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No. 282-Rural Maternity Care

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Katherine J. Miller, MD, Almonte, ON

Carol Couchie, RM, Nippising First Nation, Garden Village, ON

William Ehman, MD, Nanaimo, BC

Lisa Graves, MD, Sudbury, ON

Stefan Grzybowski, MD, Vancouver, BC

Jennifer Medves, RN, PhD, Kingston, ON

*Joint Position Paper Working Group: Kaitlin Dupuis, MD, Nanaimo, BC; Lynn Dunikowski, MLS, London, ON; Patricia Marturano, Mississauga, ON; Vyta Senikas, MD, Ottawa, ON; Ruth Wilson, MD, Kingston, ON; John Wootton, MD, Shawville, QC.

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Abstract

Objective: To provide an overview of current information on issues in maternity care relevant to rural populations .

Evidence: Medline was searched for articles published in English from 1995 to 2012 about rural maternity care . Relevant publications and position papers from appropriate organizations were also reviewed .

Outcomes: This information will help obstetrical care providers in rural areas to continue providing quality care for women in their communities .

Recommendations:

1. Women who reside in rural and remote communities in Canada should receive high-quality maternity care as close to home as possible.
2. The provision of rural maternity care must be collaborative, woman- and family-centred, culturally sensitive, and respectful.
3. Rural maternity care services should be supported through active policies aligned with these recommendations.
4. While local access to surgical and anaesthetic services is desirable, there is evidence that good outcomes can be sustained within an integrated perinatal care system without local access to operative delivery. There is evidence that the outcomes are better when women do not have to travel far from their communities. Access to an integrated perinatal care system should be provided for all women.
5. The social and emotional needs of rural women must be considered in service planning. Women who are required to leave their communities to give birth should be supported both financially and emotionally.
6. Innovative interprofessional models should be implemented as part of the solution for high-quality, collaborative, and integrated care for rural and remote women.
7. Registered nurses are essential to the provision of high-quality rural maternity care throughout pregnancy, birth, and the postpartum period. Maternity nursing skills should be recognized as a fundamental part of generalist rural nursing skills.
8. Remuneration for maternity care providers should reflect the unique challenges and increased professional responsibility faced by providers in rural settings. Remuneration models should facilitate interprofessional collaboration.

9. Practitioners skilled in neonatal resuscitation and newborn care are essential to rural maternity care.
10. Training of rural maternity health care providers should include collaborative practice as well as the necessary clinical skills and competencies. Sites must be developed and supported to train midwives, nurses, and physicians and provide them with the skills necessary for rural maternity care. Training in rural and northern settings must be supported.
11. Generalist skills in maternity care, surgery, and anaesthesia are valued and should be supported in training programs in family medicine, surgery, and anaesthesia as well as nursing and midwifery.
12. All physicians and nurses should be exposed to maternity care in their training, and basic competencies should be met.
13. Quality improvement and outcome monitoring should be integral to all maternity care systems.
14. Support must be provided for ongoing, collaborative, interprofessional, and locally provided continuing education and patient safety programs.

INTRODUCTION AND BACKGROUND

Canadian women deserve quality maternity care regardless of whether they live in urban, rural, or remote communities. Individual health care providers must work to develop and maintain models of maternity care adapted to the communities in which women reside and to the resources available. Building on the 1998 Joint Position Statement on Rural Maternity Care,[1] this enhanced document includes new evidence. Acknowledging that interprofessional care of women through the continuum of prenatal, intrapartum, and postnatal periods is the norm, this paper represents the collaboration between not only physician organizations but also nursing and midwifery organizations. The authors of this paper and their respective organizations have agreed that rural maternity care must include agreement on the following overarching recommendations.

Recommendations

1. Women who reside in rural and remote communities in Canada should receive high-quality maternity care as close to home as possible.
2. The provision of rural maternity care must be collaborative, woman- and family-centred, culturally sensitive, and respectful.
3. Rural maternity care services should be supported through active policies aligned with these recommendations.

Defining "rural" in Canada remains challenging. Rurality indices attempt to capture the essence of rural with variables such as the distance between the site and advanced care, between the site and basic care, as well as the population number and density of the site.[2] This definition attempts to cover the variety of rural centres from those that are geographically isolated to centres that, while close to basic and advanced care, are in regions with low population density. Rural maternity care is often characterized by maternity care teams led by family physicians, nurses, and midwives. In some communities, they are the only ones providing maternity care, and in other cases backup is provided by general surgeons, GP-anaesthetists, obstetrician-gynaecologists, and/or family physicians with surgical training.

Recent years have seen the closure of rural maternity programs as part of regionalization of care and cost cutting.[3] In addition to administrative pressures, lack of skilled personnel in maternity care has resulted in service decreases and program closures.[4] Maternity programs are dependent not only on clinical personnel but also on support personnel, services such as diagnostic imaging, laboratory testing, and blood banks, appropriate and functional equipment, and effective transport systems across large distances in all types of weather.

DISCUSSION

Levels of Service

The safety of rural maternity services has been the subject of a number of studies over the past 20 years, and the weight of evidence supports the provision of local services even in communities without access to local surgical services.[5,6] Several recent studies have examined the importance of distance to services as it relates to outcomes and have shown that perinatal mortality, morbidity, and intervention rates increase the farther women live from birthing services.[7,8] While low-volume units face unique challenges, there is no evidence that a minimum number of deliveries is required to maintain competence.[9] The question is not whether to provide birthing services but what level of services is feasible and sustainable.

When a community is unable to sustain local services, almost all women will travel to access services elsewhere and, depending on the distance to the nearest referral centre, they may be away from their homes and communities from 36 weeks' gestation until they give birth. This separation can cause substantial stress for women and their families, and when socioeconomic vulnerability is a complicating factor, rates of adverse outcomes increase.[7,10]

Other rural communities are able to provide medically supported maternity services. If surgical services are unavailable, the proportion of women delivering locally is lower because of both risk-management decisions and patient choice. Factors that influence patient choice are not always those that motivate care providers.[11] Rural maternity care