



CATEGORY: CLINICAL GOVERNANCE ADVICE

rural services in 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

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.

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.

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

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.

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

6. Links to other College statements

7. Appendices

Appendix A Women's Health Committee Membership

Appendix B Overview of the development and review process for thi

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

Appendix C Full Disclaimer

This information is intended to provide general advice to practitioners, and should not be relied on as a