Giving Birth in the Murrumbidgee Region:
A Quantitative and Qualitative Approach
Examining GP Obstetrics across a Rural Region

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Background – Why Rural GP Obstetrics?

RANZCOG current guidelines detail that low risk births can be safely handled in hospitals that fall under Levels 1-3, which fit a primary medical care model.\(^1\)

*GP Obstetricians play an important role for low-risk pregnancies in rural areas.*\(^2\)
RANZCOG current guidelines detail that low risk births can be safely handled in hospitals that fall under Levels 1-3, which fit a primary medical care model.\(^1\)

*GP Obstetricians play an important role for low-risk pregnancies in rural areas.*\(^2\)

But the **rural GP obstetrics workforce is diminishing**.\(^3,4\)

Reasons behind this are **multifactorial**.\(^4\)

Cited factors include **fear of safety**.\(^4\)
A large non-metropolitan region in NSW.⁵

The hospitals that offer obstetric services include:
• Wagga Wagga (Level 5)
• Griffith (Level 4)
• Other smaller hospitals (Levels 1-3), including towns like Temora & Cootamundra

7640 births occurred in the region between 2012-2015 across a range of models of care, including primary medical care models.⁶,⁷,⁸,⁹
The diminishing GP Obstetrician workforce & closure of smaller obstetric centres is a particularly topical issue across the Murrumbidgee.

This is evident from several media articles from across the region expressing both community & other key stakeholder concern.
Research Aim

• Identify the benefits and challenges associated with GP obstetric care in the Murrumbidgee LHD
Overview of Methods

• Review of NSW Health Data:
  • Analyse differences in safety outcomes across GP-based vs. specialist-based obstetric facilities in the Murrumbidgee

• Interviews with GP Obstetricians:
  • Analyse Murrumbidgee GP Obstetricians’ perspectives on:
    A. Benefits of GP Obstetrician care
    B. Challenges and barriers to practise
Review of Data

- **Retrospective analysis** of the *NSW Mother’s and Babies Reports 2012-2015*.6,7,8,9
- **Chi-square independence tests** to compare selected safety outcomes of Wagga Wagga and Griffith vs. other Murrumbidgee Hospitals

<table>
<thead>
<tr>
<th>Location</th>
<th>Number of Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wagga Wagga</td>
<td>3237</td>
</tr>
<tr>
<td>Griffith</td>
<td>1992</td>
</tr>
<tr>
<td>Other</td>
<td>2411</td>
</tr>
<tr>
<td>Total</td>
<td>7640</td>
</tr>
</tbody>
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Is this a safety issue?

In smaller Murrumbidgee hospitals versus specialist-based centres (Wagga & Griffith) there were:

- Fewer stillbirths, deaths and transfers ($p<0.01$)
- Fewer admissions to special care or NICU ($p<0.01$)
- Fewer neonatal resuscitations ($p<0.01$)
- More normal vaginal deliveries ($p<0.01$)
Smaller obstetric hospitals are appropriately triaging births

The data supports the view that smaller hospitals are providing safe obstetric care.
GP Interviews
Methods

Ethics obtained (HREC 017143S)

Recruitment of GP Obstetricians in the Murrumbidgee

Semi-structured Interviews

*Iterative approach* to data analysis and theme extraction

Further semi-structured interviews

Themes confirmed or challenged

Themes developed

**Ethics:**
- Granted by the Human Research Ethics Committee, The University of Notre Dame Australia

**Recruitment:**
- Through letters and follow-up phone calls
- Purposeful sampling of GP Obstetricians known by researchers or found through public documents
- n=6
Methods

Data collection:
1. Participant demographics
   - Gender, age, length of practice in the Murrumbidgee, qualifications

2. Interviews
   - Semi-structured
   - Retired & currently practicing Murrumbidgee GP Obstetricians
   - Questions focused on
     - Benefits and Rewards
     - Challenges and Barriers
     - Workplace shortage
     - Possible solutions

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Iterative approach to data analysis and theme extraction
Further semi-structured interviews
Themes confirmed or challenged
Themes developed
Methods

- Ethics obtained (HREC 017143S)
- Recruitment of GP Obstetricians in the Murrumbidgee
- Semi-structured Interviews
  - Iterative approach to data analysis and theme extraction
  - Further semi-structured interviews
    - Themes confirmed or challenged
      - Themes developed

Data Analysis:
- Transcription of voice recordings
- Iterative process applied
## Participant Demographics

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Age</td>
<td>60.7 years old (Range = 43-80 years old)</td>
</tr>
<tr>
<td>Gender</td>
<td>2 Females; 4 Males</td>
</tr>
<tr>
<td>Average length of practice in the Murrumbidgee</td>
<td>17.3 years (Range = 4-32 years)</td>
</tr>
<tr>
<td>Currently practicing</td>
<td>3 currently practising; 3 retired</td>
</tr>
<tr>
<td>Qualifications</td>
<td>3 Diploma; 2 Advanced Diploma; 1 Grandfathered Diploma</td>
</tr>
</tbody>
</table>
Results

- **Part A:** Benefits of GP Obstetrician care in the Murrumbidgee Region

- **Part B:** Challenges and barriers to practising GP Obstetrics in the Murrumbidgee Region
Results

Benefits of GP Obstetrician care in the Murrumbidgee

1. Continuity of care
   - Continuity
   - Holistic
   - Rapport and trust
   - Enhanced communication
Results

Benefits of GP Obstetrician care in the Murrumbidgee

“When a woman becomes pregnant she doesn’t lose the rest of her health or her identity. There’s a lot of value clinically in having someone still managing that person, and her and her family and their other medical issues.”

“…there’s more value in having continuity with someone and they feel comfortable with you regardless of how it went.”
Results

Benefits of GP Obstetrician care in the Murrumbidgee

2. Maternal choice
   - Increasing choice for rural women
   - Already established trust and rapport
Results

Benefits of GP Obstetrician care in the Murrumbidgee

“…also philosophically, I think it’s a good idea for women to be able to choose... So one of the advantages of GP obstetrics is just that it’s another model of care.”

“…there’s some sort of attachment or some sort of link with your patients. They want you to deliver the baby.”
Results

Benefits of GP Obstetrician care in the Murrumbidgee

3. Rewarding profession
   • Rural generalism
   • Career development
   • Providing a needed service
   • Rewarding
Benefits of GP Obstetrician care in the Murrumbidgee

“It’s just a much more satisfying life being a country doctor.”

“It is so much, I think, appreciated by the people you look after.”

“It’s a very rewarding speciality because of the patients.”
Results

Benefits of GP Obstetrician care in the Murrumbidgee

4. Obstetric care provided in smaller, rural areas
   • Service for rural towns
   • Reduces travel
   • Community
Benefits of GP Obstetrician care in the Murrumbidgee

“It gives great confidence to women knowing that they can have a family in the town where they live and that is a normal thing to be able to do and we should be skilled enough to be able to do that.”

“I enjoy the people. That was the thing about the first little town…We’d walk past the photography shop and you had delivered half to two thirds of the babies [in the photos].”
Results

Challenges and barriers to practising GP Obstetrics in the Murrumbidgee region

1. Diminishing services & staff
   - Decrease in services & facilities
   - Shortage of midwives, theatre staff, anaesthetists, & other staff support
Results

Challenges and barriers to practising GP Obstetrics in the Murrumbidgee region

“So there’s towns around that don’t have an obstetric service because they don’t have an anaesthetist, there are other towns that have heaps of anaesthetists and no obstetricians, there are other places that have got GP Obstetricians, GP Anaesthetists and no Midwives… practically it’s very difficult to get all those combination of people there.”

“We don’t have enough Midwives. So that’s pretty bad. There’s a shortage of them district wide.”
2. Reducing GP Obstetrician workforce
   - Workplace shortage
   - Demanding
   - Training issues
   - Lack of support
Results

Challenges and barriers to practising GP Obstetrics in the Murrumbidgee region

“When I first came… there was probably about ten GP obstetricians. When I finished, there was only myself and one other. And then I finished.”

“I think longevity and succession planning. I think that’s one of the challenges. Is making sure we have another lot of doctors coming through that can pick up the ball and run with it.”
Results

Challenges and barriers to practising GP Obstetrics in the Murrumbidgee region

3. Fear of error & litigation
   • Medicolegal fear
   • Financial pressures
   • Fear of error
Results

Challenges and barriers to practising GP Obstetrics in the Murrumbidgee region

“I think probably the expectation, the litigation, that’s around obstetrics. I think there’s a lot of fear around obstetrics. What if things go wrong? …it is a highly stressful situation at times, and that’s where you need to be sensible and looking at what’s high risk.”

“A big problem is the litigation around obstetrics and the cost of insurance. That’s why a lot of people stopped doing it. The cost of insurance is significant… And I think young doctors just get a bit scared with obstetrics.”
Results

Challenges and barriers to practising GP Obstetrics in the Murrumbidgee region

4. Bureaucracy
   • Political
   • Colleges
   • District Health Management
   • Hospital
Results

Challenges and barriers to practising GP Obstetrics in the Murrumbidgee region

“And then there’s the issue of decisions being made that impact on us without our consultation and the assumption that others know better how we practise. And that’s incredibly frustrating.”

“An awful lot of bureaucracy has gotten in the way of medicine… I miss the patients but I certainly don’t miss the bureaucracy.”
Discussion & Conclusions

• GP Obstetrician care is being safely provided in the Murrumbidgee
• Rural GP obstetrics is a **rewarding career** and provides a **needed service** to the area
• But there are **challenges** to implementation
Discussion & Conclusions

- These challenges are **multifactorial**
- GP Obstetrician have suggested **possible solutions** for supporting & further building this workforce including:
  - Telehealth
  - Proactive succession planning
  - Improved support systems
Limitations

• Available public data is limited

• Generalisability to other rural regions

• Small number of GP Obstetricians at this stage (n=6)
  • Other important stakeholders e.g. Midwives, younger graduates
Future Directions

• Explore perspectives of midwives, consumers and key stakeholders

• Evaluate possible solutions
  • Support systems
  • Improve training programs
  • Addressing service and staff issues
  • Role of the rural generalist

• Proactive succession planning of healthcare professionals to ensure the ongoing viability of small obstetric facilities
References


