



23 October 2002

Mrs PENFOLD (Flinders): Will the Minister for Health advise the house what action has been taken to enable babies to be born at the Ceduna Hospital? A requirement that is in place requiring eight midwives to be available has stopped births at the remote Ceduna Hospital for many months. One of my constituents must leave her partner and two children for at least four weeks prior to her baby's due date. One of her sons will be starting his school life—an important day in anyone's life—and she will not be there to see him through the experience. Her partner must care for the children, meaning less time at work and consequently less pay at an expensive time in their early married lives, when they are being forced to live apart. Mothers are leaving their families and their established health care providers to go, at great expense and difficulty, to other locations where midwives can be present. They have to establish ties with new health providers and are without family backup. The issue has been raised with the minister—

The SPEAKER: Order! The explanation is not an opportunity to engage in debate and state opinion on the matter, however sympathetic we all may be to motherhood.

The Hon. L. STEVENS (Minister for Health): I assure the honourable member and the house that the government is absolutely committed to high quality maternity services for all people in South Australia. I will be very pleased to take up the issue for the honourable member, if she could provide me with all that information, and get an answer back for her.

The Hon. W.A. Matthew: She already has.

The SPEAKER: Order! The member for Bright has already asked his question and might find it difficult to get another opportunity any time soon if he continues in that manner.

On Wednesday 4th December Hon Lea Steven replied to this question, please read below for her response

In reply to **Mrs PENFOLD** (23 October).

The Hon. L. STEVENS: In November 2000 the Ceduna District Health Services Board (the board) commissioned a review of its obstetric service by Dr Brian Pridmore, director of obstetrics and gynaecology, the Queen Elizabeth Hospital, in response to concerns about the safety of the service.

This review indicated that the safety of obstetric patients in Ceduna was questionable due to the fact that there was only one resident general practitioner with appropriate skills in addition to the low number of available midwives. The board therefore suspended this service in December 2000.

Since that time considerable work has been invested in establishing a sustainable medical practice with the skills required to meet the needs of the community. The board has now established and manages the Ceduna family medical practice. This initiative has been developed in partnership with the University of Adelaide. The practice currently employs two doctors, with negotiations underway to secure a third doctor later this year. In conjunction with the medical officer from Ceduna Koonibba Aboriginal Health Service, Ceduna now has two medical staff who

possess the necessary skills to maintain an appropriate obstetric service and an associated anaesthetic service.

During the period of suspension, the Department of Human Services (DHS) approved the use of the patient assisted transport scheme for people in Ceduna who have to travel to a larger centre for confinement, even though the referral is not to a specialist obstetrician. This helps to defray the additional costs that families have to meet.

The current difficulty now surrounds the availability of midwives. Ceduna currently has only three part-time practising midwives on the staff. One of these lives at Penong, some 70 km out of Ceduna and is therefore not available to be called upon after hours. With this level of staff it is impossible for the hospital to offer a full obstetric service.

It is anticipated that there may be five or six cases per year where it is determined early in the pregnancy, on medical grounds, that a planned caesarean will be required for delivery. This is a decision made by the doctor, based on the history and medical status of the patient. This service does not constitute an offer to the community to elect to have their baby locally by caesarean section.

The issues involved in recruiting midwives to Ceduna can be summarised as follows.

- x Ceduna is remote from Adelaide (850km);
- x There are limited opportunities for employment of partners;
- x The anticipated birth rate is sixty to eighty per annum, meaning that the rate of exposure to deliveries per midwife is low.
Career midwives would not be enticed in terms of volume of experience;
- x Career advancement in terms of higher classification is limited;
- x Remuneration is currently no better than can be gained in any other public hospital in the state;
- x State-wide shortages mean that employment opportunities exist in metropolitan or larger rural centres with greater exposure to deliveries and the same rates of pay.

The Ceduna District Health Services' Ceduna Hospital, with the support of the Eyre Regional Health Service (ERHS), is investigating alternative models of service provision.

Whilst these alternatives are being explored the hospital is continuing to try and recruit midwives in the normal fashion but, given the issues mentioned above, any success is likely to be opportunistic and related to partners of teachers, police or other people moving to the area.

On 7 November 2002 a workshop was held to explore and access a restricted model of midwifery care for Ceduna and the surrounding community. Outcomes of the meeting included:

- x midwifery practices to be provided according to the SA maternal and neonatal services guidelines 2000;
- x the service to cater for the expected twenty 'low risk' deliveries each year that will occur in the area.

Aboriginal community health workers, hospital staff, domiciliary care workers, community health staff, local general practitioners, the ERHS and the board agree on the model of care. A steering group has been established to support the implementation and evaluation of the proposal. Support will be provided by the ERHS and DHS.

Pregnant women in the community will have access to antenatal and postnatal care from a shared care model that will be provided by the midwives, local general practitioners and Aboriginal health workers. Antenatal and postnatal clinics will be provided locally at the established different service centres.

Patients accepted into the midwifery care service at Ceduna will be assessed as being 'low risk' as per the designated criteria that has been established through consultation with the multidisciplinary team. 'high risk' women will be transferred to a health centre with more appropriate facilities, as is the practice now.

The issue of emergency admissions of women in labour has been addressed through criteria and practice protocols within the proposal. A midwife and a general practitioner will be in attendance at all deliveries.

Staff working within the midwifery service will be employed according to appropriate award conditions. An agreement has been established with the ERHS to compliment the wages costs with a contribution of funds.

The steering group will have an action plan for the implementation and evaluation of the service by the end of November 2002, and preliminary discussion has indicated that the service will be available for the community by approximately April 2003.

It has been ascertained that the success of the implementation will be reliant upon a comprehensive marketing campaign that will reinforce the constraints of the service and the possible benefits to the community. The ERHS has agreed to support this specific component of the plan with funds.