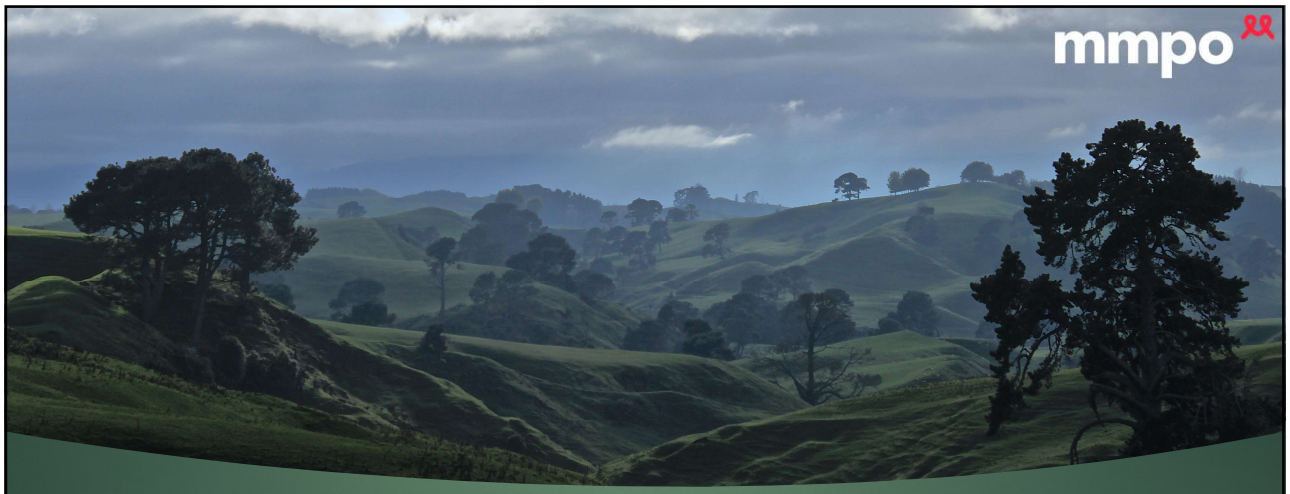


Rural Midwifery & Health Equity in Aotearoa

Shanti Daellenbach
Midwifery and Maternity Providers Organisation

Aims

1. The current state of rural community midwifery and maternity care

2. How rural midwifery and maternity units support health equity for rural communities

3. Current challenges to equity for rural birthing women, wāhine and whanau

Rural midwifery care users

Of the annual birthing population;

- 24% live in a Rural or Remote Rural area
- 34% domiciled in an area decile 8-10 on the NZDep Index

(Stats NZ 2017 birth data mapped to Section 88 Rural Classification Codes & NZDep)

Rural midwifery workforce

The rural midwifery workforce includes;

- Approx. 300 rural community midwives (carrying a predominantly rural caseload)
- Majority are self-employed
- Average annual caseload of 30-60
- Travel on average 550km per week to provide homebased LMC and labour & birth care (excl. home to clinic)

(MMPO Workforce & NZCOM member survey data)

Rural midwifery workforce

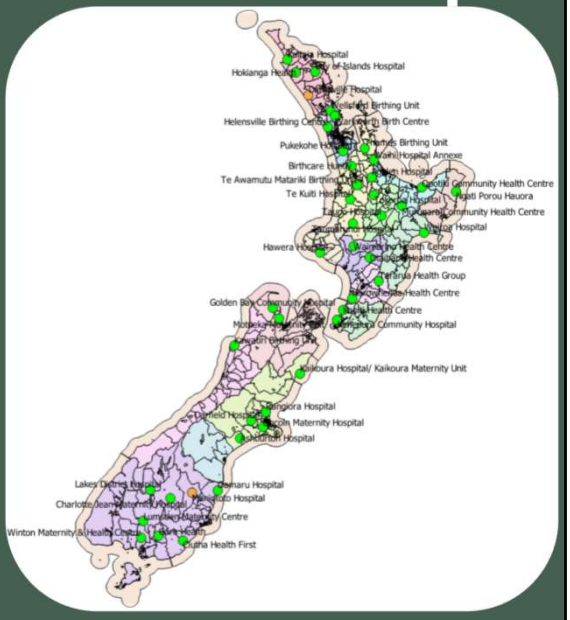
Midwives provide continuity of care through;

- Regular community or home-based visits through antenatal period
- Labour and birth care (including homebirth, primary birth, tertiary birth care)
- 24/7 on-call for caseload and as back-up
- Regular postnatal visits in the woman's home
- Referring to specialist health, obstetric and social services

Rural maternity care facilities

40 Rural Primary Maternity Units (PMU)

- 26 in remote-rural communities
- 23 in decile 8-10 areas (most deprived)



Rural maternity care facilities

mmpo

Rural Primary Maternity Units provide;

- Midwife led labour and birth care
- Midwife led postnatal care
- Breastfeeding support
- Midwifery antenatal clinics
- May host other services: e.g. Obstetric consultants, antenatal education, peer support.

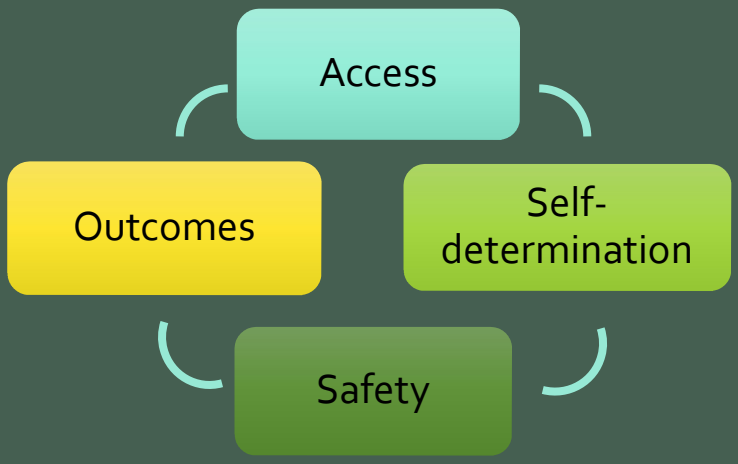
Health Equity

Needs-based rationale – address disparities in care and outcomes
Rights-based rationale – meet Te Tiriti o Waitangi responsibilities
(Curtis et al. 2019)

Wai 2575

Identifies Treaty principles applicable to health as:
Partnership, Active Protection, Equity and Options
(Waitangi Tribunal Report 2019)

How does rural midwifery care and rural PMUs support needs and rights based aspects of health equity?



Maternal Health Equity

Access

-Proximity – distance, cost
(Fearnley et al. 2016)
-Primary birthing options
-Access to whanau support
(Stevenson et al. 2016)

-Where, who and how
-Informed decision making
-Birth tikanga
(Le Grice & Braun 2016; Simmonds 2017; Tupara & Tahere 2020)

Self-determination

Maternal Health Equity

mmpo

Safety

-Proximity of birth location to home
-Familiarity
-Non-medicalised environment
-Retention of control/decision making
(Griggs et al. 2017)
-Culturally safe

Outcomes

-Equivalent or improved outcomes
(Davis et al. 2011; Farry et al. 2019; Griggs et al. 2014; MMPO 2018; Scarf et al. 2018)
-Satisfaction with birth/care
(Berentson-Shaw et al. 2009; Karlstrom et al. 2015; Perriam et al. 2018)

Challenges to equity

mmpo

In the last 5 years;

- 5 rural PMU permanently closed
- 4 in remote-rural communities
- 4 with a deprivation decile rating of 7-10

Challenges to equity

Tracey (2020)

Maternity services are a component of the socioeconomic capital of small rural communities, often central to their primary health infrastructure and serving as an entry point to further perinatal care.

Grigg et al. (2017)

Women who plan to birth in a PMU are more likely to live rurally, be young and identify as Māori than women who plan to birth in a Tertiary Hospital.

Ministry of Health (2019)

- Women 20-24 have the highest proportion of primary unit births of any age group, followed by women <20.
- Wāhine Māori have highest proportion of primary unit births of any ethnicity
- Women in decile 9-10 areas highest proportion of PMU births.

Challenges to equity

Photo credit: Te Ao Maori News

Photo credit: Barry Harcourt

Summary

- Rural birthing population is diverse and faces structural inequities.
- Determinants of rural maternal health include access, self-determination, safety, outcomes
- Community based LMC midwives and PMUs are important mediums for wellness creation within rural communities but have never been adequately funded
- Underfunding of rural midwifery and closure of Rural PMUs undermine maternal health equity from a both a needs and rights based perspective.
- To meet equity aims for rural communities greater investment is needed in rural primary maternity care – both workforce and infrastructure.

References

- Berentson-Shaw J, Scott KM, Jose PE. Do self-efficacy beliefs predict the primiparous labour and birth experience? A longitudinal study. Journal of Reproductive and Infant Psychology 2009;27:357-73.
- Curtis, E. et al. 2019. 'Why cultural safety rather than cultural competency is required to achieve health equity: A literature review and recommended definition' *International Journal for Equity in Health* 18:174.
- Davis, D. et al. 2011. 'Planned placed of birth in New Zealand: Does it affect mode of birth and intervention rates among low-risk women?' *Birth: Issues in Perinatal Care* 38:2, pp. 111-119.
- Farry, A. et al. 2019. 'Comparing perinatal outcomes for healthy pregnant women presenting at primary and tertiary settings in South Auckland: A retrospective cohort study' *NZ College of Midwives Journal* 55 (2019), pp. 5-13.
- Grigg, C. et al. 2017. 'Evaluating Maternity Units: A prospective cohort study of freestanding midwife-led primary maternity units in New Zealand – clinical outcomes' *BMJ Open* 7 (2017).
- Grigg, C. et al. 2014. 'An exploration of influences on women's birthplace decision making in New Zealand: A mixed methods prospective cohort within the Evaluating Maternity Units study' *BMC Pregnancy and Childbirth* 14:210.
- Karlstrom A, Nystedt A, Hildingsson I. The meaning of a very positive birth experience: focus groups discussions with women. BMC Pregnancy Childbirth 2015;15:251.
- Kensington, M & J. Rankin. 2020. Sustaining rural midwives and rural communities. In eds. L. Davies, R. Daellenbach & M. Kensington *Sustainability, Midwifery and Birth: Second edition.* London: Routledge, pp. 146-161.
- Ministry of Health. 2019. *Report on Maternity 2017.* Wellington: Ministry of Health.
- MMPO. 2018. *Report on New Zealand's MMPO midwives care activities and outcomes 2016.* Christchurch: Midwifery and Maternity Providers Organisation.
- Perriman N, Davis DL, Ferguson S. What women value in the midwifery continuity of care model: A systematic review with meta-synthesis. Midwifery 2018;62:220-9.
- Scarf, V. et al. 2018. 'Maternal and perinatal outcomes by planned place of birth among women with low-risk pregnancies in high-income countries: A systematic review and meta-analysis' *Midwifery* 62(2018), pp. 240-255.
- Tracey, S. 2020. Costing birth as commodity or sustainable public good. In eds. L. Davies, R. Daellenbach & M. Kensington *Sustainability, Midwifery and Birth: Second edition.* London: Routledge, pp. 31-46.
- Waitangi Tribunal 2575. 2019. *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry.* Wellington: Waitangi Tribunal