated service from which they can nominate key care providers to ensure the continuum of care is maintained before, during and beyond their maternity journey.

**Rural Maternity Services
Keystone to rural & remote health**

