



Birthing in the bush overseas: models that work

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At the present time, around one in four women living in the Northern Territory, Australia, are expected to leave their homes, families and community in preparation for the birth of their child in a setting where there are appropriate staff and resources at hand (Thompson, 2013). Leaving their home is not without risk; the emotional, cultural, spiritual, social, financial and physical risks that may ensue in this arrangement are well documented in many studies, reports and research articles. However, women and their families must juggle these risks with the risks of planning to birth in a remote setting with variable access to skilled maternity carers, appropriate resources and knowing the geographical barriers to accessing emergency care if it becomes necessary. For many families, there are also the inherent complexities and challenges of negotiating a dominant colonial health care system.

From a service provision point of view, there are many barriers to be overcome if maternity services are to be sustained in the remote setting. The oft-quoted 'tyranny of distance', inclement weather and its impact on road or air access, variable and transient population sizes, shifting government structures and funding, and the difficulty of recruiting and retaining skilled maternity carers are all factors that will affect how maternity care can be planned and organised, and what that care will be like. And yet, facing similar barriers and complexities, there are services in other rural and remote communities around the world who provide safe maternity and birthing care.

The award of a Peter Mitchell Churchill Fellowship allowed me to travel to Scotland, Nunavik (in Canada), and Aotearoa/New Zealand, to visit midwives and communities who have successfully established and continue to sustain birthing services in their remote communities. Each of the communities I visited have their own unique and appropriate solutions to the barriers they encounter; what they showed me is that where there is a will, there is a way.

This presentation will discuss different ways in which these birthing services address some of the barriers to birthing service provision in the remote context. Some services I visited were relatively recently established, while others had been revitalised from near the point of closure. Stories, photos and 'case study' in-depth consideration of how these services function will allow me to share what I have seen and learnt from visiting these successful, sustainable birthing services in rural and remote communities.