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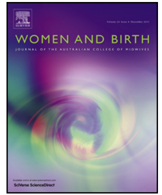

Women's access needs in maternity care in rural Tasmania, Australia: A mixed methods study

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ABSTRACT

Objectives: This study investigates (i) maternity care access issues in rural Tasmania, (ii) rural women's challenges in accessing maternity services and (iii) rural women's access needs in maternity services.
Methods: A mixed-method approach using a survey and semi-structured interviews was conducted. The survey explored women's views of rural maternity services from antenatal to postnatal care, while interviews reinforced the survey results and provided insights into the access issues and needs of women in maternity care.
Findings: The survey was completed by $n = 210$ women, with a response rate of 35%, with $n = 22$ follow-up interviews being conducted. The survey indicated the majority of rural women believed antenatal education and check-ups and postnatal check-ups should be provided locally. The majority of women surveyed also believed in the importance of having a maternity unit in the local hospital, which was further iterated and clarified within the interviews. Three main themes emerged from the interview data, namely (i) lack of access to maternity services, (ii) difficulties in accessing maternity services, and (iii) rural women's access needs.
Conclusion: The study suggested that women's access needs are not fully met in some rural areas of Tasmania. Rural women face many challenges when accessing maternity services, including financial burden and risk of labouring en route. The study supports the claim that the closure of rural maternity units shifts cost and risk from the health care system to rural women and their families.
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1. Introduction

In Australia, 32% of the population live in rural (29%) and remote (3%) areas.[1] People in these areas encounter health inequities, which result from difficulties in accessing health care services.[2] Access to health care involves the potential and actual entry of an individual or population into the health care delivery system.[3] Access has been identified as one of the dimensions of quality of care.[4] However, access is itself a multi-faceted concept. Pechansky and Thomas[5] identified five relevant dimensions to the client–service interaction, namely (i) *acceptability* (attitudes and beliefs of users and providers about each other's characteristics), (ii) *affordability* (cost implications to the patient in relation to need), (iii) *availability* (adequacy of supply, meaning the relationship between volume and type of services and volume and type of needs), (iv) *physical accessibility* (suitability of the location of the service in relation to the location and mobility of the patient), and (v) *accommodation* (is a service organised to meet client needs and fulfil patient perception of their appropriateness). Availability and physical accessibility are the two aspects which this study will focus on.

The absence (availability) and centralisation (physical accessibility) of maternity services are major issues in most rural and remote communities in Australia where over 50% of small rural maternity units have been closed since 1995.[6] This has been further acknowledged and evidenced, as maternity services are not meeting the needs of Australian rural and remote women who continue to have poor access and outcomes.[7] The closure of rural maternity units is observed as an anticipated cost saving measure.[6,8] In addition closure is occurring as rural and remote Australia continues to experience medical workforce shortages,[2] exacerbated by an ageing maternity workforce and increasing difficulties in attracting and retaining a rural workforce.[9] These challenges undermine the capabilities in providing anaesthetic and caesarean section services and raises concerns regarding the safety and quality of rural birthing services.[6,9] Some studies have found that when the size of delivery units decrease, poor health outcomes

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for babies increase[10,11] and the closure of maternity units has been associated with the poorer outcomes for mothers.[12,13] In contrast, a considerable body of literature has demonstrated low-risk women and their babies, which are born in small rural units have health outcomes which are at least equal to or more favourable than low-risk women using larger, fully serviced units.[14–16]

The inability to access rural maternity services impacts women and communities in many ways. For example, when required to travel great distances to give birth, women and their families encounter significant financial, logistical, social, cultural and spiritual challenges.[17] In addition, there is a risk of labour and birthing occurring en route.[18] This causes significant psychosocial consequences for parturient women such as stress, fear and anxiety.[13,18,19] For instance, it has been demonstrated, rural parturient women who travel more than 1 h to access services are 7.4 times more likely to experience moderate or severe stress than women with local maternity services access.[13] Furthermore, other studies have shown the closure of rural maternity services is linked with adverse outcomes for mothers and babies.[12,20–22] This includes low birth-weight neonates, increased infant death rates, increased rates of complicated deliveries and prematurity. Lastly, the loss of local maternity services affects the sustainability and population of rural communities through decreased health services and employment.[23]

The reviewed studies aimed to identify the impact the lack of maternity services access had on rural women and their babies in terms of health/medical outcomes or non-medical/other outcomes.[12,20–22] The impact the lack of rural maternity services on the health outcomes for women and babies have been widely researched quantitatively.[10–12] However, studies on the other (non-medical) outcomes/needs of rural women in maternity care are limited in the literature. Some studies only focus on the specific aspects of rural women's needs and their preferences in the models of maternity care and mainly on birthing services. Added to these challenges, the maternity access needs of rural communities in Tasmania remain relatively unknown. Tasmania is an island state, isolated from mainland Australia which has the most regional and dispersed population of any state in Australia, with almost 60 percent of the population living outside the capital city.[24] To address the silences in the literature, this paper reports the maternity care access needs of rural Tasmanian women from ante-natal through to post-natal care, while identifying the services available and highlighting the gaps between services available and perceived need.

2. Methods

This study was part of a larger research project identifying women's needs in rural areas of Tasmania, Australia. Ethics approval for the study was granted by the Tasmanian Social Sciences Human Research Ethics Network. The study utilised a mixed method approach which included a survey and semi-structured interviews.[25] The results from the interviews were used to confirm and interpret the findings from the survey.[26]

2.1. Survey

The survey consists of 41 questions which were informed by the literature and was divided into four parts: Part A about respondent's demographic background, Part B about their most recent experiences of maternity services, Part C about the participant's views on maternity services in rural areas, and Part D about optional comments of participants. The questionnaire included fifteen questions using a 5-point Likert scale ranging from "Strongly Agree" to "Strongly Disagree". Prior the questionnaire's full implementation, a pilot study was conducted with 20 participants. The reliability of the fifteen Likert scale questions were tested using Cronbach's alpha with a result of $\alpha = 0.746$ ($\alpha > 0.7$) which is considered acceptable.[27] In addition a number of useful suggestions were received from the pilot study participants and incorporated in the survey.

Six rural communities across Tasmania were purposefully chosen to participate in the survey. The health centres in these communities currently provide very limited maternity care services and are 45–120 min from a major hospital by car. Third parties such as health and child care centres in these communities were approached for participant recruitment. Those identified to participate in the study included those who were female over 18 years of age; having had a childbirth experiences; and living in rural areas of Tasmania or Australia at the time of giving birth. Subsequently, 600 surveys were distributed to women who met the study criteria with 210 (35%) women responding to the survey between May and September 2010.

2.1.1. Interviews

Survey participants were asked to indicate their willingness to participate in the interviews on the returned survey form. The interviews especially focused on women who have had child birth experience within 5 years. Forty eight women consented to participate in the interviews. The semi-structured interviews were conducted by the first author between August and October 2010 in the local health centres, coffee shops and child health centres. The interviewer used a list of open-ended questions (informed by the literature) about women's maternity care experiences in rural Tasmania. Saturation was determined by the team of researchers and achieved after conducting 22 interviews as no more new themes and categories emerged from the data.

2.2. Analysis

2.2.1. Survey analysis

Data from the questionnaires were coded and entered into SPSS version 15.0.[28] Descriptive statistics were used to analyse the data. As the themes identified from the open ended comments were similar to those identified from the interview data, these data sets have been merged for analysis and presenting the findings.

2.2.2. Qualitative analysis

The qualitative data were analysed using thematic analysis.[29] For the analysis, QSR – NVivo v9.0 software[30] was used to organise transcripts and codes. To ensure the reliability of the study, another researcher who was conducting research in the same general field was asked to review the raw data of the interviews. This researcher also independently coded four interviews of a random sample of data. The researchers and the independent judge discussed the coding until agreement was reached.

Selected characteristics of the survey and interview participants are presented in Table 1.

3. Results

3.1. Quantitative results

The survey results indicate that the respondents support that antenatal and postnatal services should be provided locally. This is illustrated in Table 2.

Moreover, the results show that a large number of respondents viewed that it is important to have a maternity care unit in their local hospitals (77.6% very important, 16.1% important, 6.3% not important).

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