1. Introduction

The Rural Maternity Taskforce (the Taskforce) was established in August 2018, at the request of the Queensland Minister for Health and Ambulance Services to advise the Minister on the safety of current rural maternity services in Queensland. The focus of the Taskforce was to explore what steps can be taken to minimise risk for mothers and babies in rural and remote communities, whilst providing services as close as possible to where they live.

The Taskforce is a stakeholder panel comprising consumers, front-line clinicians (health professionals), Aboriginal and Torres Strait Islander consumers and organisations, professional organisation and union representatives, researchers and health service leaders4, which was 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.

The Taskforce met regularly between August 2018 and June 2019 to progress the following two deliverables:

- a report on current maternity services, including 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’ (RRMS Planning Framework), for HHSs to assist with planning, developing and delivering rural and remote maternity services.

Three key activities of the Taskforce that inform the development of the RRMS Planning Framework are:

1. **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.

2. **A public submission process** from 3 December 2018 to 18 February 2019 whereby the Taskforce invited individuals and organisations to make submissions regarding:
   - issues concerning the safety or quality of current rural and remote maternity services in Queensland
   - actions/suggested approaches that could be taken to address identified issues.


1.1. Purpose and scope

The original intention of this report was to be an objective technical report of the facts about the safety of giving birth in a rural setting. During its development, and the progress of the Taskforce in its stakeholder engagement processes, it became clear that the report needed to include insights into the lived experiences of the women and babies behind these facts and figures, their family and the 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 practise safely. For this

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4 Full list of members is available in Appendix A: Terms of reference.
reason, the outcomes and feedback from the rural forums and public submission process have been included in this report.

The data analysis section provides facts on perinatal outcomes for women 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 factors, geographical factors and service access factors. It aims to deliver a report on 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.

This report includes, for reference purposes, an overview of the workforce required and the models of care available. It does not, however, discuss the benefits or risks of any of these models and it does not provide any commentary about the scope of practice for obstetricians and midwives.

2. Background

Outcomes for maternity services in Queensland compare well with other Australian jurisdictions (QMPQC, 2017). However, there are variations in outcomes, the causes of which have been independently examined (Queensland Health 2015b). The media has also reported data (Courier Mail 2018), that purported to show that the perinatal mortality rate was four times higher in rural facilities where birthing services have been closed.

Community concern and action has also occurred in relation to closure of rural birthing services. The Central Queensland Hospital and Health Service’s decision not to re-open birthing services at Theodore, after a prolonged closure due to flood damage, has faced strong community opposition. Concerns have also been raised about birthing services, such as Chinchilla Hospital, being temporarily unavailable due to staffing issues.

It is acknowledged that the delivery of rural and remote maternity services involves many challenges. These include but are not limited to:

- the distributed population, size and demographics of Queensland
- changing community expectations
- contemporary governance and workplace health and safety requirements for safe staff hours
- funding challenges, and economies of scale
- workforce recruitment and retention issues
- tensions around provision of models of care (that creates a challenge for women to be able to access the care they want).

Maternity care in Queensland includes antenatal (before birth), intrapartum (onset of labour through to birth) and postnatal (up to six weeks after birth) care for women and babies. This care is provided in a variety of public and private settings, and is supported by service capability frameworks, governance frameworks, service networks, workforce, funding, information and data, and technological infrastructure.

2.1. National policy context

The National Maternity Services Plan (Commonwealth of Australia, 2011) provided a strategic framework to guide policy and program development from 2010 to 2015. The Plan identified actions under the four priority areas of Access, Service Delivery, Workforce, and Infrastructure to improve women’s access to maternity services and service delivery. The Plan was extended until 30 June 2016 to enable work to continue on uncompleted actions. Currently undergoing consultation is the draft National Strategic Approach to Maternity Services document: Towards woman-centred care: Strategic directions for Australian maternity services (Commonwealth of Australia, 2019). With the aim of providing equitable,
culturally safe, woman-centred, informed and evidence-based collaborative maternity services, the national strategic approach emphasises that women are the decision-makers in their care and maternity care should reflect their individual needs. This strategic approach focuses on four equally weighted values of respect, safety, access and choice. Improved access to maternity care includes women having access to appropriate maternity care where they choose. Of the more than 30 national maternity reviews conducted in as many years the themes around women seeking provision of personalised care, close to home with a known and trusted carer have remained the same, but without effective implementation (Bogossian, 2010).

For additional supporting documents, refer to Bibliography.

### 2.2. Previous and ongoing statewide maternity practice initiatives

Since 2007, Queensland Health has supported numerous initiatives and a range of ongoing activities for the provision of safer best practice informed maternity care for Queensland mothers, babies and families including, but not limited to:

- recruitment and employment throughout 2019 of an additional 100 midwives to support innovation, promote continuity, optimise safety and fill gaps in access for vulnerable and disadvantaged groups across the state
- re-establishment of birthing services at Beaudesert, Cooktown, and Ingham
- re-introduction of obstetric services to the primary birthing unit at Mareeba which had functioned without on-site caesarean capability for seven years
- establishment of Midwifery Group Practices in some areas of Queensland, for a limited number of women,
  - antenatal, intrapartum and postnatal care is provided within a caseload model by a known primary midwife with secondary backup midwife/midwives providing cover and assistance, with collaboration with doctors in the event of identified risk factors
  - antenatal care and postnatal care can be provided in the hospital, community or home with intrapartum care in a hospital or birth centre
- introduction of continuity of maternity carer models to provide seamless and integrated care, and the identification and management of risks
  - midwifery continuity of carer development was supported in Atherton, Proserpine, Longreach, Roma, Caboolture (Kilcoy), Ipswich (Laidley, Boonah, and Esk), Dalby and Logan (Beaudesert) under a Rural Maternity Initiative of the Queensland Health Maternity Unit
- commencement in 2011 of working relationships with a limited number of private practising midwives in the community who are able to provide antenatal, intrapartum and postnatal care in collaboration with doctors in the event of identified risk factors;
  - antenatal, intrapartum and postnatal care can be provided in a range of locations with access to Queensland Health facilities when collaborative arrangements can be negotiated
- ongoing facilitation of the Statewide Maternity and Neonatal Clinical Network (SMNCN) to provide expert advice to Queensland Health and other bodies on a range of maternity and neonatal service issues and activities across Queensland; the network comprises multidisciplinary representation

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5 This federal legislation also enabled Queensland Health employed midwives with AHPRA (Australian Health Practitioner Regulation Agency) endorsement to provide services with Right of Private Practice (ROPP) under COAG Section 19(2) exemption for rural hospitals. It enabled midwives providing primary care to be authorised to order routine screening tests in pregnancy and postnatally under their own provider number.
from obstetrics, midwifery, neonatology, allied health, tertiary and non-government agencies, general practice, public health, Indigenous women and consumers from across the state

- development and maintenance of Queensland Clinical Guidelines providing clinicians and consumers with contemporary best practice informed clinical guidelines to facilitate high quality maternity and neonatal care with a reduction in unnecessary clinical variation and unnecessary displacement of pregnant women from their local care setting; these guidelines are widely consulted during development to ensure that they are relevant to rural and remote settings

- hosting the Queensland Maternal and Perinatal Quality Council (QMPQC) which collects and analyses clinical information regarding maternal and perinatal mortality and morbidity in Queensland to identify any trends; these trends inform recommendations to enable healthcare providers in Queensland to improve the safety and quality of services

- funding the Queensland Centre for Mothers and Babies (QCMB) which was a research centre based at the University of Queensland from 2008-2014; QCMB provided evidence-based consumer-focused maternity information to assist informed decision making for women

- more recently, commencing the Stillbirth Collaborative which aims to reduce the rate of stillbirth and improve care for parents and families

- funding HHS staff to access the Improving Perinatal Review and Outcomes Via Education (IMPROVE) program
  - IMPROVE provides education to healthcare professionals on how to use the Perinatal Society of Australia and New Zealand (PSANZ) Perinatal Mortality Guidelines to ensure mothers and families receive the best care in the hospital setting
  - IMPROVE covers appropriate practices around principles of bereavement care, communicating with parents about autopsy, clinical examination, placental and post-mortem examination, investigation, classification, and audit of stillbirth

- funding the statewide imminent birth training program for isolated or non-birthing facilities for management of unexpected births.
  - The program has trained more than 800 clinicians, including more than 50 clinicians who have trained as trainers to ensure the capability to train clinicians is maintained locally within HHSs

- provision of advisory and retrieval services for mothers and neonates by transfer of care to higher level facilities as clinically relevant for higher risk women and their babies both antenatally and after birth

- provision of telehealth advice from higher level CSCF facilities and real-time advice and education from clinicians through the Telehealth Emergency Management Support Unit (TEMSU) to assist clinicians in rural and remote facilities

- development of the 2018 Neonatal Services Care Plan which identifies opportunities to strengthen the existing neonatal health services in Queensland through initiatives such as:
  - service and workforce planning to continue to ensure the right staff in the right place
  - further enhancing the coordination of retrieval services across the state including enhanced information systems to improve cot management
  - to support clinicians to transfer neonates to appropriate levels of care

- development and maintenance of the Queensland Maternity Early Warning Tool (Q-MEWT) and Children’s Early Warning Tool (CEWT), and Neonatal Early Warning Tool (NEWT) used to assist clinicians in recognising and responding to clinical deterioration
• conduct of the perinatal mental health and wellness project (2015–2017) – a trial of a collaborative model of mental health promotion, prevention and early intervention in the perinatal period, to improve the mental health and wellbeing of expectant and new parents

• development and implementation of the Aboriginal and Torres Strait Islander Perinatal Social and Emotional Wellbeing Screening Learning Package

• establishment of Newborn and Family Drop-in Services in 11 regional and rural services; all other rural maternity services were funded to provide postnatal contact such as a home visit.

2.2.1. Queensland Maternity Services Forum 2016

In November 2016, the Minister for Health and Minister for Ambulance Services announced that a maternity services forum would be held to focus on identifying systemic actions that could be implemented to improve the quality and outcomes for mothers and babies in public maternity services.

As a result of the statewide Maternity Services Forum held in November 2016, four Maternity Services Action Groups (MSAGs) were established to develop and implement the Maternity Services Forum Action Plan (the Action Plan) during 2017–2018.

The achievements include:

• development of a range of tools and initiatives aimed at fostering a more collaborative leadership culture

• identification of best-practice recommendations for antenatal education

• development of a guideline and supporting resources for partnering with women who decline recommended care

• development of a HHS policy template which supports clinician use of best practice clinical guidelines

• deployment of the Queensland Clinical Guidelines desktop icon to all 16 HHSs

• identification of a core suite of maternity indicators

• development of strategies and tools to support birthing facilities to implement continuity of carer models of care

• nine of the 15 HHSs providing maternity services assisting in the development of the decision-making framework (DMF)

• provision of workshops on use of the maternity DMF to HHSs with a maternity service

• provision of funding to support HHSs providing maternity services to review, develop or implement continuity of carer models using the DMF

• development of a draft Aboriginal and Torres Strait Islander Maternity Services Action Plan.