



Australian College of  
**Midwives**

ACM: For midwives. With women. For the future.

# POSITION STATEMENT

## Rural Maternity Services

Issued March 2023



## The Australian College of Midwives position on Rural Maternity Services

The Australian College of Midwives (ACM) is the **national peak professional body for midwives in Australia** and supports continuous improvement of rural maternity services. Woman's choice and access to maternity services in rural areas is fundamental to improving outcomes for women and their babies across the first 2000 days. Evidence affirms that midwives working to their full scope of practice, including sexual and reproductive health and maternal, child & family health are well positioned, to provide comprehensive primary maternity care to women in rural, regional, and remote areas of Australia.

### Background

Women have the right to access the model of maternity care of their choice in their community, close to home. Lack of access to maternity services due to workforce shortages, closures, or geography is a safety issue, particularly when women are required to travel long distances to give birth. Across Australia, in rural and regional areas a woman's access to maternity services, choice of care/r and the provision of culturally safe care is not equitable. Closure of rural maternity services and bypass or reduced service delivery negatively impacts women and families, the wider community, and the sustainability of the rural health workforce. This issue is not new. Midwifery care is the key solution to this nationwide problem.

Australia wide, around 7 million people (28%) live in rural and remote areas and on average, people living in these areas are younger than those in major cities. 57.5% of women aged 15-44 years live outside of the metropolitan area. Up to 25% of women in Australia give birth in a non-metropolitan setting (AIHW, 2023). Care is least accessible to women living in remote areas. For example, women in very remote areas are less likely to attend five or more antenatal visits to women in metropolitan areas. This disproportionately affects First Nations' women (Fox, 2021).

### Maternity Care is Woman-Centred Care

It is fundamental to the design of maternity services that the woman is at the centre of the system of care. This aligns with the COAG [Strategic direction for Australian Maternity Services \(2019\)](#) and the principles of shared decision-making between the woman and the care provider. The woman-centred care strategy states *'the maternity services system, and health professionals involved in a woman's journey, have responsibility to ensure women are actively involved in decisions regarding their care and, at the same time, provide safe and high-quality care that effectively manages risk to women and their newborn babies'*. (See Appendix 2)

Woman's choice is paramount in their birthing experience. Women have consistently identified that midwifery continuity of care is a preferred model of care through successive reviews of maternity services. Evidence also demonstrates that midwifery continuity of care with a known midwife throughout the childbearing continuum improves outcomes for both mother and baby. It reduces the incidence of preterm birth by 24% in all population groups (Sandall et al., 2016) and by 50% for First Nations babies (Kildea et al., 2021) and stillbirth is reduced by 16% (Sandall et al., 2016). For women with pre-existing perinatal mental health conditions, midwifery continuity of care increased rates of breastfeeding through having a known and trusted carer, who is also able to provide on-going counselling and support in a community setting (Cummins et al., 2022), with this care also mediating prenatal stress shown to decrease incidence of postnatal depression and improve women's wellbeing (Kildea et al., 2018).

Importantly, for Aboriginal and Torres Strait Islander families, midwifery continuity of care is shown to significantly improve health outcomes (Kildea et al., 2021) and provides an irrefutable rationale for expansion of Birthing on Country and like models of care.

### Rural options for care

Midwifery continuity of care is a foundational component of rural maternity services. Whilst there are 11 major models of care (AIHW, 2022), not all models are available or have been co-designed and implemented. In rural settings diminished access to local birthing services is more likely due to medical workforce shortages. All women require a midwife for care during labour and birth, however, a proportion of women will also require medical care. It is therefore paramount that multidisciplinary collaborative maternity models are available within a networked system of care, including the use of both physical transfer and telehealth services where required.

Of the 11 models of care, in a rural setting the availability of midwifery group practice (or MGP) is often fundamental to continuation of maternity services. A midwifery group practice is defined within the Maternity Care Classification System as the functional group within which midwives provide caseload care (AIHW, 2022). MGP midwives can provide primary care, consultation and referral in all rural settings in concert with a broader multi-disciplinary team, including medical practitioners, nurses, allied health, Aboriginal and Torres Strait Islander health workers, and social workers depending on level of risk as per the [National Midwifery Guidelines for Consultation and Referral](#). These Guidelines provide a nationally agreed framework, embedded in State and Territory policy, within which the maternity service works for best practice outcomes. Access to operating theatre capability is not required 24/7 in the context of low-risk birthing. Members of the broader healthcare team may or may not be co-located in rural facilities but will be accessed via both face-to-face and options for telehealth support.

Where midwives have an additional *endorsement for scheduled medicines* they are able to also order diagnostics, pathology and prescribe (NMBA, 2017). Within a birthing context, midwives are able to provide care under their own authority to women of low risk. This is guided by multidisciplinary case review and appropriate networked transfer pathways. Midwives work in partnership with the woman and alongside other health professionals to provide the best possible outcome for women and their families.

Midwifery models of care are evidence-based best practice and are fundamental to effective rural maternity services. ACM also recognises that the best outcomes in maternity care occur when there is respectful and effective collaboration between all health practitioners with the woman at the centre of her choice of care.

## Rural Maternity Services: Recommendations

The Australian College of Midwives is committed to supporting safe birthing close to home in rural and regional Australia. Core to this is access to continuity of midwifery care for women. The College seeks an ongoing commitment from State and Federal governments to prioritise rural maternity services and support evidence-based maternity care (see Appendix 1):

*The Australian College of Midwives acknowledges the Traditional Custodians of the land on which we work and live.*

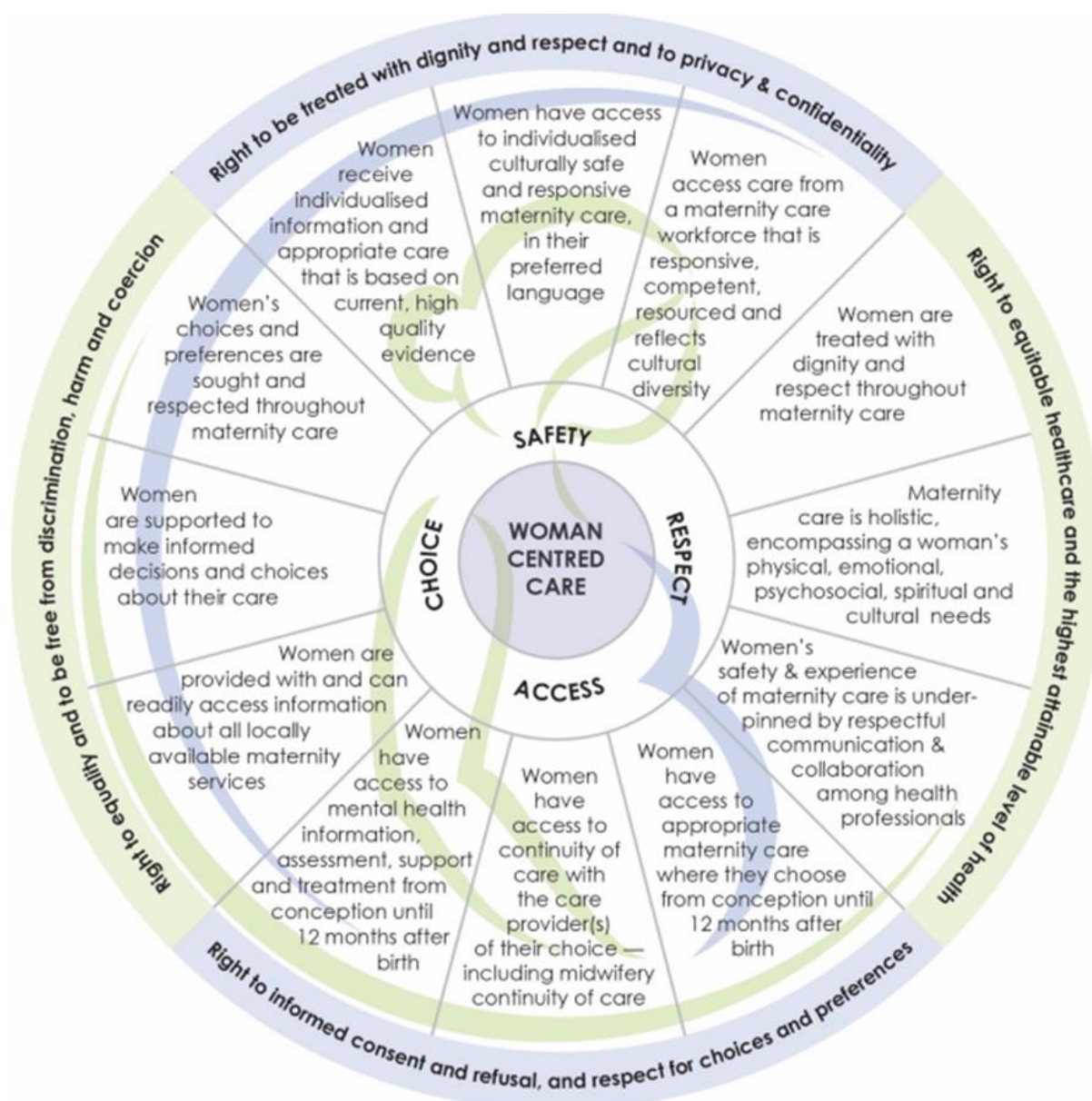
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**Appendix 1 – ACM Recommendations to advance and sustain Rural Maternity Services in Australia – effective as of March 2023**

1. Development of a 10 year federally funded COAG National Rural Maternity Services Strategy by 2024, including implementation framework and contemporary rural birthing tools in consultation with peak bodies, consumers and other relevant stakeholders.
2. Funded expansion of Continuity of Midwifery Care by a known midwife including Level 2 facilities and Birthing on Country models nationally, which is supported by the COAG Primary Health Care 10-year plan 2022-: ‘Reinforce and support best practice models of midwifery-led care (including continuity of care) for the multidisciplinary team in primary care and maternity services’.
3. Utilise COAG S19.2 exemption to maximise endorsed midwifery in rural, regional and remote locations in hospital settings.
4. Digital Health Access Provision through the continuum of care for all maternity settings.
5. Cultural safety training and practise in a multidisciplinary setting.
6. Implement rural multidisciplinary reflective practice within governance frameworks and supported through clinical supervision incorporating conversations about risk including risk perception and risk management.

## Appendix 2 – Woman Centred Care diagram

The diagram below provides a visual representation of the purpose, values and principles outlined in the [Woman Centred Care Strategy](#) document. The inner ring represents the purpose of the document and is surrounded by the values. The rays present the principles and the outer ring the Respectful maternity charter: the universal right of the childbearing woman (COAG Health Council, 2019).



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