

Maternal perspectives on rural obstetrics in South Australia, the importance of delivering in her hometown.

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BACKGROUND

Patients in rural and remote areas face health inequities compared to their counterparts in metropolitan areas. These inequities are exacerbated by problems accessing health care services (Department of Health and Ageing 2009). Between 1991 and 2006, the number of hospitals and birth centres in Australia fell by one-third (AIHW 1991), (AIHW 2006). The Australian Institute of Health and Welfare reports that from this figure, the largest closure of maternity services was in hospitals that had between 1-100 births per year, with the number of these centres reducing from 325 nationally to 159 (AIHW 1991), (AIHW 2006).

Nationally, due to changes in funding and workforce distribution, obstetric care has become more centralised, however this does not benefit people living in rural areas.

The Riverland region has approximately 297 births annually (Pregnancy Outcome Unit 2016). This includes antenatal and postnatal care provided by a multidisciplinary maternity team. This research is significant as while the quantitative data of the number and details of births in the region are collated from information provided in Supplementary Birth Record forms, there has been little qualitative research to explore maternal perspectives.

OBJECTIVE

The objective of this research was to explore the perspective of mothers who have accessed antenatal care or delivered in the Riverland region, the benefits and challenges of delivering locally and the factors that impacted accessing antenatal and obstetric services.

METHODS

Semi-structured, face-to-face interviews were undertaken with eight participants. Participants included primigravida and multigravida mothers who had received antenatal care or delivered in a local hospital in the Riverland within the previous six months. Face to face interviews were undertaken until thematic saturation was reached.

All participants were interviewed by one person using a pre-designed, semi-structured interview proforma.

Qualitative data was analysed using inductive content analysis once transcripts were transcribed and de-identified. Two researchers analysed the data into categories and after discussion, condensed these categories into four themes. There was a coding consistency check to assess trustworthiness of the data analysis, which was undertaken by the third researcher.

REFERENCES

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RESULTS

Four major themes emerged from the interview data.

Theme 1: Convenience of local care

Mothers found it beneficial not only to have their antenatal and obstetric care within the Riverland, but in their choice of hospital, within a short distance from their hometown.

"My labour was very quick. So not having to travel too far for that was pretty good, otherwise I would have ended up giving birth on the side of the road".

Theme 2: Support close to home

Throughout the interviews, support close to home in the form of family members and participation in mothers groups was raised. Many participants included their general practitioner as a support close to home in this period.

"I guess the good thing about, again, being in a rural area, is that it takes a village cliché line, it's actually true".

Theme 3: The standard of care delivered

The standard of care delivered included positive and negative feedback about services provided. Continuity of care was one of the main positives of having care available. Safety was a priority for all participants, and most felt that this was a positive aspect of the standard of care delivered. Two participants, found that they felt understaffing issues contributed to a lack of safety. Flexible discharge planning was highlighted in a number of interviews, as contributing to the standard of care.

"The convenience was good, but the comfort factor was probably even more".

Theme 4: Barriers to accessing care

It was consistent that participants commented that there were no barriers to accessing care in the Riverland. All participants were aware of the local services available to them, including emergency services that they said they would feel comfortable accessing. Most participants raised examples of barriers that prevented them from wanting to access care in the city such as having to miss work or having to travel without their partner or children. The one area of need highlighted, was a lack of post-natal counselling services available.

"One thing that I wish there was, was like a mum's group for second mum's or third mum's... for those who don't come to town, that's a hard thing to do to integrate".



Graph 1: Visual representation of frequency of words used throughout interviews

CONCLUSION

Having access to antenatal and obstetric care and delivery close to home, is valued by mothers living in the Riverland region. Whilst some rural obstetric services are reducing nationally, the Riverland has had an increase in the number of births per year (Pregnancy Outcome Unit 2016). Participants highlighted not having to travel great distances to access care as a major benefit of having local services. The research highlighted that lack of post-natal counselling may be an area of need for people living rurally. In conclusion, seven out of the eight participants would choose to have their antenatal and obstetric care for subsequent births in the Riverland region.