The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Excellence in Women's Health

CATEGORY: CLINICAL GOVERNANCE ADVICE

Obstetric and gynaecology services in rural and remote regions in Australia

This statement has been developed and reviewed by the Women's Health Committee and approved by the RANZCOG Board and Council.

A list of Women's Health Committee Members can be found in Appendix A.

Disclosure statements have been received from all members of this committee.

Disclaimer This information is intended to provide general advice to practitioners. This information should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The document has been prepared having regard to general circumstances.

First endorsed by RANZCOG: July 2010
Current: September 2020
Review due: September 2023

Objectives: To provide advice on the provision of obstetric and gynaecology services to rural and remote regions in Australia.

Outcomes: To improve outcomes for those women receiving care in rural and remote regions in Australia.

Target audience: All health practitioners providing obstetric and gynaecology care, and patients. In addition, this may provide useful information for those responsible for planning the delivery of maternity and gynaecology services.

Background: This statement was first developed by Women's Health Committee in July 2010 to provide advice on planning the location of maternity services in rural and remote communities.

Funding: The development and review of this statement was funded by RANZCOG.

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1. Plain language summary

Many women and their families live outside of larger cities and towns in Australia. Most will wish to have their health care managed close to their home and support networks, while still receiving the safest and best evidence-based care possible.

Some women will have risk factors that may mean their care is best managed in a larger centre with increased resources and support services. For this reason, assessment of each individual woman and her own circumstances is important and should be undertaken by experienced and skilled health practitioners as early as possible in women's care. For the benefit of all women, their families and rural communities, every effort should be made by authorities to promote and sustain safe health services in rural and regional areas.

2. Summary of recommendations

Recommendation 1	Grade
Care for women in rural and remote Australia should be delivered collaboratively between all approved providers of healthcare, working together to support rural O&G services.	Consensus-based recommendation
Good Practice Note	**Grade**
Each health care service in rural and remote areas should establish risk assessment and referral criteria for women and newborn babies if offering maternity services based on RANZCOG guidelines.	Good Practice Note
Recommendation 2	**Grade**
Each woman should be assessed individually and on an ongoing basis throughout her health care. All relevant members of her healthcare team should be involved in the process of assessment.	Consensus-based recommendation
Recommendation 3	**Grade**
Rural GP obstetricians should have a leading role in the development of maternity service policies/protocols/guidelines to guide the appropriate level of care for pregnant women, based on RANZCOG guidelines.	Consensus-based recommendation
Good Practice Note	**Grade**
To help sustain a rural healthcare workforce, conditions of employment should be balanced to reduce the disparity of work conditions between urban and rural and remote practitioners.	Good Practice Note
Recommendation 4	**Grade**
Appropriate support for and access to Continuing Professional Development Practice Improvement activities are essential in maintaining a well skilled rural healthcare workforce.	Consensus-based recommendation

3. Introduction

The health care needs of rural populations must be met within a context of competing social, political, and financial priorities and significant limitations in workforce and health resources availability. Each community should be assessed, according to determined guidelines, taking into consideration local resources in planning the obstetric and gynaecology (O&G) services in rural and remote communities.

It is widely accepted that women and their families experience unique issues and challenges associated with their geographic isolation. The combined impact of fewer resources, decreased access to services, limited availability of health professionals, poorer health status, lower socioeconomic status, distance and the need for travel, mean that rural and remote communities and the health challenges they face are significantly different from those that confront metropolitan Australia. These differences mean that health care planning, program development and service delivery need to be based on innovative, flexible, and locally appropriate solutions.

RANZCOG supports the continuing efforts to address O&G service delivery and multidisciplinary workforce issues.

4. Discussion and recommendations

4.1 Availability of O&G services.

Care for women in rural and remote Australia should be delivered collaboratively between O&G specialists, GP Obstetricians, Midwives, Aboriginal health providers and other healthcare providers, all working together to support rural O&G services.

Health care providers cannot act in isolation if optimal outcomes are to be achieved. Shared care arrangements between various members of the collaborative care team should be encouraged and well defined according to locally agreed protocols. Each health care service in rural and remote areas should establish risk assessment and referral criteria for all women and newborn babies if offering maternity services. Each woman should be assessed individually and on an ongoing basis throughout her healthcare. All members of her healthcare team should be involved in the process of assessment adhering to local and national guidelines. This includes GP obstetricians, specialist obstetricians, anaesthetic doctors and midwives.

Communities should be well informed regarding the level of O&G, neonatal and anaesthetic care services available locally, and how these services are supported at regional and tertiary levels. Women and their health carers must be cognisant of the possible limitations of local services if unexpected complications arise.

There should be regular opportunities for all the carers to be involved in interdisciplinary meetings including telehealth on a regular basis to optimise the care for women and to review the outcomes of the services.

4.1.1 What should be the role of rural and remote GP obstetricians in the O&G workforce?

- In many rural and remote areas, GP obstetricians are lead figures in the maintenance of maternity care services. They often also fulfil other essential community roles such as providing anaesthetic and/or paediatric services. Hence the loss of a GP obstetrician can have a significant impact on the community.
- Rural GP obstetricians should have a leading role in the development of maternity service policies/protocols/guidelines to guide the appropriate level of care for pregnant women. These local policies should be based on RANZCOG guidelines.
- Rural GPs practicing O&G, and other procedural activities, should be supported with the appropriate resources to fulfil ongoing education and skills maintenance requirements for College re-certification and for reaccreditation of hospital procedural clinical privileges.
- Rural GP obstetricians should be supported to access adequate leave for study and recreational purposes.

4.1.2 What should be the role of Regional Fellows in the O&G workforce?

- Specialist obstetricians and gynaecologists have a key role in provision of regional O&G services. Specialists in the rural and remote areas work with other healthcare providers including GPs, midwives, Aboriginal health providers and others approved by local health services. In addition to their clinical expertise, specialist obstetricians and gynaecologists contribute to health care services with roles in clinical leadership, education, training,and clinical governance activities. These activities should be outlined in their position description and adequately remunerated particularly for VMOs and staff specialists.
- Regional O&G specialists should have support to access continuing professional development. Practice Improvement activities are essential in maintaining a well skilled rural specialist workforce.
- Reliable and affordable locum support for Regional O&G specialists is needed to provide continuity of high-quality regional specialist services for the community they service, and to allow adequate relief for study and recreational purposes.

4.1.3 What are the overall workforce issues in remote and rural communities in Australia?

- A major workforce issue in remote and rural areas is a ongoing shortage of staff, with significant disparities when compared to metropolitan centres. In some communities, there can also be a high staff turnover. Strategies to support recruitment and retention of clinical staff to these communities must remain a high priority at all levels of college, all levels of government, local health authorities and medical schools.
- To help sustain a rural O&G workforce, conditions of employment should be balanced to reduce the disparity of work conditions between urban and rural and remote practitioners. This should include both access to leave and remuneration. Careful consideration of on-call arrangements for specialist and GP obstetricians is essential to maintain safe working conditions and a sustainable work/life balance.
- Monitoring the quality of O&G service provision is important to maintain high care standards. Women from rural and remote communities should have ***equitable access*** to quality services provided by healthcare workers.

- Funding models should support the use of modern communication technology (e.g. telehealth and videoconferencing facilities) to assist in efficient and optimal management of complex problems, including obstetric, social (e.g. child protection) and neonatal care.

4.1.4 What are the community issues in remote and rural communities in Australia?

- Access to efficient emergency transport services is critical to provision of high-quality rural O&G services.
- For women who must relocate to access higher level health care for themselves or newborn, they and their support network can experience significant stress. Aboriginal and/or Torres Strait Islander women may face further cultural challenges and adequate social and culturally appropriate emotional support should be provided. For all women, there should be appropriate travel and accommodation assistance to minimise the burden imposed by the need for relocation. Support should also be provided for the woman's support person to accompany her.

A significant proportion of women in rural and remote communities are Aboriginal and/or Torres Strait Islander. In addition to all the challenges faced by their location, Aboriginal and/or Torres Strait Islander women face a myriad of other challenges that further impact on their maternal health and outcomes. Caregivers need to be cognisant of these challenges and ensure their own cultural competence in providing care for this group of women. Further information can be found in the RANZCOG E-Climate module Aboriginal and Torres Strait Islander Health https://www.climate.edu.au/

Aboriginal and Torres Strait Islander women living in remote communities are usually transferred to a larger centres for confinement. This disruption from their own community and support network can have negative impacts for the woman, her family and community. Community discussion of "Birthing on Country" models involving all stakeholders have occurred and will continue to evolve.[1] The priority however at all times should be on the physical and cultural safety of the mother and her baby.

The burden of perinatal mental health disorders are also disproportionately higher in rural and remote communities. Yet the availability and access to mental health services is often very limited or are not available. Perinatal depression can be a life-threatening condition for both the mother and her baby. There must be particular effort made to address this very important issue in rural and remote communities, including the consideration of the use of modern communication technology such as telehealth.

5. References

1. Kildea S, Tracy S, Sherwood J, Magick-Dennis F, Barclay L. Improving maternity services for indigenous women in Australia: moving from policy to practice. The Medical journal of Australia. 2016;205(8):374-97.
2. National Health and Medical Research Council. NHMRC additional levels of evidence and grades for recommendations for developers of guidelines. Canberra2009.

6. Links to other College statements

Locum Positions in Specialist Obstetric and Gynaecological Practice in ANZ (Guidelines) (WPI 12)

Evidence-based Medicine, Obstetrics and Gynaecology (C-Gen 15)

7. Appendices

Appendix A Women's Health Committee Membership

Name	Position on Committee
Professor Yee Leung	Chair and Board Member
Dr Gillian Gibson	Deputy Chair, Gynaecology
Dr Scott White	Deputy Chair, Obstetrics
Associate Professor Ian Pettigrew	Member and EAC Representative
Dr Kristy Milward	Member and Councillor
Dr Will Milford	Member and Councillor
Dr Frank O'Keeffe	Member and Councillor
Professor Sue Walker	Member
Dr Roy Watson	Member and Councillor
Dr Susan Fleming	Member and Councillor
Dr Sue Belgrave	Member and Councillor
Dr Marilyn Clarke	ATSI Representative
Associate Professor Kirsten Black	Member
Dr Thangeswaran Rudra	Member
Dr Nisha Khot	Member and SIMG Representative
Dr Judith Gardiner	Diplomate Representative
Dr Angela Brown	Midwifery Representative, Australia
Ms Adrienne Priday	Midwifery Representative, New Zealand
Ms Ann Jorgensen	Community Representative
Dr Rebecca Mackenzie-Proctor	Trainee Representative
Dr Leigh Duncan	Maori Representative
Prof Caroline De Costa	Co-opted member (ANZJOG member)
Dr Christine Sammartino	Observer

Appendix B Overview of the development and review process for this statement

i. Steps in developing and updating this statement

This statement was originally developed in March 2010 and was most recently reviewed in September 2020. The Women's Health Committee carried out the following steps in reviewing this statement:

- Declarations of interest were sought from all members prior to reviewing this statement.
- Structured clinical questions were developed and agreed upon.
- An updated literature search to answer the clinical questions was undertaken.
- At the September 2020 committee meeting, the existing consensus-based recommendations were reviewed and updated (where appropriate) based on the available body of evidence and clinical expertise. Recommendations were graded as set out below in Appendix B part iii)

ii. Declaration of interest process and management

Declaring interests is essential in order to prevent any potential conflict between the private interests of members, and their duties as part of the Women's Health Committee.

A declaration of interest form specific to guidelines and statements was developed by RANZCOG and approved by the RANZCOG Board in September 2012. The Women's Health Committee members were required to declare their relevant interests in writing on this form prior to participating in the review of this statement.

Members were required to update their information as soon as they become aware of any changes to their interests and there was also a standing agenda item at each meeting where declarations of interest were called for and recorded as part of the meeting minutes.

There were no significant real or perceived conflicts of interest that required management during the process of updating this statement.

iii. Grading of recommendations

Each recommendation in this College statement is given an overall grade as per the table below, based on the National Health and Medical Research Council (NHMRC) Levels of Evidence and Grades of Recommendations for Developers of Guidelines.[2] Where no robust evidence was available but there was sufficient consensus within the Women's Health Committee, consensus-based recommendations were developed or existing ones updated and are identifiable as such. Consensus-based recommendations were agreed to by the entire committee. Good Practice Notes are highlighted throughout and provide practical guidance to facilitate implementation. These were also developed through consensus of the entire committee.

Recommendation category		Description
Evidence-based	A	Body of evidence can be trusted to guide practice
	B	Body of evidence can be trusted to guide practice in most situations
	C	Body of evidence provides some support for recommendation(s) but care should be taken in its application
	D	The body of evidence is weak and the recommendation must be applied with caution
Consensus-based		Recommendation based on clinical opinion and expertise as insufficient evidence available
Good Practice Note		Practical advice and information based on clinical opinion and expertise

Appendix C Full Disclaimer

This information is intended to provide general advice to practitioners, and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient.

This information has been prepared having regard to general circumstances. It is the responsibility of each practitioner to have regard to the particular circumstances of each case. Clinical management should be responsive to the needs of the individual patient and the particular circumstances of each case.

This information has been prepared having regard to the information available at the time of its preparation, and each practitioner should have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that information is accurate and current at the time of preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.