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The importance of all members of the team - procedural GPs, midwives, other medical specialists, and other health practitioners - must be acknowledged in policies, in regulations and by consumers and the various professionals involved. Maternity services must be planned and operated in close consultation with local consumers, and the needs of special groups must be met.

Operational safety is essential, and can be delivered through adherence to guidelines for services and practice, and by maintaining competencies and infrastructure within a 'capability framework' relating to institutional and clinical risk.

National maternity guidelines should be used to screen women, identifying those who are likely to require antenatal transfer to higher levels of care than are available locally. They will also provide the indicators to be used for decisions to transfer women in labour.

Where local maternity services cannot be provided there must be accommodation and transport assistance to enable women and their carers to have access to the nearest regional service. Where this occurs, attention must be paid to cultural security, in particular for Aboriginal and Torres Strait Islander people.

Urgent action is needed to retain existing procedural general practitioners and midwives, and then to increase their numbers. This requires planning and action to boost the number of midwifery students and medical trainees taking up obstetric credentials.

Both Commonwealth and States have key roles to play in this, including supporting scholarships for rural midwifery education and through funded trainee hospital placements for medical practitioners.