Letter to the Minister

The Honourable Steven Miles MP
Minister for Health and Minister for Ambulance Services
PO Box 48
Brisbane QLD 4001

Dear Minister,

I am pleased to present the enclosed report of the Queensland Rural Maternity Taskforce (the Taskforce), which includes six recommendations for consideration by the Queensland Government.

Every day in Queensland, rural and remote women leave family and business, travel long distances on rough roads often without the security of mobile phone coverage, and endure financial, social, and emotional hardship just to access the maternity care that urban people have on their doorstep.

A group of very special midwives, nurses, generalist doctors, and Aboriginal and Torres Strait Islander health workers choose to forgo city convenience and the plethora of specialists and support services, to provide GP and hospital care to rural communities. With advanced skills including obstetrics, midwifery, neonatal resuscitation, anaesthetics and surgery, arguably they have the most difficult job in healthcare. Their reward is often the close connections they develop with the community and the women they care for.

The work of the Taskforce is dedicated to rural and remote women and their families, and the special people who choose to serve them as clinicians.

The Taskforce was established in August 2018 to advise the Minister on the status of rural maternity services in Queensland, with a focus on safety and access. It includes rural consumers, front-line clinicians, Aboriginal and Torres Strait Islander organisations, professional organisations and unions, researchers, policy makers, and health service leaders. Despite many differing experiences and perspectives, I am immensely proud of the way the members worked together to build trust, listen, and come to consensus on Taskforce deliverables and recommendations.

The Taskforce set an ambitious agenda including calling for public submissions, evidence review, comprehensive analysis of existing safety data, and visits to five rural maternity services to hear from consumers, community members, rural clinicians and health service leaders. This has allowed Taskforce members to consider the different perspectives and at least attempt to ‘walk in the shoes’ of stakeholders.

There are three sections to this report that present key activities undertaken by the Taskforce. The Stakeholder Consultation section provides the perspectives and opinions of the stakeholders in rural and remote communities; the consumers, clinicians, community members and health service leaders who have the lived experience of accessing, working within, and managing and planning maternity services in rural and remote communities. The Public submission section provides a summary of the views of the wider population of Queensland regarding the issues with, and suggestions to improve, rural and remote maternity services. The Data Analysis section provides a detailed analysis of the safety data for rural and remote maternity services in Queensland. The recommendations contained in this report are based on consideration of all this information.

Rural and remote maternity services are a barometer for rural health services in general. The same clinicians providing maternity services to rural communities often provide all the other emergency and planned healthcare for the community. Loss of maternity and procedural skills means loss of broader skills available to the community. The result is that moving to such a community becomes less attractive.
to highly trained doctors and midwives and young families. There is also a sense of loss for the community that has invested time, money, and energy in supporting their local health service. For this important reason, it is not possible to consider rural maternity in isolation from the sustainability of the broader rural health service.

Between 1996 and 2005 a significant number of rural maternity services downgraded. Since then there has been a preference by some clinicians and administrators to keep maternity services centralised within major towns and cities. There are many legitimate contributing factors to this direction including societal changes, increased clinical standards and scrutiny, skills shortages including chronic recruitment and retention issues, safe working hours, and cost efficiency. Whilst all these factors are legitimate, it would appear that we have been reluctant to engage with communities and rural clinicians to share these challenges, and work together on solutions.

Rural maternity services including birthing, can be delivered with very good levels of safety for mother and baby, when risk identification and emergency support systems are well planned and well managed. Indeed, in some cases, centralisation may have contributed to new risks such as an increase in the incidence of giving birth before arrival at hospital. It certainly has contributed to greater psychological, spiritual, social, and financial impacts on rural and remote women; they feel less safe as a result of losing local services.

There is no simple solution to this complex challenge. However, the Taskforce asserts that it is time to reconsider centralisation of maternity services. With careful planning and clear goals, it should be possible to both strengthen existing services and introduce new services in rural and remote areas that are safe, sustainable and meet the needs of the community.

For this to happen, there will need to be stronger governance and visibility of rural and remote services at a system level, to enable them to compete in a funding and performance model that is focused on big hospitals, volume and efficiency, emergency departments and elective surgery. Collaboration with clinicians and consumers and the inclusion of Aboriginal and Torres Strait Islander and multicultural representation should be embedded within the system.

On behalf of the Taskforce, sincere thanks to all those who have contributed to this critical work, and especially the women, families, and clinicians of rural and remote communities who shared their stories with us. Strong, sustainable and connected rural health services are critical to Queensland. I hope that our work will lead to positive change for rural communities and the clinicians who live and work in them.

Finally, I would like to personally thank all the members of the Taskforce for their wisdom, guidance and passion for improving rural maternity services and Kelly Shaw of KP Health for her invaluable contribution to the stakeholder engagement process.

Yours Sincerely,

Dr John Wakefield PSM
Chair Queensland Rural Maternity Taskforce