Government of Western Australia
WA Country Health Service

Obstetrics and Midwifery in the rural setting - the transition

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IN 2019-20 THE WA COUNTRY HEALTH SERVICE SUPPORTED 4517 BIRTHS IN OUR 18 MATERNITY SITES, DISPERSED OVER AN AREA COVERING 2.55 MILLION SQUARE KILOMETRES

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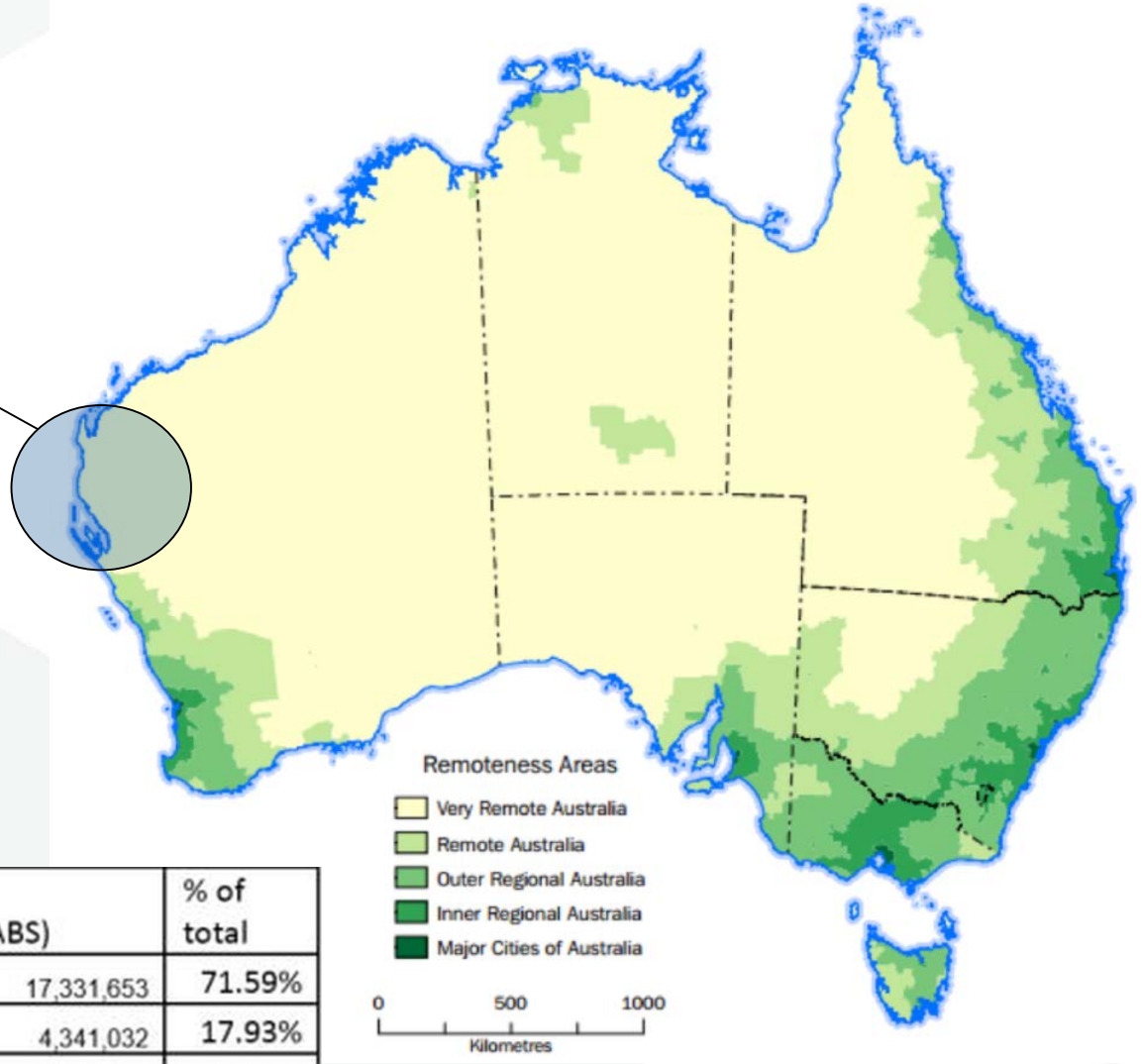


Remoteness area	2016 population (ABS)	% of total
Major Cities of Australia	17,331,653	71.59%
Inner Regional Australia	4,341,032	17.93%
Outer Regional Australia	2,041,946	8.43%
Remote Australia	293,765	1.21%
Very Remote Australia	202,413	0.84%
TOTAL AUSTRALIA	**24,210,809**	100.00%

GASCOYNE OBSTETRIC PROFILE

In the last 3 financial years;

- 44% of women attending antenatal services gave birth at Carnarvon.
- 53% of women receiving care identified as Aboriginal.

Antenatal care is provided to women with complex needs, including adolescent mothers, domestic violence, pre-existing medical conditions, smoking or alcohol and illicit drugs or poor diet. These women require intensive midwifery care and support.

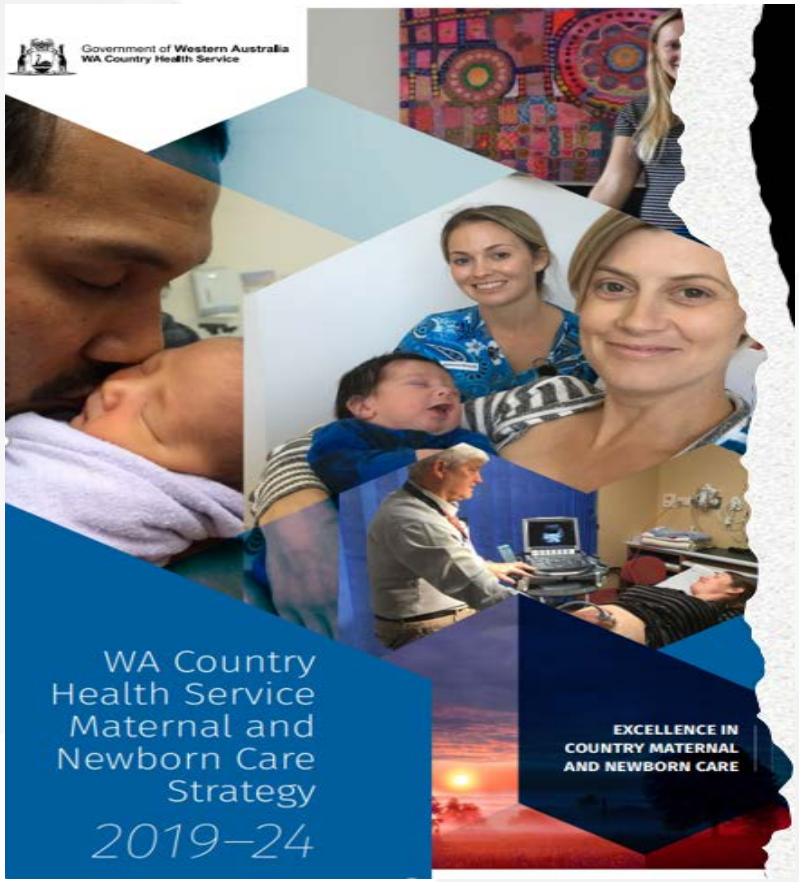
The birth intervention rates are high given that women birthing locally are low risk:

- 53% were spontaneous vaginal births;
- 36% occurred by caesarean section and
- 11% were instrumental vaginal births.

CHALLENGES FOR MIDWIFERY IN GASCOYNE

- Low birth numbers – approx. 60 per year
- Ability to recruit and retain midwives as dual Registered Midwives and Nurses required to fill the roster of the integrated general/maternity wards (common across rural and remotes sites)
- In small and remote sites staff numbers often result in limited clinical midwifery lead, expertise, support and supervision
- Women from outer areas within the region often choose to birth elsewhere as limited accommodation and travel options to/from Carnarvon & Geraldton
- Keeping midwives and medical practitioners upskilled to all areas of care including antenatal, intra-partum and postnatal care
- High use and turnover of agency Nurse/Midwives to cover the roster can impact ability to develop relationships between Midwives and clients for continuity of care
- Current risk exclusion criteria for Level 3 facilities precludes some women birthing locally

COMMONWEALTH AND STATE GOVERNMENTS PLANS



- National Strategic Framework for Rural and Remote
- Improving maternity Services in Australia - The report of the maternity Services Review
- National Maternity Services Plan 2010
- WACHS Nursing and Midwifery Strategy 2020-2025
- WACHS Maternal Health and Wellbeing Strategy 2019-2024

- It is necessary to focus on all strategies articulated by national and state governments in order for Carnarvon Hospital to sustain its maternity services.
- This is a result of the transitory nature of rural and remote workplaces which means the Gascoyne continues to face ongoing challenges with rostering midwifery services in in a way that is both safe for service providers and women.
- As further evidence to this in the past 3 years for almost 50% of the vaginal deliveries, the midwife present was agency.

Each Plan/strategy has the over arching theme of:

1. Improved access to appropriate and comprehensive health care
2. Effective, appropriate and sustainable health care service delivery
3. An appropriate, skilled and well-supported health workforce
4. Collaborative health service planning and policy development
5. Strong leadership, governance, transparency and accountability.

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MIDWIFERY CASE LOAD MODEL
OUR MAJOR FOCUS FOR SUSTAINABILITY

MGP Model Outline

- The Carnarvon Midwifery Group Practice (CMGP) caseload model will replace the existing midwifery ward roster model, **incorporate and enhance the Boodjardi Nyarlu program**, and provide outreach clinics to women in regional communities of Burringurrah, Coral Bay, Shark Bay and Exmouth.
- The caseload model will enable care from a known midwife and sustain safe, efficient, evidence based, collaborative woman-centered maternity care across the continuum of care (antenatal, birth and the post-natal period) for all women and their partners
- The CMGP will consist of a small team of midwives and be based on the philosophy that childbirth is a normal event that meets the women's psychosocial and physiological needs.

BENEFITS OF MGP

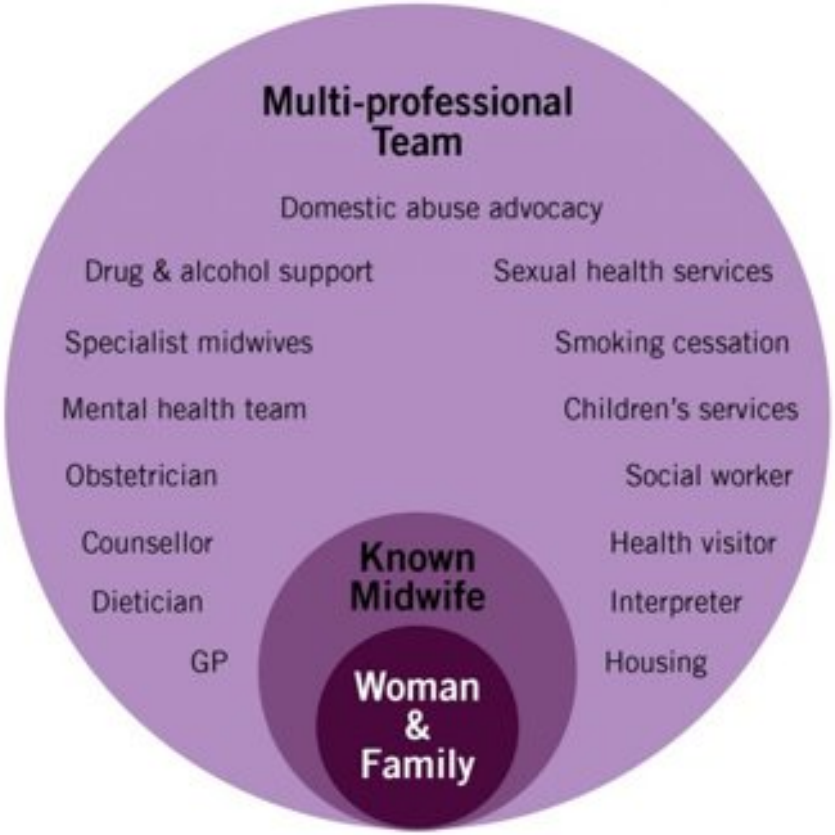
- REDUCED

- Instrumental Births
- Episiotomy
- Induction of labour
- Pre-term birth
- Still Birth and neonatal death
- Epidural and opioids

- INCREASED

- Spontaneous births
- Long Term Breast feeding duration
- Cost Efficiency
- Midwifery autonomy and workplace satisfaction
- Recruitment and retention of midwives

NONE OF US WILL WORK IN ISOLATION - IT TAKES A TEAM



WAY FORWARD

- Improve recruitment and retention of staff. Ensure fit with MGP model.
- Establishing effective Midwifery clinical leadership in the isolated setting.
- Ensuring consumer confidence and acceptance of the new MGP Model.
- Ongoing engagement of local General Practitioners and Obstetricians.
- Increased confidence of nursing staff to support postnatal clients during obstetric emergencies.
- Access to data to drive service planning and maximise funding.