Obstetric and gynaecology services in rural and remote communities 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: July 2017
Review due: July 2020

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

Outcomes: To improve outcomes of those women receiving care in rural and remote communities 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. **Patient summary**

Many women and their families live outside of larger cities and towns in Australia. Most will wish to have their health care managed as close to home and as safely as possible.

Some women will have risk factors that mean safety is best assured if their care is managed at a larger centre. 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. For the benefit of all women and their families, every effort should be made by authorities to promote and sustain safe conditions for care in smaller communities.

2. **Summary of recommendations**

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation 1</td>
<td>Consensus-based recommendation</td>
<td>Care for women in rural and remote Australia should be delivered collaboratively between all approved providers of healthcare, working together to support rural O&amp;G services.</td>
</tr>
<tr>
<td>Good Practice Note</td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>Recommendation 2</td>
<td>Consensus-based recommendation</td>
<td>Each woman should be assessed individually and on an ongoing basis throughout her health care. All members of her healthcare team, should be involved in the process of assessment.</td>
</tr>
<tr>
<td>Recommendation 3</td>
<td>Consensus-based recommendation</td>
<td>Rural GP obstetricians should also be involved in the development of maternity service policies/protocols/guidelines to guide the appropriate level of care for pregnant women, based on RANZCOG guidelines.</td>
</tr>
<tr>
<td>Good Practice Note</td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>Recommendation 4</td>
<td>Consensus-based recommendation</td>
<td>Appropriate support for and access to Continuing Professional Development Practice Improvement activities are important in maintaining a well skilled rural healthcare workforce.</td>
</tr>
</tbody>
</table>
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 availability. Each community should be assessed according to determined guidelines taking into consideration local resources. In planning the locations of obstetric and gynaecology (O&G) services in rural and remote communities, there needs to be a clear understanding of what constitutes “rural and remoteness”.

Outlined in the National Strategic Framework for Rural and Remote Health, the term “rural and remote” is used to encompass all areas outside Australia’s major cities. Categorised in terms of physical distance of a location from the nearest urban centre based on population size, the Australian Standard Geographical Classification – Remoteness Areas system (ASGC-RA)(2011) uses Census data to classify Remoteness Areas (RA’s) into one of five categories. Each community and their classification can be viewed at [www.doctorconnect.gov.au](http://www.doctorconnect.gov.au). It is widely accepted that these communities experience particular issues and challenges associated with their geographic isolation. The combined impact of fewer resources, poorer access to services, limited availability of key health professionals, poorer health status, lower socioeconomic status, distance and 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, GPs, midwives, Aboriginal health providers and other approved providers of healthcare, 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, led by a designated specialist or GP, should be involved in the process of assessment adhering to local and national guidelines.

Communities should be well informed with regard to the level of O&G 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 by whatever means e.g. video/teleconference 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 key figures in the maintenance of maternity care services. They may also fulfill 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 also be involved 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 relief for study and recreational purposes.

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

- Specialist obstetricians and gynaecologists have key roles 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.
- Provincial O&G specialists should have support to access continuing professional development. Practice Improvement activities is important in maintaining a well skilled rural specialist workforce.
- Reliable and affordable locum support for provincial 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 communities is a chronic shortage of staff, with significant disparities in numbers 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 – 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. Carefully considered on-call arrangements for specialist and GP obstetricians are 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. Access to these services can be very limited in rural and remote communities.
- Funding models should support the use of modern communication technology (e.g. telemedicine and videoconferencing facilities) to assist in efficient and optimal management of complex problems, including obstetric, social (e.g. child protection), psycho-social health 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 appropriate health care and/or care for their newborn babies, this can impose significant stress for her, her family and community. Aboriginal and/or Torres Strait Islander women may also feel culturally unsafe, Adequate social and emotional support should be provided, and 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, they face a myriad of other challenges that further impact on their maternal health and outcomes. Caregivers need to be cognisant of these challenges 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 facility for confinement. This disruption from their own community can have negative impacts on the woman and their community Community discussion on “Birthing on Country” models involving all stakeholders have occurred and will continue to evolve. However, the priority should always be the 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.

5. References


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

<table>
<thead>
<tr>
<th>Name</th>
<th>Position on Committee</th>
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<tbody>
<tr>
<td>Professor Yee Leung</td>
<td>Chair</td>
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<tr>
<td>Dr Joseph Sgroi</td>
<td>Deputy Chair, Gynaecology</td>
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<tr>
<td>Associate Professor Janet Vaughan</td>
<td>Deputy Chair, Obstetrics</td>
</tr>
<tr>
<td>Associate Professor Ian Pettigrew</td>
<td>EAC Representative</td>
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<tr>
<td>Dr Tal Jacobson</td>
<td>Member</td>
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<tr>
<td>Dr Ian Page</td>
<td>Member</td>
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<tr>
<td>Dr John Regan</td>
<td>Member</td>
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<tr>
<td>Dr Craig Skidmore</td>
<td>Member</td>
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<tr>
<td>Associate Professor Lisa Hui</td>
<td>Member</td>
</tr>
<tr>
<td>Dr Bernadette White</td>
<td>Member</td>
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<tr>
<td>Dr Scott White</td>
<td>Member</td>
</tr>
<tr>
<td>Associate Professor Kirsten Black</td>
<td>Member</td>
</tr>
<tr>
<td>Dr Greg Fox</td>
<td>College Medical Officer</td>
</tr>
<tr>
<td>Dr Marilyn Clarke</td>
<td>Chair of the ATSI WHC</td>
</tr>
<tr>
<td>Dr Martin Byrne</td>
<td>GPOAC Representative</td>
</tr>
<tr>
<td>Ms Catherine Whitby</td>
<td>Community Representative</td>
</tr>
<tr>
<td>Ms Sherryn Elworthy</td>
<td>Midwifery Representative</td>
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<tr>
<td>Dr Amelia Ryan</td>
<td>Trainee Representative</td>
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</table>

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 July 2017. 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 July 2017 face-to-face 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. 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.

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