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Rural Nurses and Midwives: There’s no stopping us now

Title of proposed oral presentation:

RURAL AND REMOTE NSW WOMEN CALL FOR A STOP TO MATERNITY SERVICE CLOSURES

Authors:

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Elaine Dietsch (RN; RM; FPNP; WHNP; Dip SHC; MN (WH); PhD) is a Senior Lecturer in Midwifery at Charles Sturt University. She is the midwifery research team leader for the project that explored women’s experiences when they had to move away from their rural and remote NSW communities to birth.
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RURAL AND REMOTE NSW WOMEN CALL FOR A STOP TO MATERNITY SERVICE CLOSURES

Abstract:

This paper reports on the findings of a study funded by the Nurses and Midwives Board of NSW, where forty-two women living in rural and remote areas shared their stories of having to move away from their communities to birth. Women told how the real and actual risks of unsafe road travel; separation and isolation from partners, children, families and community support; financial hardship and the negative impact on emotional wellbeing and family cohesion were ignored. While childbirth is undeniably unpredictable in nature, the risks for healthy pregnant women are small and potential rather than actual and even labour and birth at a tertiary referral centre can never remove uncertainty or guarantee a healthy mother and baby. The presentation will argue that it is time to stop maternity unit closures in rural Australia and rethink strategies that will enable healthy pregnant women choices as to whether or not they labour and birth in their own rural communities.

Thanks and Acknowledgements

- **Nurses and Midwives Board of New South Wales** whose funding enabled the research to be undertaken

- **Sandra Forde**, a midwife from our area who played an integral role in the early stages of the research. We acknowledge that it is midwives like Sandra and many here today who will have the courage and the strength to say to healthy, pregnant women living in rural and remote areas, “we will work in partnership with you to ensure your right to a safe pregnancy and birth is where and with whom you choose’’.

- **Tan Martin**, the midwife and photographer who accompanied me to visit the beautiful spot, her country that has belonged to her people for many thousands of years. Tan took these photographs and gave me her blessing to share them with you today.

- Of course, our greatest appreciation goes to the 42 participants, living in rural and remote New South Wales who so generously shared their stories of having to move away from their communities, homes, families, and sometimes even children and partners to birth their babies. As you will hear, these babies were often born in large hospitals but inevitably there were also those born on the side of the road, in ambulances and at home (both planned and unplanned). Wherever they birthed, these women demonstrated strength and resilience and we appreciate their willingness to share their stories in the hope that this research project, their stories will
play a role in kerbing the closure of rural maternity units and reopen many that have closed in New South Wales.

- We thank ARNM for taking an active role in ensuring that healthy women living in rural and remote areas have access to midwifery care as close as possible to where they live.

- We thank you for listening to what women have to say.

**Introduction**

- Evidence clearly demonstrates that birthing in small, rural Australian maternity units is not associated with adverse outcomes for healthy women or their newborn babies.

- However, in one generation, the closure of maternity units in rural areas has caused women, midwives, medical practitioners and rural communities to reframe healthy pregnancy and childbirth into a condition that necessitates specialist anaesthetic and obstetric services.

- Participants in this study told how the real and actual risks of unsafe road travel; separation and isolation from partners, children, families and community support; financial hardship and the negative impact on emotional wellbeing and family cohesion were ignored during their pregnancies, births and early parenting experiences.

- While childbirth is undeniably unpredictable in nature, the risks for healthy pregnant women and their newborns are small and potential rather than actual and even labour and birth at a tertiary referral centre can never remove all risk and uncertainty or guarantee a healthy mother and baby.

- Many times the experiences shared, demonstrate that what is happening to rural and remote women is a violation of their human rights.

- Today’s paper will present just a very small selection of the women’s experiences, concerns and hopes for the future.

- Each participant has been given a pseudonym for the purposes of this presentation.

**Financial burden on women and families:**

- The financial burden for maternity services has shifted from the public purse to individual women.
• On average, women travelled for more than 5 hours / 422 kilometres (round trip) for each antenatal appointment.

• Driving a private car and calculating the cost to be 30 cents a kilometre, meant that each woman’s antenatal appointment cost $126.60 per consultation for her travel costs alone. Medical costs, lost pay, child care and miscellaneous costs would need to be added,

As Anna says,

Petrol, to and from the hospital. Time off work for my husband, obviously each day is a day of productivity on the farm (Anna (42), p. 15)

• Women spoke of travelling seven, even nine hours for one ten minute antenatal appointment,

During my antenatal care I was going down and visiting the doctor, so that was, for me, a 500+ km round trip, just for one appointment. (Bella (22), p. 3)

• Bulk-billing is in not available in many rural communities and so added to the costs of petrol, lost time from work, child care etc you can add medical costs,

There is no choice. It is a GP led service. Women have no real continuity because the GPs work on a roster-like basis. There is no free antenatal care, so again, all women pay, even on a healthcare card (Cate (18), p. 15).

• Financial costs and travel difficulties can be so great that women do not access any antenatal care,

So, often they can’t pay or, in fact, the travel time to get there. There is no public transport for women into these services…/… So, it doesn’t happen. They just don’t do [antenatal care], and why would you? …/… there are huge pockets of women that are having none or very little antenatal care…/… and there is no acknowledgement of the cost, as in financial and the emotional cost of actually accessing appropriate care (Cate (18), p. 17)

• The financial burden for birth often costs women there life savings (if they have any) and some reported getting into huge credit card debt.

• On average, women travelled 660 kms (round trip) to birth. The average time spent driving to their birthplace took 3 hours and 51 minutes each way. Average travel cost for birth for each woman was $198. However, it was the costs of accommodation, partners travelling
multiple trips, medical / hospital expenses that caused women the
greatest financial distress,

if you have to go and stay somewhere before the birth, and that’s a big expense for most families.../... , the one I was booked into, I was looking at nearly $2000 for the month. And that was only a caravan park. (Dee (28), p. 8)

After medicare and private insurance rebates, and without considering costs of travel, lost wages for her partner etc, Elizabeth estimated her birthing costs to be around $4740,

I can tell you my doctors and all that kind of stuff because I paid the bills yesterday. It worked out at about $2000.../... I had, yeah, I had, my obstetrician was $800, my paediatrician was $420, my anaesthetist was $450 plus what he was claiming from my fund. .../... It cost me, to accommodate my family in Brisbane was $770 for the week ... (Elizabeth (25), 4)

Having borne the cost of motel accommodation for the last couple of weeks of pregnancy, one partner opted to sleep in the car while his wife was in hospital,

We were trying to save money. He said, ‘While you’re in hospital here ~ Instead of me just sitting in the motel, what about packing it in the car and sit there for a couple of days? (Felicity (29), p. 11)

At least that couple were in the same town when their baby was born. Sadly, this was not always possible.

Separation from those that matter most

At a time of incredible personal adjustment, women are separated from partners, children, family, community and country.

Alone .../... And I pressed and pressed the button, they never come and then I was lonely (Georgia (38), p. 13)

The partner’s right to be present at the birth is now considered a cultural norm. For many, this most basic of rights was not an option due to distance and financial distress. Henry shared how his partner had been evacuated by Air Ambulance but there was no room for him and public transport was extremely limited. It was not until their next pension day, that they were reunited as a family,

But she went down there and she, she had the birth, which was quite traumatic, and like the, she had the baby at midnight. I wasn’t down there, I didn’t get there until eight days later (Henry (37), p. 10).

Other women spoke with sadness about their partner’s missing the birth,
There was no chance to get him to come down. And in the morning I had to ring him and tell him he had a son, which was quite a surprise. (Dee (28), p. 5)

Because he had, you know, he had 15,000 sheep …//… I wanted [him] to be there, …//… he wasn’t there. It was, yeah, it was tough…//… And he actually heard the last contraction on the phone. He was talking to one of the midwives and she said, ‘Oh, the baby will be here any minute, in fact …’ and he heard this big screech, which was me. And the midwife then said to him, ‘I think it was just born.’ And then I think he said, ‘Oh, I think I’ve got to go.’ I think it was all a bit overwhelming for him to be listening on the phone as his wife was in the throes of the last contraction …//… [He] didn’t get to share the birth, and that’s a major thing. It’s, you know, his little baby boy was, well, nearly 12 hours old, I suppose, before he got there, and, you know, to miss that, …//… and [he] will never, never see that. …//… (He) would have been a support and I think, you know, he would have been there for me. …//… sadly, he wasn’t and yeah, he didn’t get to see his baby born (Ivy (3), p. 6,7)

- Being separated from their children can also be devastating for women,

  But even if we put ourselves in debt, like the financial part is not …//… the worst …//… what actually upsets me is being away from the kids …//… yeah, that’s the worst …//… And being so far from home and just being in an unfamiliar place …//… The kids are what really upsets me (Felicity (29), pp. 12, 15)

- Community support is lost and Cate spoke how that weakens the community,

  And I think that if that woman could still have that strong community – I guess that’s what, when women have to travel, they lose, they seem to lose anything locally…//… And that’s what I’ve noticed in [small town] , a community that has no birthing service and hasn’t had it for 15 years …//… I don’t believe that people that have no family or little family and social support and are in a totally alien environment are in the safest possible place (Cate (18), pp. 14, 18)

The dangers of travelling on the road

- Women have no choice but to travel long distances on dangerous roads for basic maternity services.

- Fogs, dirt roads, ice on roads, travelling into the sun and kangaroos were often mentioned,

  we got into the car at about 12.30am, …//…. And we got to [town 20 mins drive from home], hit our first roo. …//… I opened my eyes to see
the joey go flying across the windscreen. I thought, 'Oh, I don’t need to see that right now.' ...//... We must have passed, that night, 250 kangaroos. ...//... every dam we passed, there’d be ten that would jump out across the road (Bella (22), p. 5,6)

o Jane had a serious car accident on her way to learn about breastfeeding during her second pregnancy. Her and her toddler were in the car and although they both required a short time in hospital, thankfully their injuries were not life threatening. Jane says,

Oh, and the other thing is, with [second pregnancy], ...//... , I had a high speed MVA, rollover ...//... we were about 50 – 60 kms from town ...//...The nearest lactation consultant is [city, 4 hours drive away]. It’s a bit far to go for a feed ...//... the Breast Feeding Association, and there is a group at [town, 200 kms away] ...//... That’s where I was actually on my way to when I had the car accident. So, I mean, yeah. Sort of those kind of services that are lacking (Jane (2), p. 3, 4)

o Kerry describes her birth experience on route to the maternity unit,

We got to [small town] and they were still five minutes apart, but they were fairly intense ...//... So I kept going ... we wanted to make it to [city 3.5hrs away] ...//... We got to the other side of [next little rural hamlet] and I got out of the car and I just could not get back in. [my husband] said, ‘Come on, let’s get back in. Come on, we’re newly there, we’re nearly there.’ And I couldn’t ... I was pushing ... ready ... for [second child] to come out ... I thought ... we’ll make it there, but we didn’t. ...//... ... [my husband] was on the phone to 000 and they were talking ... what to do ... I was standing outside of the car, it was nine degrees ... about half past five in the morning ... (Kerry, 16 p. 3 – 4)

o Of particular interest in this scenario are two concepts. First, is the risk of hypothermia for mother and baby with the temperature being only nine degrees.

I was comfortable standing up ... sort of leaning over the front seat of the car ... because everything was happening, I wasn’t cold, even though it was nine degrees outside (Kerry (16), p. 3 – 4)

o Second, is the fact that in retrospect Kerry found birthing on route to be a much more empowering experience for her than giving birth in a well-equipped hospital with an epidural in situ,

It was that easy ...//... I was on all fours ... that was the most comfortable position ... Because I had an epidural with [first child], I didn’t think I’d give birth ... as natural as that. I didn’t think I could do it. But I had no choice, I had no drugs whatsoever. And after I’d done it, I just felt so proud that I could do it. And you don’t need drugs...//...I didn’t even feel like I had given birth ... it just seemed like a natural, the natural thing (Kerry (16) p. 3 – 4)
However, not all stories are cause for celebration. One couple, Felicity and Billy tell their story. Felicity described her fear when the car ran out of petrol on route to the hospital. They left at night and the car would usually easily travel on one tank of petrol to the Base Hospital. Soon after leaving, they noticed the car was experiencing mechanical problems but neither mentioned it to the other, in order to try to protect each other from worry.

our car was actually playing up and like ...//... I was praying to God that nothing happened along the way because the car couldn't go any faster ...//... And I was praying that the car would hold together ...//... so here’s a story for you, 25km out of town we broke down (Felicity (29), p. 10)

Billy leaves Felicity in the car in the middle of the night and he starts walking the 25kms into town to try to get petrol. Billy actually walked 22 kms with his petrol can before he was given a lift back to Felicity who is waiting in the car,

Because usually the car gets to [Base Hospital] on one tank of fuel ...//... Yeah, I walked ...//... Yeah, nobody would stop, probably because I was Aboriginal ...//... Walking along the [road] with a jerry can ...//... Not many people would stop at two o'clock in the morning ...//... people drove past, I had people shouting out the window, actually. I don't what they’re saying ...//... and I was walking as fast as I could ...//... so it took me a good three hours ...//... And luckily there was a, you know, a man pulled up. He was from [home town], he knew a lot of people from [home town], and yeah, he took me to the service station, and he drove me back. And he didn’t accept any money off me (Billy (29), pp. 10 - 11)

Felicity is petrified in the car in the middle of the night on a rural road and she tries to hide in the back seat so that no one would see her,

And here, I’m sitting in the car ...//... I’m actually sitting down in case anyone drives ...//... I’m laying down in the car so when people drive past they won’t see a young girl sitting there ...//... Turn all the lights off, just in case. People can be awful ...//... What about if they stopped to see what the car was doing there and ...//... you know? I might get kidnapped ... And yeah, the service wouldn’t work on his phone ...//... I was very anxious, very, very anxious. I ended up literally hiding down in the car ... I put my head on a pillow and ...//... I was literally down ... I thought, ‘if I keep myself low’ because cars kept going past and ...//... I thought if they go past and see me sitting there, they might come back again, like, they might try and help or they might want to be mean. (Felicity (29), pp. 10 – 11)

A human rights issue
Clearly, the imposed evacuation of women from their home communities to birth is a human rights issue. As Ivy and Cate say,

*Where you live is where you want to be to have your baby and I believe that it has a fairly major impact on people* (Ivy (3), p. 13)

*First and foremost I wanted to birth in my community with my family, and not have to drive hundreds of kilometres* (Cate (18), p. 1)

When considering her human right to basic maternity services, Louise concludes,

*Like this is Australia, it’s the bush but…..* (Louise (27), p. 10)

**Hope for the future**

- The research team joins with the participants in the study to concur that:
  1. It is time to stop maternity unit closures in rural NSW
  2. Strategies and models of midwifery care need to be developed that will enable the reopening of many units that have been closed
  3. As a matter of urgency, systems need to be introduced that will enable healthy pregnant women choices as to whether or not they labour and birth in their own rural communities.

Thank you!