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**Alternate Stream**: probably not applicable

**Abstract Title:** Local birthing services for rural women: Adaptation of a rural New South Wales maternity service

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**Background**

With the recent closure of many rural birthing units across Australia, one option for rural birthing services is to implement alternative models of care such as midwifery caseload or group practice (MGP). This study reports the transitioning of maternity services at a small rural hospital in NSW from an obstetrician and general practitioner-obstetrician (GPO) service prior to December 2009 to a caseload midwifery (MGP) model with a low-risk planned caesarean section service (PCS).

**Approach**

This study was undertaken at maternity unit in a small public hospital in rural New South Wales, Australia, using data extracted from the handwritten ward-based birth register from July 2007 to June 2012. The register included maternal characteristics, labour and delivery details, neonatal outcomes and antenatal care before 20 weeks, which were compared for before and after the change in model of care.

**Outcomes/Results**

There were 750 births over 29 months in GPO and 277 and 145 births over 31 months in MGP and PCS, respectively, totalling 422 births following the change in model of care. The GPO had 553 (73.7%) vaginal births and 197 (26.3%) caesarean section (CS) births (139 planned and 58 unplanned). There were almost universal normal vaginal births in MGP (>99% or 276).

For normal vaginal births, invasive analgesia and episiotomy were less common in MGP than GPO. Neonatal outcomes were similar for both groups in Apgar scores at 5 minutes, neonatal resuscitations or transfer to high-level special care nurseries.

**Take Home Message**

Midwife-led maternity services represent a cost-effective response to staffing and resourcing challenges in rural areas. This small study demonstrates that an MGP service can maintain quality care outcomes for low-risk women and may therefore provide a sustainable local birthing option for low-risk women in rural communities. These findings are relevant for other rural maternity services facing sustainability challenges.