

How can we ensure equal access to healthcare for women and girls in Rural and Remote Australia? Addressing urgent questions of gender in health through a needs analysis survey examining accessibility to life-saving point-of-care-ultrasound (PoCUS).

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Summary

Within Australia, the maternal mortality ratio of women in 'very remote' and 'remote' areas is estimated to be almost 1.5 times that of women living in urban areas. The perinatal mortality per 1,000 births in 'very remote' areas is doubled compared to all other regions. Inaccessibility of health services, inadequate or infrequent antenatal care are reported risk factors for infant mortality and named amongst the main drivers for the failed 'close the gap' initiative.

SDG Agenda

This research seeks to address the following goals:

SDG 3: Good Health and Well-being

SDG 5: Gender Equality

SDG 10: Reduced Inequality

SDG 11: Sustainable Cities and Communities

Relevance

Many life-threatening problems for the mother and her baby can be recognised on antenatal ultrasound, and most often, interventions can be applied to prevent mortality and morbidity, but there is a shortage of skilled personnel to diagnose these problems to be able to manage them effectively, and the extent of inequity in access to life-saving ultrasound services for women is not currently known.

Aims and Objectives

To perform a national antenatal Point of Care Ultrasound (PoCUS) needs analysis survey to:

1. Investigate the availability, accessibility and utilisation of antenatal ultrasound in rural Australia.
2. Explore the perceptions and opinions of rural healthcare workers regarding:
 - a) The availability and utilisation of antenatal ultrasound.
 - b) Their interest in and ability to access PoCUS training opportunities.

Methods

Using a peer developed, validated and piloted survey tool, a national PoCUS needs analysis survey was conducted. The national survey targeted clinicians from rural regions throughout all of Australia's States and Territories zoned RA4 and RA5 under the Australian Remoteness Area (ASGS-RA 2016) system. This Australia-wide survey explored availability and utilisation of ultrasound services and equipment, and the accessibility of these services to women in rural communities. The perception and attitudes of the rural healthcare workers were explored including interest in and barriers faced accessing CPD and training opportunities.

Results

120 Survey responses were received from across Australia.

Preliminary results revealed that :

- 40% of the health clinics did not use ultrasound in antenatal care. Those clinics that offered ultrasound relied on health professionals that visited intermittently to deliver services.
- Of the 88.3% responders on the importance of ultrasound in prenatal care, 94% agreed/strongly agreed that ultrasound was essential.
- Of the clinics that provided ultrasound, 25% had equipment that was older than 5 years.
- Data from 75% of clinics suggested that women had to travel distances anywhere from a minimum of 3 hours to a maximum of 2 or more days to access ultrasound services.
- 76% health practitioners expressed interest in training, of which 94% were willing to travel outside their community to obtain training.

Health practitioners' perceptions of barriers preventing pregnant women from accessing and utilising antenatal ultrasound services were identified as :

- Ultrasound considered unnecessary by the women and/or practitioners;
- long distances to reach ultrasound service; no transport available; cost of travel;
- cost of the scan;
- no child care options for children at home;
- unable to get time off work;
- lack of family support;
- convenience of appointment times.

Conclusions

Gender inequity in health exists even in developed countries like Australia.

Various barriers such as physical, cultural, geographical as well as issues with infrastructure, technology, logistics and financing exist for women in rural and remote areas.

To build capacity and strengthen equitable health systems to meet the needs in women's antenatal health care, policy makers need to ensure that coordinated, multilevel strategies are employed in healthcare systems and services.

