

# Rural Maternity Taskforce

## Terms of Reference

### Purpose

To advise the Minister for Health and Minister for Ambulance Services on the safety of current rural maternity services in Queensland and 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.

### Output

#### 1. **A Technical Report on the safety of current rural maternity services in Queensland**

This Technical Report is to include:

- Mapping of current maternity and birthing services across rural and remote Queensland.
- An assessment of the quantum and variation in mortality and morbidity for mothers and babies, between different locations in Queensland with a specific focus on rural and remote communities.
- Analysis of the factors which influence this variation including maternal factors, geographical factors and service access factors.
- An assessment of any other indicators which should be taken into account in determining outcomes for mothers and babies, including patient reported experience and outcomes.

#### 2. **A Decision-Support Guide for HHSs to support decisions making on rural and remote maternity service provision.** This evidence based Guide:

- Will deliver practical guidance to support decision-makers responsible for operating rural maternity services.
- Should include decision-support tools for communities, clinicians and management when considering how to review, configure and support rural maternity services, with a focus on safety and sustainability.
- Should provide best practice community and clinician engagement approaches



- Should complement the existing Clinical Service Capability Framework (CSCF) for maternity and other relevant regulatory and policy context for Queensland.
- Should complement *Our Future State: Advancing Queensland's Priorities - Give all our children a great start*

## Methodology

The Taskforce should ensure appropriate opportunity for stakeholder consultation and input, especially in respect of Output 2.

This would include an opportunity for public submissions and a key stakeholder Summit.

## Timeframe

To be determined after preparation of initial scoping and project planning work.

## Background

Outcomes for maternity services in Queensland compare well with both Australian jurisdictions and the OECD<sup>1</sup>. However, there are variation in outcomes, the causes of which have been independently examined<sup>2</sup>. Most recently, the media reported data<sup>3</sup>, that purported to show that the perinatal mortality rate is four times higher in rural facilities where birthing services has been closed.

Recent community concern and action has occurred in relation to the decision of the Central Queensland Hospital and Health Service (CQHHS) not to re-open birthing services at Theodore after a prolonged closure due to flood damage. Concerns have also been raised about birthing services being temporarily suspended at Chinchilla Hospital due to staffing issues.

Given the distributed population, size and demographics of Queensland, together with changing community expectations, contemporary governance and OH&S requirements for safe staff hours and economies of scale, health service executives face significant challenges in making decisions which balance the following, often competing factors:

Safety of service: Safety profile of very small volume services.

- Safety of no-service: Safety risk trade off in not having a local birthing service. Having to travel long distances for birthing introduces other risks to mothers and babies which may be similar to the risks of the rural service continuing.
- Size/scale – there is a level below which it makes no sense to provide a birthing service due to safety, economics, OH&S obligations, safe staffing, recruitment and skills maintenance. However, basic skills in dealing with an obstetric patient

presenting with an emergency should be maintained, similar to the need for basic general skills in resuscitation until help arrives or the patient can be transferred to definitive care. Also, service network provision should be well developed to ensure that emergency support pathways are clear to patients and staff.

- Community expectations of local services being provided especially if they have previously been provided at their local health facility, even when this is unsustainable.

Safety for mothers and babies is the critical factor which must be considered when making such decisions to establish, continue, downgrade or close rural maternity services. However, this cannot be made in isolation of other safety risks arising from closing a service, and this must be done transparently and with the full engagement of all stakeholders.

### Taskforce membership

1. Dr John Wakefield, Deputy Director-General, Clinical Excellence Queensland (CEQ), Department of Health. (Chair)
2. Associate Professor Rebecca Kimble, Chair, Statewide Maternity and Neonatal Clinical Network, Queensland
3. Professor David Elwood, Chair, Queensland Maternal and Perinatal Quality Council
4. Dr Jocelyn Toohill, Queensland Director of Midwifery, Office of the Chief Nursing and Midwifery Officer Queensland, Department of Health
5. Ms Kirstine Sketcher-Baker, Executive Director, Patient Safety and Quality Improvement Service (PSQIS), CEQ, Department of Health
6. Ms Sue Cornes, Executive Director of Statistical Services Branch, Department of Health
7. Ms Lisa Davies Jones, Chief Executive representative, North West Hospital and Health Service
8. Professor Guan Koh, Clinical Director, Neonatology, Townsville Hospital
9. Associate Professor Ruth Stewart, President Australian College of Rural and Remote Medicine and Rural Generalist Obstetrician
10. Professor Cindy Shannon, Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS)
11. Ms Sandra Eales, Assistant Secretary, Queensland Nurses & Midwives' Union (QNMU)
12. Associate Professor Gino Pecoraro Australian Medical Association Queensland (AMAQ) Representative – Specialist Obstetrician
13. Professor Sue Kildea, Professor of Midwifery, School of Nursing, Midwifery and Social Work, Faculty of Health and Behavioural Sciences, The University of Queensland
14. Ms Bec Waqanikalou, Rural/remote maternity consumer
15. Ms Stephanie King, Rural/remote maternity consumer

16. Professor Ian Pettigrew, The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) rural/regional specialist obstetrician representative
17. Ms Teresa Walsh / Ms Michelle Gray (shared), Australian College of Midwives Representative
18. Dr Sue Masel, Rural Doctors Association of Queensland – Rural Generalist Obstetrics nominee
19. Ms Gemma MacMillan, Midwife, Thursday Island, Health Service Chief Executive nomination of practicing rural midwife

## Taskforce observers

1. Chief Executive Officer, Health Consumers Queensland – Ms Melissa Fox
2. Ms Melissa Fox, Chief Executive Officer, Health Consumers Queensland
3. Dr Trisha Johnston, Director, Statistical Analysis and Linkage Unit, Department of Health
4. Ms Denise Brown, A/Director, Office of the Director General, CED, Department of Health
5. Ms Kelly Shaw, Director, KP Health and RMT forums facilitator
6. Ms Sandra Daniels, Acting Senior Director, System Planning Branch, Strategy Policy and Planning Division, Department of Health
7. Ms Wendy Fennah, Nursing Director, PSQIS, CEQ, Department of Health
8. Ms Malina Babijas, Project Support Officer, PSQIS, CEQ, Department of Health
9. Ms Carolyn James, Taskforce Secretariat Principal Project Officer, PSQIS, CEQ

## Stakeholder engagement

There are a significant number of stakeholders in rural maternity services. It is not possible to have all stakeholders represented on the Taskforce. To ensure that stakeholder voices can be considered, it is proposed that the Taskforce would invite public submissions. In addition, in the late stages of the Taskforce deliberations, a Summit of key stakeholders is proposed to outline the findings and preliminary recommendations to test with stakeholders.

## Secretariat and resourcing

Clinical Excellence Division will provide secretariat support.

### References:

1. Queensland Maternity and Perinatal Quality Council Report 2017  
<https://clinicalexcellence.qld.gov.au/sites/default/files/docs/qmpqc-report-2017.pdf>
2. Queensland Perinatal Mortality Taskforce Report 2015  
[https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0038/659495/qpimt-report.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0038/659495/qpimt-report.pdf)

3. Courier Mail 2018. *Bush Baby Crisis*. Sunday Mail. 12 April 2018.

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**STEVEN MILES MP**

**Minister for Health**

**Minister for Ambulance Services**