Rural Maternity Taskforce

Summary of outcomes

"When you've seen one rural maternity service... You've seen one rural maternity service" (Rural Maternity Clinician)

The Rural Maternity Taskforce (the Taskforce) was established in August 2018 to advise the Minister for Health and Minister for Ambulance Services on the status of rural maternity services in Queensland, with a focus on safety and access.

The Taskforce is a stakeholder panel that includes representatives of rural consumers, Aboriginal and Torres Strait Islander consumers and organisations, front-line clinicians, professional organisations, unions, researchers, policy makers, and health service leaders.

The Taskforce was asked to:

- determine the facts around what the current safety profile is for the women and families of Queensland when studied through the lens of where they reside
- obtain insights into the lived experiences of the women and babies behind these facts and figures, their families and communities, the clinicians who work in rural and remote locations, and the health service managers who ensure the clinicians and women have the resources and environment to be safe and practice safely
- develop a report and resources that will support and inform the planning, review, and development of rural and remote maternity services in Queensland.

Three key activities were undertaken including:

- **stakeholder engagement through rural and remote forums** held in February and April 2019, in Ingham, Mt Isa, Roma, Theodore, and Chinchilla
  - forums were also held in corresponding regional hubs of Townsville, Rockhampton and Toowoomba
  - attendees included consumers, public and private clinicians, community members, health service managers and executives.
- **a public submission process** from 3 December 2018 to 18 February 2019
  - over 300 individual and organisation submissions were received regarding issues concerning the safety and quality of current rural and remote maternity services in Queensland; and actions/suggested approaches that could be taken to address identified issues
- **data analysis** of perinatal outcomes for mothers and babies who live in Queensland's rural and remote areas compared with those who live in urban areas
  - it includes analysis of the factors which influence this variation including maternal, geographical, and service access factors.

Two key deliverables were achieved including:

- a report on the findings of the three key activities. It includes an overview of current maternity services and an analysis of the factors that affect access to and safety of services, and outcomes for mothers and babies
- a decision-support guide, known as the 'Rural and Remote Maternity Services Planning Framework', to assist Hospital and Health Services (HHSs) with planning, developing and delivering rural and remote maternity services.

Findings

The Stakeholder engagement and public submission processes showed that the definition of 'safety', 'risk', and 'a good outcome' mean different things to consumers, clinicians, and the executives who plan and manage the services provided in the HHSs.

It was recognised that no pregnancy is risk-free but there needs to be a balance between what consumers, clinicians, health services and the government consider to be acceptable risks and how to address them.

There is a complex interaction between clinical, social, cultural, spiritual, and financial aspects of safety and risk that a woman considers when choosing what she believes is best for herself and her baby.

Women want:

- to be informed about all their maternity options, not just the ones that are locally available
- continuity of carer within welcoming, comfortable, culturally appropriate services as close to home as possible
- adequate support and resources when they have to travel away from home to access maternity services.

Aboriginal and Torres Strait Islander women want:

- more welcoming environments within which to give birth and to see more Indigenous women in maternity workforce roles

Clinicians from South West HHS attended the Stakeholder Forum in Roma and met with Taskforce members

- to be consulted separately to other consumers as well as participating in the broader consumer engagement process
- to be able to birth on country to avoid a lasting sense of shame at being unable to birth on country.

Clinicians want:

- to be supported by the heath service to provide continuity of carer in a safe, collaborative environment
- adequate support and resources to be psychologically safe at work, maintain their professional skills, and work to their full scope of practice
- good peer networks and mutually respectful relationships with the higher-level services they refer to
- good communication and clear processes in place for when women are transferred between services.

Women, the community and clinicians want:

- to be involved in, not just consulted on, the development and review of maternity services from the beginning and ongoing. They want transparency in how decisions are made and for more than just clinical safety to be considered.

Data analysis highlights

- 32 of the 40 facilities that provide birthing are located in regional, remote and very remote areas of Queensland (CSCF Levels 2 to 6).
- 96 per cent of mothers who gave birth between 2013 and 2017 lived within a one-hour drive to a Queensland Health facility that provides birthing (Clinical Services Capability Framework (CSCF) level 2 to 6).
- Of the women living 4 or more hours from a maternity service 80 per cent are Indigenous women.
- 22 per cent of all women and 34 per cent of Indigenous women are not attending the minimum recommended number of antenatal visits.
- In very remote areas, the rate of perinatal death is of the order of 1.6–1.7 times the rate of the inner and outer regional areas.
- Women who live four or more hours from a maternity service have higher rates of all risk factors and higher rates of preterm birth, stillbirth and neonatal death than women who live close to services.
- The rates of babies born before arrival to hospital are increasing in Queensland and are highest among women who lived between one and two hours' drive from a maternity service with caesarean section capability.
- Between 1996 and 2005 a significant number of maternity services were down-graded and ceased offering birthing services, with the majority occurring in rural and remote areas.
  - Service numbers have remained relatively stable since then; from 2011 to 2017 five services stopped birthing (Charters Towers, Tully and Cunnamulla in 2011, Theodore in 2013, Nambour in 2017) and four started or re-established birthing (Beaudesert in 2014, Cooktown in 2015, Ingham in 2016, Sunshine Coast University Hospital in 2017).
  - Chinchilla ceased birthing between 2012 and 2013 but is on track to open a sustainable midwifery-led maternity service and plans are underway to re-establish maternity services at Weipa Hospital.

Conclusion

Rural and remote maternity is the barometer for the health of all rural services and a keystone for rural and remote communities.

The findings of the Taskforce report highlight the importance of ensuring women in rural and remote areas have access to appropriate, culturally safe services that meet their needs. This has important implications for service planning and targeting of prevention initiatives.

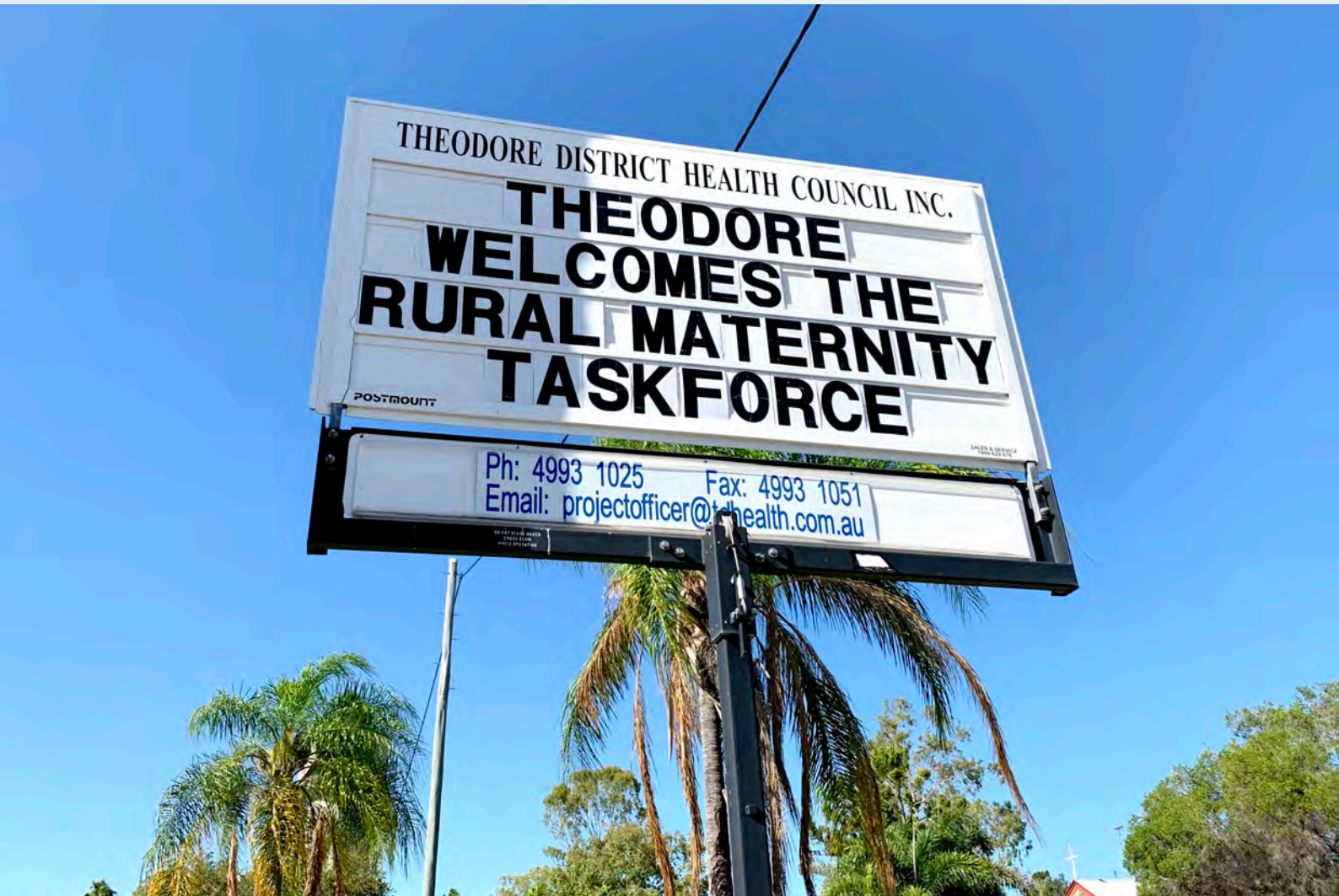
Appropriate governance, whole-of-system planning, and funding models are required to support and sustain rural hospitals, and reduce reliance on centralisation based on economies of scale.

Recommendations

1. Queensland Health establish clear whole-of-system governance and strategy for rural and remote health services.
2. Queensland Health undertake comprehensive system-wide planning of rural maternity service provision.
3. HHSs invest in and promote improved rural maternity service collaborative culture and teamwork as a core to ensure best outcomes for women and babies.
4. Each HHS (localised for each maternity service) develop an *easy-to-understand* guide for women, which summarises their local maternity model options. Queensland Health to co-design a template with consumers and service providers.
5. Queensland Health mandate HHSs to follow evidence-based framework for decision-makers in assessing and configuring rural maternity services.
6. Queensland Health to identify and coordinate local and state-wide actions to improve maternal health in rural and remote communities. Remote indigenous communities should be a priority.

A copy of the Rural maternity Taskforce report is available at:

https://clinicalexcellence.qld.gov.au/priority-areas/patient-experience/rural-maternity-taskforce



Taskforce membership

Taskforce members

- **Dr John Wakefield**, Deputy Director-General, Clinical Excellence Queensland (CEQ), Department of Health. (Chair)
- **Associate Professor Rebecca Kimble**, Chair, Statewide Maternity and Neonatal Clinical Network, Queensland
- **Professor David Ellwood**, Chair, Queensland Maternal and Perinatal Quality Council
- **Dr Jocelyn Toohill**, Queensland Director of Midwifery, Office of the Chief Nursing and Midwifery Officer Queensland, Department of Health
- **Ms Kirstine Sketcher-Baker**, Executive Director, Patient Safety and Quality Improvement Service (PSQIS), CEQ, Department of Health
- **Ms Lisa Davies-Jones**, Chief Executive representative, North West Hospital and Health Service
- **Professor Guan Koh**, Clinical Director, Neonatology, Townsville Hospital
- **Professor Cindy Shannon**, Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS)
- **Professor Sue Kildea**, Professor and Co-Director, Molly Wardaguga Research Centre, Charles Darwin University
- **Associate Professor Ruth Stewart**, President, Australian College of Rural and Remote Medicine. Rural Generalist Obstetrician
- **Associate Professor Gino Pecoraro**, Australian Medical Association Queensland (AMAQ) representative. Specialist Obstetrician
- **Dr Sue Masel**, Rural Doctors Association of Queensland – Rural Generalist Obstetrics nominee
- **Ms Sandra Eales**, Assistant Secretary, Queensland Nurses and Midwives' Union (QNMU)
- **Ms Bec Waqanikalou**, Maternity consumer
- **Ms Stephanie King**, Rural/remote maternity consumer
- **Ms Teresa Walsh**, Australian College of Midwives representative
- **Ms Gemma MacMillan**, Midwife, Thursday Island, Health Service Chief Executive nomination of practicing rural midwife
- **Professor Ian Pettigrew**, Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) rural/regional specialist obstetrician representative
- **Ms Sue Cornes**, Executive Director, Statistical Services Branch, Department of Health

Taskforce observers

- **Ms Melissa Fox**, Chief Executive Officer, Health Consumers Queensland
- **Dr Trisha Johnston**, Director, Statistical Analysis and Linkage Unit, Department of Health
- **Ms Denise Brown**, A/Director, Office of the Director General, CEQ, Department of Health
- **Ms Sandra Daniels**, Acting Senior Director, System Planning Branch, Strategic Policy and Planning Division, Department of Health
- **Ms Carolyn James**, Taskforce Secretariat, Principal Project Officer, PSQIS, CEQ, Department of Health (Taskforce Secretariat)
- **Dr Kelly Shaw**, Director, KP Health. Taskforce forums facilitator and RRMS Planning Framework author
- **Ms Malina Babijas**, Project Support Officer, PSQIS, CEQ, Department of Health
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