

SELECT COMMITTEE INTO PUBLIC OBSTETRIC SERVICES

Establishment - Motion

HON HELEN MORTON (East Metropolitan) [2.10 pm]: I move -

- (1) That a select committee of three members is appointed, any two of whom constitute a quorum, to inquire into and report on the adequacy of the decision-making process undertaken to determine that public obstetric services should be restricted in the metropolitan area to King Edward Memorial Hospital, the proposed Fiona Stanley hospital and four peripheral hospitals, as outlined in the “WA Health Clinical Services Framework 2005-2015” in September 2005.
- (2) The committee is required to inquire into and report on the extent to which -
 - (a) the community was appropriately consulted;
 - (b) the community view was incorporated into the decision-making process;
 - (c) the community received feedback about how its views were treated;
 - (d) the proposed model is based on evidence applicable to Western Australia in respect of -
 - (i) service quality,
 - (ii) economics,
 - (iii) service sustainability,
 - (iv) risk management; and
 - (e) alternative models were appropriately considered and the reasons they were discarded.
- (3) The committee, and the proceedings of the committee, are subject to chapter XXII of standing orders and it is to be regarded for all purposes as a committee appointed under that chapter.
- (4) The committee may present interim reports without a requirement for leave and is to report finally not later than 30 June 2006.

This motion is about the people of Western Australia wanting to have a say about where and how babies are born in Western Australia; it is about women wanting to have a say about where and how they wish to deliver their babies; it is about families saying that having a baby is a family matter first and a health matter second; and it is about having babies, the most common and natural thing on earth.

Having babies should be top of the list of all the things that people should be asked about before the government determines that something should be done this way or that way or stopped in this place or that place. About 25 000 babies are born in Western Australia each year. Obviously, that is 25 000 mums and 25 000 dads, so those 75 000 people are directly affected by the determinations of this government about where and how they should have their babies, not to mention, of course, the rest of the families; that is, brothers, sisters, grandparents, aunts, uncles etc. Believe me, having a baby affects nearly every citizen of this state. In almost every case having a baby is a great celebration for a family. Family members look forward to the occasion with excitement and anticipation. It draws families together and creates long life bonds. The strength, health, wealth and happiness that individuals draw from being part of the family determine the health, wealth and happiness of society as a whole.

The government’s own document “A Voice for All: Strengthening Democracy: Western Australian Citizenship Strategy: 2004-2009”, which is about making Western Australia an even better place to live, states very clearly -

This Strategy is premised on the core belief that people have the right to know what decision makers are doing on their behalf and to play a meaningful role in shaping both the present and the future of our society.

People do not believe that they have been asked or listened to about this issue. They do not believe that they have had a chance to play a meaningful role in the decisions about where and how babies are born in this state; in fact, they believe that they have been ignored, put down and, worst of all, patronised by a minister who has dismissed their concerns, suggesting that their views on the matter are nothing more than emotional.

Having a baby is vastly different from having, say, a hip replacement. Being pregnant is vastly different from being diabetic. Having a baby is a positive condition, whereas the need for a hip replacement and diabetes are negative conditions. I often surmise just how different it would be if the state’s involvement with families having a baby were managed by family and children’s services rather than the Department of Health. To

families, having a baby is just that - having a baby. The woman is the expectant mum. She knows she will have her baby about nine months after becoming pregnant. To midwives, helping expectant mums to have their baby is midwifery. They help the expectant mum to have the baby. Community midwives help the expectant mum throughout the nine months and may help her have the baby at home or in a hospital in a maternity facility. I think that for the sake of this exercise we should stop talking about hospitals for the time being and refer to them as maternity facilities. Midwives who work in maternity facilities help the expectant mum to have a baby in that setting, mostly with the help of a general practitioner obstetrician. By far the vast majority of babies are born like this. They are low-risk, natural births without any complications. Babies are born like this throughout the entire state, at home or in small public hospitals.

I will name some of the communities. These birth numbers are from 2001. In Broome there were 242 births; in Derby, 207; in Kununurra, 116; and in Port Hedland, 273. I will not refer to them all, but places where babies were born include Nickol Bay, Carnarvon, Newman, Tom Price, Northam, Narrogin and Esperance, right through almost every middle-sized or significant community in the state. Babies can be born at large regional public hospitals, such as those at Geraldton, where there were 399 births in 2001; Kalgoorlie, with 632; Albany, with 643; and Bunbury, with 680. Babies are born in small and large private hospitals throughout this state; in fact, about one-third of babies are born in private hospitals. Of course, babies are born at general hospitals in and around Perth, such as those at Rockingham, Armadale, Osborne Park, Joondalup, Peel, Swan District and Bentley; and until very recently babies were born at Kalamunda District Community Hospital and Woodside Maternity Hospital. In 2001, more than 400 babies were born at Kalamunda District Community Hospital and nearly 1 000 were born at Woodside Maternity Hospital. Of course, there is the tertiary level service at King Edward Memorial Hospital. The service is referred to as tertiary level care because it is a specialist hospital for very complicated births. About one-third, or 4 500, of the births that take place in public hospitals in the metropolitan area occur at King Edward Memorial Hospital, only about 70 per cent of which are considered complicated. The remainder of the births are very normal. However, because specialists are there, people still go there.

There is no doubt that some births are very complicated. Thank goodness for the doctors who specialise in births with complications - the specialist obstetricians. For good reason the settings are very clinical. The expectant mum is referred as an obstetric case and the specialist's involvement is referred to as an intervention. The extent of the interventions is referred to as intervention rates, such as caesarean rates. For obvious reasons these rates are much higher in bigger hospitals because they deal with the most complicated cases. Although these hospitals have very clinical environments, the staff do their best to ensure that they are also very human and family-orientated environments. However, they cannot make the atmosphere the same as in a small family hospital.

The clinical environment of the specialist area of obstetrics should never become the norm for having a baby. Unfortunately, this is what is happening and that is this government's direction in obstetrics. Despite strong evidence and advice to the contrary, and without asking or hearing what families have to say, the minister has decided that having a baby is a clinical matter first and that the family aspect of it is a very, very poor second. He asked clinicians - mostly hospital-based specialist doctors, general practitioners and midwives - what they thought about where and how it was best to have a baby, but he did not ask the mums and dads. He thinks he has. He said so in Parliament. He is also of the view that mums and dads should not have as much say on this issue as clinicians and bureaucrats. He said so when I and others visited him in his office to discuss this matter.

This motion falls into two broad parts. The first part is about finding out to what extent the community was consulted and whether the consultation was appropriate, whether the community's view was considered and incorporated into the decision-making process and whether the community received feedback about how its views were treated. The second part is about finding out whether the determinations made so far and the directions being taken by the government on obstetrics are based on evidence applicable to Western Australia for service quality, cost benefit, service sustainability and risk management and customer satisfaction, which is referred to in an amendment that I understand the Greens (WA) will move and with which I agree. I will deal first with community consultation. I will read to the house what the government's 2002 booklet titled "Consulting Citizens: A Resource Guide" says about community consultation. The foreword of this booklet, which was written by the Premier, states -

Participation helps to create a more inclusive and equitable society. It also strengthens our democratic institutions. One of the most effective and accessible mechanisms to help achieve greater participation, and one that has been innovatively used by my Government, is community consultation.

Consultation promotes active citizenship by encouraging individuals to provide real input into public life and decision-making. The benefits of genuine consultation, involving listening and actively responding to concerns and issues raised, cannot be overstated. It means decision-makers are better placed to make informed judgments by tapping into fresh ideas and new sources of information. For

individual citizens this provides an opportunity to express their views and influence the outcomes of decisions that affect them.

Decisions that have been reached through a consultative process carry greater legitimacy and credibility in the community. Engaging the community in decision-making builds trust within communities and in our democratic systems of government. It can lead to new partnerships between citizens and policy makers through a shared sense of ownership of the issues that impact on us as a community.

Another couple of points that this document brings to us under the heading "Empowering Citizens through Participation" state -

Empowerment is about people taking control over their lives: setting their own agendas, developing skills, solving problems and increasing their self-confidence. Consultation is an ideal tool to empower individual citizens and communities. . . .

Public participation is both a means and an end. As a means, it is a process through which citizens and communities cooperate and provide input into programs and projects.

The guiding principles in the booklet refer to commitment; the rights of citizens; clarity - that is, making sure for example that the information is clear and available to everybody; time - that is, making sure the process starts as early as possible; objectivity - that is, making sure that objective, complete and accessible information is provided by government during policy making; resources - that is, making sure adequate human and technical resources and financial resources are provided; coordination; and other points.

In 2004 the government provided us with an update of that document titled "Consulting Citizens: Planning for Success". Again the foreword by the Premier encouraged all agencies to follow the guide in this document. Also in 2004 the government released a document titled "Citizenship: Building a Shared Future", with a subheading "A Voice for All: Strengthening Democracy". I will make a couple of comments about that document also. The foreword is again by the Premier of Western Australia. Quotes at the front of the document include -

Citizenship becomes meaningful to the individual and the community when it leads to empowerment. . . .

Without trusting the goodwill of others we retreat into bureaucracy, rules and demands for more law and order. . . .

Public deliberation is about weighing - together - the costs and consequences of various approaches to solving problems.

The Premier in his foreword states -

It is essential to a healthy and strong democracy that all the people who care deeply about their community and environment have equal opportunity to participate effectively in the policy making process. It is this appreciation that makes transparency and openness key issues for this Government and which underpins the development of this Citizenship Strategy. At its core, this Strategy is about strengthening and renewing trust in our democracy and building people's confidence in public processes.

There are many more quotes like that throughout the document. However, members can see that in a rhetorical sense this government has a real commitment to consult with the community; unfortunately, it is not borne out in action. Not only has the Minister for Health not adhered to his own government's policy, but also if the policy were challenged, I am sure that the courts would clearly say that it has not occurred. I have mentioned in this house before that the Federal Court of Australia, constituted by Justice Toohey, in the case of *TVW Enterprises Limited v Duffy and Ors* (1985) 60 ALR 687 at 694, stated that consultation was no empty term and that a responsibility to consult carries a responsibility to give those consulted an opportunity to be heard and to express their views so that they may be taken into account.

The inquiry sought by this motion is to find out whether consultation did or did not take place. The minister has said that it did take place, but I think not. Let the inquiry find out. My understanding is that consultation started with the Cohen report published in 2003 titled "Western Australian Statewide Obstetrics Services Review". I will make reference to the Cohen report, but it is quite clear that it was written for clinicians by clinicians. The author makes it very clear that that is exactly what it was. In the first paragraph of the "Executive Summary" on page 5 of the report, Dr Cohen states -

I was asked to convene a service review from a clinician's perspective.

It was a starting point for discussion, not an end point. Membership of the Cohen committee comprised about 19 people. They were all clinically oriented people, apart from two consumers who were women - one from the

country and one from the metropolitan area - who had had babies. I question whether that committee provided a balanced input into the statewide obstetric services review. I have been part of those sorts of review processes before, and I know that it is very easy for people who have the most amazing qualifications that these people have and who represent the organisations that they represent to be completely intimidating to two women who are just mums. I am not saying "just mums" like that; I am saying that they do not have the equivalent qualifications and experience to function on that committee in such a way that they would not be intimidated by these people. However, Dr Cohen openly states on page 14 that there was no community consultation in the review. He sets out the consultation process with other key clinical groups that were not represented on the working group, and he states that there was no community consultation. He actually goes on to make the statement in his recommendations that one of the recommendations was that community consultation should take place.

Another point about the Cohen report is that it was written after the Douglas inquiry into King Edward Memorial Hospital. The clinicians' morale was at an all-time low. The author, Dr Harry Cohen, had a senior role - I cannot remember exactly what it was - such as the head of obstetrics at the hospital, and his co-author was the director of midwifery at King Edward Memorial Hospital. That was the team that went around visiting all the small obstetric units around the state. After the Cohen report, which was reported in 2003, came the Reid report. The Reid report of March 2004 made 86 recommendations. Members will recall that this report referred to the closure of Royal Perth Hospital and the building of a new hospital south of the river, the proposed Fiona Stanley hospital. This document, titled "Blueprint for the Future of Health Services in Western Australia" referred to quite a few of these big issues. In this report only one page and one recommendation are devoted to women's and children's services. It indicates that it incorporated the recommendations from the Cohen report into this report, and states that the recommendations contained within this section are based on the Western Australian statewide obstetrics services review; that is, the Cohen report. The committee did not undertake a separate review. It does not refer to any specific health services being provided at any hospitals or what maternity service models will be implemented. However, the Reid report recommends that in Perth there should be fewer units offering obstetric services. That is the only reference to obstetric services in this entire blueprint document. The blueprint also refers to establishing two main health services in Perth - the South Metropolitan Area Health Service and the North Metropolitan Area Health Service. As I said, it is the review that refers also to the closure of Royal Perth Hospital, the establishment of the new Fiona Stanley hospital and the merger of Royal Perth Hospital and Sir Charles Gairdner Hospital management and clinical staff. It also refers to implementing a clinical reference group to help advise. However, it makes no reference whatsoever to putting in place a community reference group. The Health Reform Committee contracted with the Health Consumers' Council to undertake some community consultation in compiling the Reid report. The report of the Health Consumers' Council of Western Australia is called "Compassion Flexibility and Community". Its executive summary states in part -

The Health Consumers' Council held a total of eleven community consultations throughout Western Australia within the four-week timeline allocated to the project.

...

The final report, *Compassion Flexibility and Community - what we expect from our health system* provides explicit insight into the community's needs and expectations about the topics raised by the Health Reform Committee in eight of the 12 discussion papers released.

I have seen the 12 discussion papers, and examined the eight in particular. There was no discussion paper on obstetrics. The council's report continues -

- Health professionals and the health system as a whole should be more **compassionate**.
- The health system should be more **flexible** to accommodate the circumstances of individuals.
- Health services should be located and managed in the **community** so that the health services truly reflect the needs of community members.

The executive summary makes the point also that increasing the value of community participation in health-related decision making is a major necessity. The council also expressed its concerns about the rather tokenistic approach it felt was taken to the contract to provide this support. The council's report states on page 50 -

The community consultation process faced a series of barriers predominantly related to insufficient time and insufficient funding ...

It refers to the difference in the way that such consultation has taken place in other countries. It refers to the fact that Canada Health undertook an 18-month comprehensive consultation in 2001 that involved the communities across the length and breadth of Canada, innovative use of information technology, newsletters, public meetings, surveys and telephone "phone-ins". It states -

The considerable allocation of time and resources demonstrated by Canada Health emphasises the importance of community participation in successful health reform.

This report emphasises the lack of that community consultation. It also indicates that, given the number of people it was able to engage in the required time frame, less than 0.01 per cent of the community was able to participate. It states that 231 people out of the state's entire population were involved in a consultation process for enormous health reforms - not just on obstetric services. This is about whether Royal Perth Hospital should close, whether a new teaching hospital should be built south of the river and whether there should be a south-of-the-river and north-of-the-river area health service. However, we must be very clear that no specific reference was made to obstetric services. Of the people who participated in the consultation process, 54 per cent were in non-metropolitan areas. The Health Consumers' Council made a significant attempt to consult outside Perth, and only 46 per cent of those consulted were in the metropolitan area. It sent out, I think, about 7 000 copies of this little booklet. It is a great booklet about things we might like to know about the WA health system. Inside the front cover is a lovely little picture of a baby in neonatal situation. However, not one word in this booklet refers to obstetrics. The booklet refers to the public hospital arm and what it includes, the health service arm, how local government is involved, where our money goes and so on. However, it does not refer to obstetric services.

At the back of the Health Consumers' Council document is a questionnaire that was sent out, which I think is also worth mentioning. It is headed "Have Your Say About The Health System". Under the heading "*Discussion paper 1: Options for Clinical Services*", it asks -

Do you think that tertiary hospitals should have a clear role and function?

What do you think might be the barriers to achieving this?

What do you think the benefits would be?

Considering that Royal Perth, Fremantle and Sir Charles Gairdner Hospitals are approximately 12km apart, do you think they should be doing the same sort of thing?

They are valid questions that need to be asked and people need to know what the responses were. Under another heading "*Discussion paper: Realising the Benefits of Areas*", it asks -

What do you think the benefits of Area Health Services might be for the community?

Under the heading "*Discussion paper 3 : Country Health Services*", it asks -

What do you think the major transport issues are for people in country areas?

How do you think information technology could contribute to improving patient care?

Under "*Discussion paper 4: Seamless Patient Focused Approach to Care*", it asks -

What are the barriers to providing better care for people with complex conditions in the community?

Other headings are "*Discussion paper 5: Indigenous Health*"; "*Discussion paper 6: Improving Revenue Generation*"; and "*Discussion paper 7: Population Health*", which asks -

How do you think we might develop and maintain a healthy population in Western Australia?

There is also "*Discussion Paper 8: Innovative Models of Care*", which asks -

How can we improve the way health services are delivered in WA?

Under "*Discussion Paper 9: General Community*", it asks -

What are 5 health related issues you would like to see information about?

There is no reference in those questions to obstetrics to alert someone that a major reconfiguration of obstetric services is to take place.

The next review that followed the Reid report was the Clinical Services Consultation 2005. Once again this refers only to the metropolitan area. At page 3 it makes a very clear statement that consultation for this would be clinicians only. It states -

The purpose of the information pack is to assist with a broad and comprehensive consultation process to assist with the development and implementation of the Clinical Services Plan.

...

The consultation will take many forms including written submissions, face-to-face discussions with clinical groups, meeting with the clinical senate group, and meetings with other key stakeholder groups such as professional groups and Area Health Service executives.

It goes on to state -

Following consultation with the clinicians it will be due for public release in around about July 2005.

I think it came out in September 2005. In this document, it is the first time that individual hospitals have identified which obstetric services they will keep and which they will lose. This is the first document in which it is stated specifically that obstetric services will be withdrawn from particular hospitals.

Hon Barbara Scott: What date is that?

Hon HELEN MORTON: It came out towards the end of last year. It might have been July.

That was the forerunner report, and I now have a printed glossy, which is the final document titled "WA Health Clinical Services Framework 2005-15". It was released in September 2005. On page (i) it states - I have to read this to the house because it is unbelievable -

The WA Health Clinical Services Framework has now been finalised following a period of intense consultation.

I agree that there has been a period of intense consultation with clinicians. However, I am talking about the citizens of Western Australia wanting to have a say in how their health service should be shaped. People are now objecting to obstetrics changes and, unfortunately, the minister is not listening because he absolutely believes that consultation with people has taken place. He is burying his head in the sand because he believes that the community has been consulted. He has said that to me on a number of occasions, and I will go through those in a minute. He should understand that people are angry about this. This government has received 13 petitions, with a total of 26 737 signatures, on obstetric services. There have been numerous rallies at this place and at other local services. On one such occasion, the minister knew that we were having a rally to try to bring again to his attention the concern of people about it. He set up a forum on that day at Woodside Maternity Hospital, and asked people to go along and help shape the new home for maternity services in the south metropolitan area. It was a dismal failure. I cannot remember how many people turned up to the so-called forum in the south west metropolitan area, but I think someone said seven or 12, or something like that. There were more people at the rally trying to attract the minister's attention to their annoyance at the lack of consultation than those who turned up to the forum.

Hon Barbara Scott: Did the minister turn up to the forum?

Hon HELEN MORTON: No, he did not. Many questions have been asked in Parliament and have not been adequately answered, and there have been numerous letters to the minister and the Premier complaining about the lack of consultation. I have one of those letters from which I would like to read some comments. It was written to me on 21 April 2006 and states -

Dear Helen,

We are writing on behalf of the Hills Community Network who represent the Hills community and other members of the State of Western Australia who do not agree with the closure of Kalamunda District Hospital. As you are aware the Hills community has campaigned over many years in various forms to keep our hospital operating for valid reasons.

Mr McGinty and the Labor Government obviously do not value the community it supposedly represents as at no time through out the years have they taken the time or given us the respect we deserve to listen to us and validate their reasons for the closure of our hospital. We would like to take this opportunity to be heard by the Labor Government and for them to answer our questions in depth.

There are numerous questions in the letter and I have made it clear to the people concerned that I would not be able to ask all of them. The letter continues -

Firstly some background on why our hospital should not be closed

The Kalamunda District Hospital for many years has not gone over their allocated budget and has still been able to maintain the work expected of it. . . .

Our hospital services 400 maternity patients per year who are deemed low risk. This is 400 beds per year freed up in other larger hospitals . . .

The neonatal mortality rate is below the State benchmark and there have been no recordable maternal deaths since the 1980s. . . .

The Kalamunda District Hospital often delivers patients from many rural communities because of family links in the Kalamunda Shire. They feel safe in their home community whereby they can be seen by their family Dr. . . .

Research shows that women value continuity of care and not fragmented care, as practised in large institutions.

To be really clear about what they are referring to, I have to raise with the government the situation of Barbara Henderson, who was having her third baby. She had her first two babies at Kalamunda hospital and was booked into that hospital for the third, but received a letter from the minister stating that she would not be able to have the baby at that hospital because the hospital's obstetric services were closing. Because she did not like the idea of dropping her GP obstetrician and the people with whom she was working, she decided to book into Mercy Hospital rather than Swan District Hospital. However, yesterday morning she had her baby in an ambulance on the side of Tonkin Highway on the way to the hospital. Had she been able to have the baby at Kalamunda hospital, she would have had a low-risk delivery with her GP obstetrician and her midwife present. She would have had the baby with all the fun and joy and the excitement of her family around her at Kalamunda hospital. However, she had that baby on the side of Tonkin Highway yesterday.

Hon Barbara Scott: Disgraceful!

Hon HELEN MORTON: It is disgraceful. The decision to close that hospital and eliminate the option of having that sort of a birth is an example of what women are going on about and why they are angry. There are 400 births a year at that hospital, and women want that family service at Kalamunda. They do not want to be shunted to the highly specialised area in Swan District Hospital, where they have to let go of the people with whom they have been working during their pregnancies. I am pleased to say that Barbara Henderson and her son, Marcus, are both very well and members will be able to see them on television tonight.

Research shows that women value continuity of care and not fragmented care, as practised in larger institutions. That is what they mean when they say that. I do not know why the minister cannot understand that. In recent times there have been several large out-of-court settlements for obstetric complications and more are pending. None of these involves the Kalamunda hospital. Hills patients directed to Swan District Hospital often experience fragmented care. This inevitably leads to impersonal services and the loss of ownership of treatment options. The letter goes on and on, question after question, and asks why Dr Fong's and Mr McGinty's own comfort at the combined cost of \$979 000 takes preference over the safety and security of the hills community. What has happened to family choice? What contingencies are there? One question which I was not going to read but which I will because, given yesterday's circumstances, it is quite pertinent, is whether the minister will be personally responsible for dislocating families from their local community. Will the minister take some responsibility for the lady not being able to have her baby in a family-friendly hospital on that occasion? I can tell Mr McGinty that that is the first of his near misses. The minister is still stating that the community has been consulted.

In frustration, because I am a new member of Parliament and do not know how to again raise this issue with the minister, having asked numerous questions in Parliament and visited him in his office, I thought that when the offer of a parliamentary intern came up, I would stick my hand up without any real knowledge of how one goes about that because I had been in this place for only two months or thereabouts. However, I put up a topic entitled "Genuine Community Consultation: Embraced or Avoided?". Luckily, a parliamentary intern was interested in that topic. At no time before we met did she have any idea, if we had to refine this topic to a particular area of work, that it would be obstetrics. However, she and her supervisor from Murdoch University had been talking in the waiting room at the main entrance to Parliament House, and they had started to discuss between themselves, before I had ever met or talked to either of them, that it would be good if they could refine their research into community consultation around obstetrics. It was the most amazing coincidence. When they got to my office and we met and got to know each other a little, we agreed that we could not talk about community consultation in this really broad area and that we needed to refine it. They agreed with me that it would be good if we could do it in this area. It was amazing. I have with me the report that was tabled in Parliament in December 2005. I will quote from the executive summary, which states -

The findings suggest that community consultation was not a priority for the Department of Health working groups. There was insufficient time and a lack of financial resources allocated to the community process for the result to be in anyway inclusive or comprehensive.

We are talking about the consultation for the entire health system changes and the future of health care in Western Australia. As a section of that, what chance did obstetrics have when the report states that the entire process was so inadequate? The researcher goes a bit further, and I totally agree with her. The report continues -

Auditing of the consultation process is vital. The Auditor General has the expertise to undertake an audit of a consultation process of projects and this should be considered. Building in ongoing auditing as the consultation progresses is a more effective method of auditing as this enables flexibility for agreement to be reached on shared objectives.

I believe she is saying that the consultation process and the minister's perception that consultation had taken place are at such odds that the Auditor General should become involved and actually audit whether a consultation process did or did not take place. The researcher's conclusion on page 44 states -

The proposed consolidation of obstetric services meets the needs of the DOH and health care professionals.

How observant it was of this lady to identify in her research project precisely for whom these changes are taking place. It continues -

Women and their families have not been heard on this issue. And it is to be expected that if the proposed changes are implemented there will be considerable disquiet in the affected areas. Consumers wish to be heard and not paternalistically 'patted on the head'; by clinicians and bureaucrats who think they know what is best for consumers. With sufficient information, women will choose a safe birthing experience which can minimise the cost of the government, thus meeting the objectives of the health reform agenda.

That was written by someone who is supervised by Murdoch University, and I think I have met her three times in my life.

It is my contention that there is a serious problem with the way in which the government has ignored and/or dismissed its requirement to consult families about the changes to obstetric services in this state. However, the minister does not see that there is a problem. I propose a select committee inquiry into the adequacy of the consultation process. If there is a problem, I hope that the government will address it.

The second part of my motion relates to the determination itself. Is the reconfiguration of obstetric services based on evidence applicable to Western Australia in respect of service quality, a cost-benefit analysis, service sustainability and risk management? I am more than happy for the customer service element to be brought in. What prompted the reconfiguration? The service at Kalamunda District Community Hospital and Woodside Maternity Hospital ceased a couple of weeks ago, and still we cannot find out why.

I will focus part of my speech on Kalamunda services, as I understand that others will speak on Woodside. In response to a question in Parliament on 28 June last year, the parliamentary secretary representing the Minister for Health stated that the minister believed that it is safe for competent general practitioner obstetricians and midwives to undertake planned, low-risk deliveries in hospitals, and that this would continue in the metropolitan area. That was the case at Kalamunda, which had more than 400 obstetric separations annually until last year. The minister could not give any reason that the service at Kalamunda would not continue.

On 29 June, one day later, when asked again, the parliamentary secretary representing the minister stated that the model of competent GP obstetricians and midwives undertaking low-risk deliveries was an accepted alternative model of care for women in the state, but again she was unable to answer why this model was not considered suitable to continue at Kalamunda. Members will recall that I talked about the Cohen report, which was written by clinicians for clinicians. It was picked up and merged into the Reid report. The answer refers to the Reid report and the Cohen report recommendation that reconfiguration to fewer hospitals was necessary to ensure sustainability and a critical mass, which would ensure that quality and safety practice guidelines were met. The Cohen report actually made a recommendation about the so-called critical mass. I loathe that term, and so do women; they do not like the idea that they are making up part of the critical mass. The critical mass is referred to as 1 000 or 1 500 births a year, depending on which document a person reads. Apart from the inaccuracy of this, women are greatly offended by the thought of being herded somewhere to make up the critical mass.

In August last year, after the parliamentary break, the minister was asked whether he was aware of the world-class quality indicators for obstetrics being achieved at Kalamunda hospital, and whether the proposed withdrawal of the services was due to issues of quality and safety practices at the hospital. Yes, the minister was aware of some of the performance indicators. After avoiding answering the rest of the question asked, he again referred to the Cohen and Reid reports. I thought the answer was so interesting that I would read it again. It states -

The Cohen report proposed a model of care based upon sustainable quality and safety in obstetric service delivery. Following review of current models of care, the literature and consideration of practitioner input, based upon many years of collective clinical experience, a model of care for secondary hospitals was proposed.

I can assure members that the minister has not undertaken a review of literature - there is certainly no recent research to support his model. It continues -

The model takes into account safety, staffing and efficiencies and economies of scale.

However, at another time - I will read that question shortly - the minister stated that it has nothing to do with staffing and efficiencies and economies of scale. It continues -

The model was based upon quality and safety principles.

However, the minister has already said on other occasions that there is no safety or quality issue at Kalamunda. In fact, Kalamunda is achieving better than world-class standards of quality and safety. It continues -

The obstetric service and facilities at Kalamunda do not have the capacity to achieve the model of care.

What model of care? Is it the model of care related to a GP obstetrician and midwife? Of course it is capable of providing that model of care. The minister is so ill-informed on this issue that it is a disgrace. I will not go on with that any more. The minister also was asked whether the service at Kalamunda District Community Hospital would remain if it were shown to be sustainable, but again the answer was no. The minister indicated that there was no need to consult with families in Kalamunda about this as extensive consultation had occurred during the initial Reid review and significant community feedback had been received during the clinical services consultation. It is clear that, for the minister to say that, he was misled. I cannot believe that the minister would say that if he understood the circumstances. The minister must have been misled for him to be prepared to write that on a document and table it in Parliament. The next day, the minister was asked to outline the extent of the consultation about changes to obstetrics at the hospital, including how many families, women and community groups had been consulted. The minister's answer was that it was not possible to determine how many families from Kalamunda were consulted specifically about obstetrics. Twenty-five mothers from Swan District Hospital attended a focus group, but the minister was not sure whether any from Kalamunda were there, and no community groups from Kalamunda were consulted. Who is the minister consulting with about the withdrawal of obstetrics from the Kalamunda hospital, if not the people from Kalamunda? It is really difficult to understand. It was this uncaring, who-gives-a-toss answer that was the final straw influencing my decision to give notice on 9 November 2005 that I would seek a parliamentary inquiry. I would like also to talk about the minister's lack of logic. I was disturbed about the advice the minister was getting. A report from one of our own standing committees on a petition on primary midwifery care was tabled in this place, and it states -

In New Zealand . . . more than 70 percent of births -

In fact, I know now that it is more than 78 per cent -

carried out by community-based midwifery . . .

They are not being shunted into a major hospital with specialist obstetricians and paediatricians. These people are being given the chance to have a baby in a setting that is more family oriented, and they are able to do so with the assistance of a community-based midwife. Seventy per cent of women - are they all stupid? No, they are not. They understand what they want, and they are being given the choice. The report states on page 20 -

Similarly, the WHO's report *Care in Normal Birth* concludes that "*the midwife appears to be the most appropriate and cost effective type of health care provider to be assigned to the care of normal pregnancy and normal birth, including risk assessment and the recognition of complications.*"

This report has been tabled in this Parliament, but I do not know whether the minister has the time - given that he is so busy with two portfolios - to even read any of these things. It states on page 21 -

Research indicates that women feel undervalued as individuals in hospitals. Contributing factors include long waiting times, poor clinic facilities, different caregivers each visit, and very little opportunity to ask questions and receive appropriate information.

Some final comments from this report are-

Both the Minister for Health and the Director General of the Department of Health have stated that they actively support choices in midwifery services to women.

That is obviously a direct quote, because their actions obviously do not show that. The report states on page 28 -

However, of perhaps greatest interest to Australians is the policy shift that has been demand-driven in New Zealand over the past fifteen years.

. . .

In New Zealand, consumer demand for continuity of care by a midwife has grown from around 10% of women in the early 1990s to more than 70% of women since this option has become widely available through the public health system.

. . .

- The New Zealand system provides one rate of maternity payment . . . whether that (person is) a midwife, GP or an obstetrician.

Of course, it is the no-fault legislation that has enabled that to take place. At a meeting with the minister, I asked him why this evidence from New Zealand did not resonate with him. He turned to his advisers at the meeting and asked, "What is she talking about? What is happening in New Zealand?" This is a minister who is so well informed that he actually did not know what was going on in New Zealand.

One of his advisers, the chair of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, commented that they were just waiting to see the disasters that were likely to result from this policy change in New Zealand. That is the sort of advice the minister is getting. They are just waiting for disasters because the New Zealand policy has moved in a different direction from that which specialist obstetricians want the WA minister to move in. At the same meeting the same adviser said that leaving services at Kalamunda hospital would be akin to building a car without a seatbelt. I can hardly believe that this was said. Given that seatbelts are now law across the state, it would not matter if we are referring to a small or a large car, a public or private car, a country or city car; as I understand it, seatbelts must be worn. That is apparently not the case with obstetric services. Of the 64 hospitals across the state that provide obstetric services, 44 of them have a similar, albeit smaller, model of service as does Kalamunda hospital. Why on earth, of those 64 hospitals, has Kalamunda hospital been chosen to be the one that is reconfigured, or whatever the word might be? There is no logic to it. There are only three hospitals in the state at which more babies are born than at Osborne Park Hospital, but that hospital has also been earmarked for closure of obstetric services. In 2001 there were only six hospitals at which more babies were born than at Woodside Maternity Hospital.

Hon Barbara Scott interjected.

Hon HELEN MORTON: The Minister for Health is also responsible for the safety of services at the 11 private hospitals in Western Australia. I do not know whether members are aware of that, but the minister is also responsible for the quality and safety of health care at private hospitals. Of the 11 private hospitals in the state, only four deliver more babies each year than does Kalamunda hospital, only one delivers more than does Osborne Park Hospital and only two deliver more babies than does Woodside Maternity Hospital. Is the minister going to apply the same logic to those hospitals? Of course not.

I remain unconvinced that his decisions are based upon balanced research that is applicable to Western Australia. Bentley Hospital is another hospital for which it is proposed to cease obstetric services. The Bentley Hospital medical advisory committee has expressed concern about the evidence base of the Cohen review. The committee cannot find that evidence base in the review. The committee's report to the Cohen review states -

The committee believes there has been category confusion, between safety, economics and opportunistic empire building, in the processes leading to the Report's preferred model.

I think the committee has hit the nail on the head. I will not read out all the comments in the report, but I will drag a couple out to demonstrate to members the strength of the committee's feelings. It states -

- 2.6 The report appears to believe its acceptance of the "Towards Safer Childbirth" guidelines, a joint production of the Royal College of Obstetricians and Gynaecologists and the College of Midwives (UK), represents evidence based minimum safety guidelines. The Committee, after actually reading those guidelines, cannot find evidence in them as to exactly how the recommended numbers were reached. The Committee believes the only actual references to safer outcomes found in those guidelines are to the effect that there has NOT yet been any evidence that the recommendations, in general or in detail, have actually led to safer births.

I will not take up any more time reading various extracts, but this report is full of this sort of comment. I will perhaps read just one more comment from the report. It states -

. . . the Committee rejects the Report's preemptive criticism of submissions like this as "patch protection", "lobbying which may result in community distress over changes to local facilities" or "public campaigns to discredit the model, despite the clinical imperative provided".

The report contains heaps of examples from these learned people supporting the view that the Cohen report is not based upon evidence applicable to Western Australia.

Hon Robyn McSweeney: I wonder how many women they asked.

Hon HELEN MORTON: They would have asked none. There are Australian studies that show that in Australia, lower hospital volume is not associated with adverse outcomes for low-risk women. A lot of this has been spearheaded by Associate Professor Sally Tracy at the University of NSW. She is located at the centre for midwifery research and practice development in the North Sydney area health service. Dr Tracy is also the postdoctoral fellow at the national peri-natal statistics unit. I had the pleasure of meeting Dr Tracy while I was in Sydney towards the end of last year. She and her team have been instrumental in implementing the first

midwifery-led unit in New South Wales within an integrated service network and published in the *Australian Health Review* in August 2005. Interestingly, this happened at Ryde hospital, and guess who the chief executive officer of the North Sydney area health service was at the time? It was Linda Smith, current CEO of the south metropolitan area health service. The New South Wales government has three stand-alone midwifery-led units, and this is what was said about them six days ago, on 4 May, in the New South Wales Parliament. Hon Jan Burnswoods asked the following question which, without doubt, was a dorothy dix question -

My question without notice is addressed to the Minister for Health. Would the Minister inform the House on the progress of the midwifery-led units at Belmont and Ryde hospitals?

Hon John Hatzistergos replied -

Comprehensive evaluations have been completed recently of the midwifery-led services at Belmont and Ryde hospitals. I am pleased to inform the House that both reports express positive remarks confirming that mothers and babies using the services have had excellent outcomes. Both hospitals operate stand-alone midwifery-led units under the strictures of clinical guidelines. Only low-risk women are accepted into the programs, and these women are screened extensively throughout their pregnancies for any problems. Should any risk or complications develop at any time, the woman is immediately transferred to Royal North Shore Hospital in the case of Ryde Hospital and to John Hunter Hospital in the case of Belmont Hospital. It is important to emphasise that both services commenced after extensive consultation with the community, midwives and doctors.

He went on to talk about the number of babies that have been born and said that there have been good outcomes. Only 5.5 per cent of women had caesarean sections, compared with the rate of 26.6 per cent across New South Wales generally. The intervention rates are significantly lower under these arrangements. The minister went on to say that at Ryde hospital the first evaluation of the safety and effectiveness involved 245 women, and all the women and their babies are well. The NSW minister's answer continues -

The quality audit supports the fact that having a known midwife before pregnancy, birth and the post-natal period enhances the experiences of the women involved. I congratulate the midwives, local clinicians and obstetricians who contributed to the successful operation of Belmont and Ryde.

...

The community is demanding more of these services, and I am pleased to inform the House that last Friday, 28 April, I officially launched the Camden Midwifery Group Practice, which offers continuity of care with a dedicated midwife through all stages of pregnancy.

The Minister for Health in New South Wales understands the importance of continuity of care. The NSW health service has implemented three community midwifery group practices. Western Australia is being left behind in an environment in which the minister will not consult or take notice of evidence applicable to WA. He has buried his head in the sand over this issue.

I refer to the report card for the first 551 babies born within the midwifery practice service in Adelaide, South Australia. Oh, my God; here we go: here is another state that is doing it. A public-funded midwife-led model of maternity care commenced in that state in 2004. The result has been no neonatal or peri-natal deaths, significantly lower intervention rates and much less costly to provide. South Australia announced in April this year a second midwifery group practice to be located in south Adelaide.

I have mentioned the significant policy changes in New Zealand. The associate editor of the *British Journal of Obstetricians and Gynaecologists* said in 2003 that the evidence is unequivocal; there are no and never have been any valid arguments for the closure of small rural obstetric units on grounds of safety or smallness. The editor went on to say that it is inevitable that such closures will lead to increasing morbidity and mortality for rural women and their babies. It is equally evident that the closure of Kalamunda District Community Hospital will lead to increasing morbidity and mortality for women and their babies. The 1983 Victorian state inquiry found that units that had fewer than 50 deliveries of any size, even if they delivered fewer than 25 babies a year, were found to be extremely safe. The 1990 ministerial review of birthing services in Victoria report noted on page 49 that, unlike other places, Victoria has not established a policy of closing small units in rural areas and the closure of such units is not warranted on safety grounds. The 1993 Tito review of professional indemnity, likewise, found a high standard of care in 5 950 New South Wales rural GP confinements, indicating that the community needs to be more aware that rural GPs are providing the same quality of care as the specialists. I want to know, through the proposed select committee inquiry, if these and other studies and models were considered when the shape of obstetrics for the future in Western Australia was determined.

The reconfiguration of obstetrics services is not about safety, better quality or customer satisfaction and it is not about saving money. Only about \$500 000 has been saved through the closure of Kalamunda hospital and, as I

mentioned, it is less than the director general earns in a year. I repeat that it is not about saving money. We do not know what it is about. It is not about resource sustainability, because that hospital, the GP obstetricians and the midwives were sustainable. We do not know what this reconfiguration is about. However, I think the medical advisory committee at Bentley Hospital is close to the mark when it said that it is about opportunistic empire building. I will throw in a good dose of patch protection. It appears that the minister has ignored abundant research that proves his policy is flawed and will remove safer, cheaper, family-oriented options for birthing. It appears that he has relied on a discussion paper written by clinicians for clinicians, and I am not sure about the evidence base of that discussion paper. The service is in place primarily for 75 000 mums, dads and babies a year, but they feel they have not been appropriately consulted. Many people are offended by the demeaning, arrogant attitude that the minister has taken on this issue; an attitude consistent with a minister who is overworked and has little or no time to consult or listen to the people, not even when there has been 27 000 signatures on petitions about this matter sent to Parliament. This inquiry may go some way towards restoring faith in democracy but, more importantly, it may help to inform the minister before it is too late that he needs to stop the current reconfiguration, listen to what people want and rethink the way the government will provide services to Western Australian women having a baby. That would be a wonderful way for him to acknowledge the state's mothers on Mother's Day this weekend. I urge members to support the motion.

HON GIZ WATSON (North Metropolitan) [3.20 pm]: I will start by acknowledging that it is very good to see that this area of public interest has a new champion. A number of us over the years, both publicly and in the parliamentary process, have raised the issue of choice in childbirth. I believe that this issue must be addressed again. We keep on coming back to the issue because, as Hon Helen Morton has quite rightly said, there is ongoing and considerable dissatisfaction with the directions that are being taken with the provision of obstetric services in Western Australia. It is certainly a message that I am getting clearly and loudly. The dissatisfaction is with both the current arrangements and, at this juncture, more particularly the directions that we see emerging from the Reid report, of which, to be fair to the government, the Greens (WA) have been largely supportive. The Reid report was right in many aspects of its review of the entire provision of health services in Western Australia. It was a huge undertaking. However, with this subset of the provision of health services, I do not think the report has the right direction. It does not state specifically the situation in obstetric health services.

I indicate at this stage that the Greens will be supporting the thrust of this motion. However, I have some amendments that will not substantially alter the motion but might mean that the committee is able to be more effective in its work. There should be an opportunity to provide a conduit for more information through community consultation, and an assessment of the evidence provided in determining the direction of obstetric services in this state. I agree with the mover of the motion; it is my understanding and my information that community engagement has been sadly lacking, not just in obstetrics. The overall Reid review did not cover that part of the process well at all. It is a problem that is not unique to Western Australia or the health portfolio. It is typical behaviour of a government - of whichever persuasion - seeking to review a complex, multifaceted and hugely expensive part of not only the budget but also community service provisions such as health. By and large, in those circumstances governments listen to the experts, such as the bureaucrats, directors of hospitals, to some extent academics, and largely the people who are in the system. The government therefore does not get a picture of community views. It may get views indirectly through public debate on the matter, but one of the statements very clearly set out in the Greens policy document, on health in particular, is the need for the government to engage the community in a meaningful way when it makes decisions that are so fundamental to people's life experience and health care.

One of the most important issues for people is whether they will be healthy and whether they can rely on a health service that will give them choice, safety and a whole range of things. We suggest that in this area of complex decision making, we need to consider the values and inevitable balances necessary when deciding on the areas to which funding is allocated. We find consistently that people recognise the importance of long-term services for preventive measures, for example, and regard them as a high priority in the structure of the health system and allocation of funds. However, because most of the information provided to the government is from hospitals competing for budgets, fancy bits of equipment and all those kinds of things at the emergency and acute end of the scale, the preventive and more holistic approach is usually dropped. I am not saying that that is entirely the case with the Reid report, because it makes a reasonable attempt to address some of the less acute aspects of the health system. A valuable change in the way health decisions are made would be to adopt the approach the Minister for Planning and Infrastructure has adopted for complex planning decisions for transport; that is, by holding community forums. They are not perfect, but something like the process used for urban planning in Perth under the Network city initiative, could create forums in which people are actively engaged in trying to find solutions to complex problems.

It must be recognised that the health system needs well thought out consultation processes that enable people's views to be heard. It is similar to the citizen jury approach. It is amazing that a group of people from the community can be randomly picked and given a complex problem and come up with a solution that is balanced

and fair, as long as the group has all the information necessary to make a decision. In the same way, I believe that the community can make a valuable contribution in expressing their views on the values and services they want in health care delivery. In a model such as that, in the area of obstetric services, for example, people would inevitably say that they want safety for the baby and the mother. I am not suggesting that the medical model does not put that first. People would also express the view that they want ownership of the process, and that they want choices not only in the location where their child will be born but also in the team that will care for them. We know that the models exist, and that other states and countries have a holistic approach to obstetric services. We are seeing an increasing trend in Western Australia towards a medical model for childbirth. I believe that in many ways we are revisiting the debates that took place in the 1970s, and many of those debates were revisiting similar debates. It is almost a 30-year cycle. For example, uranium mining and other issues are again being debated.

Hon Barbara Scott: Maybe it is because there is another baby boom.

Hon GIZ WATSON: I am not sure. Doctors, specialists and obstetricians, in particular, have captured the people who are making decisions on the direction that obstetric services will take in Western Australia. We can see that from some of the comments of Hon Helen Morton. I concur that they have the ear of government and those who are making budget decisions. They are very persuasive. They will use arguments, such as the possibility of mortality rates increasing if there is not a centralised high-medical control model. I agree with the mover of the motion; this is not evidence based. The evidence does not suggest that that model will give us better health outcomes and better safety for babies and mothers; in fact, it is often the opposite and the increased emphasis on the medical model almost inevitably leads to increased intervention with the use of epidurals and caesarean sections. I believe that the number of caesarean sections performed in Western Australia is outrageous. The long-term health repercussions from caesarean sections must also be considered in this debate. It is not the magic way to have babies. The increasing rate of caesarean sections will have repercussions. This direction and this trend also clearly ignore the demand from mothers in particular, but also from families and fathers, for choices in childbirth, including the right to be attended by a midwife in a home delivery, rather than in a hospital.

Mothers also should have a choice of home birth; that is, a choice in weighing up the pros and cons of the risks and benefits associated with home births. They also want a choice in how far they will travel to give birth. That consideration must be measured against the fact that Western Australia is a very large state of extreme distances. We cannot have maternity hospitals in every country town, but the issue of how far women should have to travel is also a significant one. This motion, therefore, raises issues that have been raised many times in this debate - even in this chamber - about the childbirth services the community wants and what it is offered. Time and again the government has not listened. That is why we are considering this motion for a select committee today. As much as I am critical of this government, the previous government was not much better either. I therefore give a bat around the ears both ways!

Hon Barbara Scott: Hon Peter Foss was very much in favour of home birth deliveries.

Hon GIZ WATSON: Absolutely! It is an issue that is not about a party political position; it is more about an understanding of the issues and how much personal involvement people have had with child rearing. I believe Hon Peter Foss's children were home births and he was a passionate supporter of them. I was a home-birth baby, so members can see what happens; it is obviously good for people!

Hon Robyn McSweeney interjected.

Hon GIZ WATSON: My dad is an obstetrician, which is why I was a home birth. He was a great champion, and is still, of midwife-led births. He often told me that he stood at the back of the room, that he was there if the midwife needed him, but that he was not interested in getting involved if everything was going okay.

Hon Barbara Scott: A typical stance!

Hon GIZ WATSON: The honourable member should stop distracting me!

I raise briefly the issue of the closure of Woodside Maternity Hospital, as that is an example of community concerns about limiting options and choices. I am fairly familiar with that hospital. I know that there are issues about the age of the facilities, and I took time to talk to some of the midwives who worked there. I found that there was a mixture of views. Although the midwives understood that a move to Kaleeya Hospital would be a better move and that it was a better hospital and work environment from a professional view, I also understand that there was something about Woodside that a lot of women really liked. I argue that it was partly that Woodside did not appear immediately like a hospital.

Hon Helen Morton: It is non-clinical.

Hon GIZ WATSON: Exactly, it is non-clinical. It was argued, and I had a lot of sympathy for the argument, that a better outcome would have been to upgrade that facility. However, there was capacity at Kaleeya, so the

decision was made to shift the services there. A lot of people were very disappointed with that decision, and I do not believe that is the end of the matter either. I understand that inevitably the Kaleeya service will move to the proposed Fiona Stanley hospital, when that is built. The access argument that Kaleeya was a little down the road from Woodside and that there would not be a huge reduction in the provision of that regional service will not hold when the service shifts to the new Fiona Stanley hospital. Maternity services, therefore, are beginning to be more and more located in those centres.

Hon Helen Morton: And an increase in the level of specialisation too.

Hon GIZ WATSON: Yes, all those things that go with it. It is also important to acknowledge on the record the ongoing efforts of energetic and persistent lobbying in this area, particularly from the Western Australian branch of the Maternity Coalition. The members of that coalition are extraordinary in their enthusiasm and persistence to try to have maternity services truly reflect the community's desires. It is to their credit that they are like a dog with a bone; they will not let go. I think it reflects the fact that the women and families who use the maternity services provided by midwives and more community-based services are so enthusiastic about the results and their ownership and involvement in the process that it is quite a transformative experience for a lot of women, their babies and partners. They are, therefore, their own best advocates, and they do a fantastic job in continuing to bring the issue to the attention of decision makers, and members of Parliament in particular. They are to be credited with keeping this issue alive.

I move specifically to the motion that Hon Helen Morton has put before us. The Greens (WA) are supportive of a committee inquiry. In any consideration of the establishment of a select committee, I believe it is important for all of us, particularly the Greens (WA) as we have a significant bearing on whether these committees are established, to give consideration to whether the decision to refer the issue to a committee will take it forward by way of an inquiry and report. In other words, is an inquiry the appropriate mechanism? Are other processes in train that are addressing the issues that a select committee might seek to address? Also, within the overall committee resources, is there capacity to establish another select committee? Having considered all those matters, I think establishment of a select committee is warranted. However, I will move to amend the motion with some adjustments that I do not think are at odds with the spirit of the motion. I have made the distinction in my proposed amendment that the location has already been decided for hospitals that will provide obstetric care; therefore, it would be useful and appropriate for the select committee to examine how community consultation occurred; whether community views were taken into consideration and, if they were, how; and whether the community received feedback. The second part of the motion is about models of obstetric services. It is this area in which the committee can provide useful input into an ongoing process. I understand that the issue about obstetric models the government wants to fund and support in Western Australia is still very much alive. Therefore, the committee should look forward on that issue. I have recast the wording of the motion to ask whether the community views will be incorporated into the decision-making process and whether the community will receive feedback. That recognises that that process is very much alive.

I will move also two other amendments. The first is in light of the fact that, despite my great interest in this area and in being a member of the select committee, I do not believe I can accommodate the additional workload. To accommodate the issue of what would normally be a three-member select committee with the Greens occupying the balance of power, I propose that the committee comprise four members, with two members from the opposition and two from the government. That will ensure that the numbers on the committee are evenly balanced. I apologise for not being able to accept nomination as a member of the committee, but I will follow its progress with interest. The other amendment will seek to alter the reporting date. This motion has been on the notice paper for a while, as is often the case. The present report date of 30 June 2006 does not give the committee much time to investigate and report. I will therefore propose that the report date be amended to 31 March 2007 to give the committee enough time to carry out its work.

Amendment to Motion

Hon GIZ WATSON: I move -

Paragraph (1) - To delete all words after "committee of" and insert instead -

four members is appointed, any three of whom constitute a quorum to inquire into and report on -

(a) the adequacy of the decision-making process undertaken to determine that the provision of public obstetric services should be restricted in the metropolitan area to King Edward Memorial Hospital, the proposed Fiona Stanley hospital and four peripheral hospitals, as outlined in the "WA Health Clinical Services Framework 2005-2015" of September 2005, specifically the extent to which -

(i) the community was appropriately consulted;

- (ii) the community views were incorporated into the decision-making process,
- (iii) the community received feedback about how its views were treated,
- (iv) this determination had regard to evidence applicable to Western Australia in respect of service quality, service sustainability, risk management, cost-benefit analysis and consumer satisfaction; and

Paragraph (2) - To delete the paragraph and insert instead -

- (b) the models of obstetric service being considered by the government, including community-based midwifery, and the extent to which -
 - (i) the community will be appropriately consulted,
 - (ii) the community views will be incorporated into the decision-making process,
 - (iii) the community will receive feedback about how its views were treated,
 - (iv) this determination will have regard to evidence applicable to Western Australia in respect of service quality, service sustainability, risk management, cost-benefit analysis and consumer satisfaction.

Paragraph (4) - To delete "30 June 2006" and insert instead -

30 March 2007

I point out two other slight variations to the motion; firstly, I have included specific reference to community-based midwifery to ensure that it is covered. I have also changed the words in the motion from "economics" to "cost-benefit analysis". It is a slight rewording but the intention is comparable with what the member wanted.

I appreciate the openness of discussions I have had with all members in seeking to compile this amendment, which will achieve a real benefit for maternity services in Western Australia. I hope that the proposed committee can do some good work and gather powerful evidence. I understand that there is a degree of support, at least for this select committee, from all parties within the chamber. That augurs well for a good inquiry.

HON BARBARA SCOTT (South Metropolitan) [3.37 pm]: I am in favour of the motion. Given the limited time available, I will keep my comments as concise as possible. I commend Hon Helen Morton for moving this motion and acknowledge and commend the input of Hon Giz Watson in this debate and to her commitment to this issue before this debate. Hon Giz Watson's involvement has been of a very high profile, as has that of Hon Louise Pratt. I acknowledge those women members for raising in Parliament the importance of birthing to women, families and children in Western Australia.

I agree with Hon Giz Watson's amendments. I am sure that members on our side will be happy to accept them. As Hon Giz Watson indicated, the amendments provide an opportunity to be involved in the ongoing and emerging consultation that must take place in this important area. They will include in this motion issues that are important for the future. The mapping out of an agenda for future services is particularly important. I represent the South Metropolitan Region, and I was very involved in trying to save the Woodside Maternity Hospital, but that campaign was unsuccessful. I will dwell on a few issues concerning that hospital because it is integral to this debate. If the proposed select committee intends to examine the decision-making process for determining the areas that will service public obstetrics, and if they are to be restricted to a few major hospitals, the issues surrounding the Woodside Maternity Hospital are very important. The micro issues around the saving of Woodside hospital are very important. With all due respect, someone needs to tell the Minister for Health today, as he was told in January, that there is a baby boom in Western Australia. The maternity hospitals are bursting at the seams, and there will be an increasing need for obstetric services and birthing facilities.

At the rally I referred in jest to the comments made two years ago by Hon Peter Costello in encouraging the young parents of this nation to have a baby for mum, a baby for dad and one for the nation. The additional benefit that was announced in the federal budget last year will place having babies to the forefront of this nation again. Hon Helen Morton gave us the figure of 25 000 births in this state. I think that figure has increased only slightly in the past 10 years. When I did some intensive research in 1994 for the Court government on the number of children entering year 1, the predicted figure was between 21 000 and 23 000. Therefore, there are not that many more births today, but it has been predicted that there will be an increase. The point made by Hon Helen Morton was that everybody should have a voice, and this government has made a commitment to give a voice to everybody. However, I remind the chamber that sadly in this state there is not much of an opportunity for women to have a voice, and children have only a very small voice. Somebody should take the lead in this issue and a select committee of this Parliament is an ideal instrument for allowing the voices of those people who are concerned and affected by these birthing facility arrangements to be heard. Somebody has to speak up for those who have just arrived on this planet, and it is appropriate that the Parliament do that.

Hon Helen Morton, in encouraging Hon Jim McGinty, the Minister for Health, to look at this issue and listen to Western Australians, has spoken very strongly about the importance of this issue. Mr McGinty understands the Labor Party very well. However, has he ever had to sit down and think about what real "labour" means and why it is described as "labour"? It is a true labour and anybody who has had a baby - I have had four - will tell people that it is no joke. It is true labour and it is aptly named. Therefore, I ask the Minister for Health to consider that and to understand that this is an important issue about true labour.

I want to dwell for a few moments on the mess that the minister made of the Woodside Maternity Hospital. That small maternity facility was very important in the community that it served. It reflects many of the birthing facilities around the world, and is typical of a community that wants a full community service and wants gardens to walk in. Giving birth is not an issue of ill-health, generally speaking. The majority of births are not considered to be serious illnesses. Hon Giz Watson told us that her father is a doctor; he is indeed an eminent obstetrician, and we are very fortunate to have her voice in this Parliament. However, he, as most men do, sat back and let the births happen saying to the hospital staff that he would become involved in the birth if he was needed. Most men in this chamber who have sat through a birth have felt the woman's fingernails ripping into their hands at every contraction and, therefore, are probably a little aware of the birthing process. However, once it is over, there is joy and relief. Most women do not necessarily want to be in a five-star hospital. They would rather be in a place in which someone stays up all night with them, or there is somebody to help when the baby will not feed, or there have been too many visitors that day. It is wonderful to get all the flowers, but sometimes mums just wish that all of the aunts and relatives would go home and give her a bit of peace and quiet. Of course, it has all changed since I had a baby. Maternity hospitals now often provide a double bed for the husband to stay overnight, which is fantastic. That reflects the changes in community needs for birthing facilities.

The restrictive attitude of the Minister for Health in putting metropolitan birthing facilities only in the major hospitals and a few peripheral hospitals is a major mistake. It is similar to the mistake he made at Woodside, and what a mess he made of that! However, one wonders about the sort of advice he was given. Hon Helen Morton referred to a lady who was given wrong advice in New South Wales.

Hon Helen Morton: Not wrong advice.

Hon BARBARA SCOTT: Her name was mentioned. I have two pages with me of falsehoods and erroneous advice given to the minister about Woodside by the chief executive officer of the South Metropolitan Health Service. This is information that a public servant gave to the minister for him to make his decision about closing Woodside. I will not be able to read them all, but a couple of them state -

Woodside has 2 birthing suites.

Woodside has four birthing suites. It continues -

Medical coverage provided at Woodside is provided by Visiting Medical Officers on a fee for service basis.

The correct information is that seven GP obstetricians are paid under a sessional fee arrangement, which reduces the costs significantly. They receive a pittance for long exhausting after-hours call-outs. Consultant specialists are paid a fee for service. These are not nine to five cut-lunch doctors from Fremantle Hospital; this team comes at all hours whenever called. There are two pages of falsehoods about Woodside which were given to the minister. An important error is that the minister was told that Woodside has 37 beds available, of which 22 are in use. The correct information is that Woodside is funded for only 22 beds. The statement gives the impression that the other beds are wasted. Woodside was not allowed to advertise. Attadale Private Hospital is allowed to advertise and some women who go to Attadale are not aware of Woodside, a public hospital. So it goes on. I do not have the time to go through all that information.

However, I will dwell on a couple of points about Woodside: it was friendly, community-based, family oriented, mums got on well there and were happy to be there. Its facilities were used by Aboriginal women and women with low incomes. I attended the rally and saw all of those sorts of people there, and it was wonderful. However, Mr McGinty's mantra was that it was an outdated, outmoded facility with dull rooms, no ensuites, rundown and unsafe. Kaleeya Hospital - I lived two doors from that hospital - was set up for bloodless surgery. It is a clinical, clean hospital with ensuites. As I have said, mums going into hospital to have babies do not necessarily want a five-star hotel. More importantly for the debate today, 93 per cent of natural births were delivered by midwives at Woodside and 90 per cent of the mothers were successfully breastfeeding their babies by the time they left Woodside. That is a very high level of achievement. I do not need to go into the details in this chamber today of the importance of a mother leaving hospital with a new baby and being able to successfully breastfeed her baby. The importance of breastfeeding is well known to all members in this chamber. There was a very low rate of intervention at Woodside Maternity Hospital. There was a very stable staff. There were no agency nurses. What is at Kaleeya Hospital now? There are a lot of agency nurses.

Other members have talked about the continuity of care when a midwife provides ongoing care. Families from all over the state who went to Woodside, including families who lived near Woodside, liked that continuity of care. One of the women to whom I spoke at the rally was booked in to have her third baby there. Her mother had delivered her and her three siblings there. That continuity of care is very important. Women prefer the smaller hospitals. They would rather have less intervention, and Woodside was able to deliver on that.

In supporting the motion today, I hope that this select committee of the Parliament will be able to map out an agenda for good birthing practices in this state, to widen the network of small community hospitals and to support the things that people in the community, particularly mothers, families and parents want in the practices surrounding the birth of a baby. It is very important that we get it right when we are planning for the future. I would urge the members of the select committee to take on board the things that mean a lot to families when they are having babies. I support the motion and commend the mover and the other people who have spoken today in support of the motion.

HON SALLY TALBOT (South West) [4.01 pm]: Like the previous speaker, Hon Barbara Scott, I pay tribute to the amount of work that has been done in the past few years to get a motion such as this seriously considered by the house. I have just been going through the November 2004 "Report of the Standing Committee on Environment and Public Affairs in relation to A Petition on Primary Midwifery Care". There is certainly a lot of valuable material in that report that should go into a consideration of issues of the kind raised by Hon Helen Morton. I note that my colleague Hon Louise Pratt was a member of that committee, as was a former member of this house, Hon Christine Sharp. While mentioning Hon Chrissy Sharp, I should note that Hon Giz Watson, her colleague in the Greens (WA), has done a lot to bring these issues to the fore.

When I move around my electorate and talk to groups and classes of schoolchildren about politics, I often make a point about how frequently in the processes of the Parliament we end up agreeing on issues. It happens with astonishing frequency. Unfortunately, because of the issues that break through the tip of the iceberg and make the six o'clock news, the electorate tends to assume that we spend the majority of our time slanging off at each other, when of course the opposite is true. I believe the figures show that 80 per cent of the matters that come before the house are resolved with bipartisan support. Of the remaining 20 per cent of matters, something like 80 per cent are negotiated through. This motion is a very good example of that. In saying that, I commend Hon Helen Morton for raising this matter. That does not necessarily mean that, as a member of the government, I read the motion with an enormous amount of enthusiasm. I did read it with a certain amount of surprise, because after wearing my previous hat in the 2005 election campaign, I would have thought that many of the issues in the first part of the motion are - I will not use the phrase "motherhood statements" because that would be too twee - ones that we have already debated and that we have moved on.

The Reid report has received a tremendous level of acceptance, not only in the professions, as Hon Helen Morton would know very well from wearing her previous hat, but also in the community itself. It has been decided to focus maternity services on not only the King Edward Memorial Hospital for Women, but also the new Fiona Stanley hospital, which will be a very exciting development for this state, along with the new railway line that will service that hospital. That is not a small point in my electorate, particularly in Mandurah where my electorate office is located. People are acutely aware that the train and the Fiona Stanley hospital go very much hand in hand when it comes to delivering first-class health care services to people in the Peel region. I believe that the decision to focus maternity services on King Edward Memorial Hospital, the new Fiona Stanley hospital and the four hospitals that will be upgraded as part of the plan contained in the Reid report - that is, the Joondalup Health Campus, the Swan District Hospital, the Armadale-Kelmscott Memorial Hospital and the Rockingham-Kwinana District Hospital - has very wide community acceptance. Certainly, from speaking to the people whom I see in my electorate office, that seems to be the case.

However, I am very interested in pursuing the issues that have arisen as part of Hon Giz Watson's amendment, particularly what will become of the new paragraph (b), which refers to the committee inquiring into and reporting on the models of obstetric service being considered by the government, including community-based midwifery. During my remarks, I will go into the reason that I am particularly interested in developing the inquiry along those lines.

I again make the basic point that if we were drawing Euler's circles to represent the interests of the government and the interests of the opposition, we would have to say that, in the case of the motion and the amendment, all the circles overlap to a very significant degree. I dare say we can make some progress towards taking this motion to a conclusion that will pay off for our electors who have an interest in the best maternity services possible being provided. I noticed that a degree of personal anecdote crept into the debate earlier this afternoon. Therefore, I will add my twopenny's worth. Hon Barbara Scott, who I notice has left the chamber on urgent parliamentary business, did not declare to us whether she was a homebirth baby. Hon Giz Watson said that she was. I think Hon Helen Morton -

Hon Helen Morton: I am not.

Hon SALLY TALBOT: Hon Helen Morton is not. I did hear a few voices around the chamber -

Hon Sue Ellery: Hon Ken Travers.

Hon SALLY TALBOT: That might account for a lot, might it not? I must mention it to his mother the next time I see her. I did, however, have a slightly wry smile when Hon Giz Watson mentioned that she was born at home, and she thought that her father, who was an obstetrician, had had some influence in that decision. I suggest to Hon Giz Watson, with the greatest respect, that that may be something to do with the generation to which we belong. I too was born at home, as were two of my three brothers. The reason was that in those days in the United Kingdom it was assumed that mothers would give birth at home. It was regarded as a best practice outcome and a sensible outcome insofar as meeting the needs and expectations of birthing mothers and families. When it came to my fourth brother, and my mother was some 14 or 15 days past the due date, my mother went to the hospital to see if anything could be done and she then proceeded to give birth to him in the lift. Therefore, his does not really count as a hospitalised birth. That was my parents' experiences of childbirth.

Then, of course, the pendulum swung to the other extreme and a mother had to plead her case to be allowed not to go into hospital. Sadly, within my family, we have a quite severely intellectually disabled child. Therefore, when it came time for me to make my decision about which way I would go, I wanted to make sure that I was close to the services that could intervene should I need it. By choice, I went into King Edward Memorial Hospital for Women. I was also classified as an elderly primigravida, which was slightly insulting as I was about 32 years old. In those days that was written on the chart, which really lifted a woman's spirits when, in between contractions, she read her notes. I scored a place at King Edward hospital. This was, of course, having gone through the panting, beanbags and other stuff. I was absolutely committed to that until the moment at which things started to get complicated. At that stage, I took full intervention and enjoyed the whole experience immensely. I may sound as though I am being flippant, but there is an extremely serious point here, which leads me to the absolute core of what I want to say. This concept of choice is important not only to satisfy the demands of women but to give women a sense that they have some power and authority over decisions they make. I will say more about that later. In terms of my personal and family experience, I could just about cover the whole gamut of experiences.

I will briefly address the first half of the motion. All members in this house would have to acknowledge that we are coming off an extremely high base when we talk about the need to improve services. All the statistics show that we have a very high standard of obstetric care in Western Australia. I have one statistic from the Australian Institute of Health and Welfare's National Perinatal Statistics Unit, Sydney, which found that in 2005 WA was the state with the lowest rate of neonatal deaths and equal second lowest rate of peri-natal deaths. It is a particularly expressive set of data, given the challenges that we face with so many births being in remote or non-metropolitan parts of the state.

Hon Helen Morton: It reinforces the safety of the smaller units.

Hon SALLY TALBOT: As Hon Helen Morton said, it certainly leads to some interesting possibilities when it comes to small units. The reality is that things are much more complicated than that. I will say something later about the nature of the risk assessment that we come to in childbirth. I have told members about my experience which took me straight to King Edward. There are a number of comments we can make about smaller hospitals, but this is also about providing a range of services in the right places.

When it comes to health care, I note that Hon Giz Watson talked about the work being done by the Minister for Planning and Infrastructure in community consultation, and we all take our hats off to how well those initiatives have paid off in sound planning of infrastructure in terms of Network City. However, when it comes to health planning, we have a particular tension. It is really the tension that lies at the heart of this whole issue of how and where to deliver obstetric services. On the one hand - this is clearly acknowledged by the Reid report - we want quality care close to where people live. We all followed the 2005 election campaign minute by minute and we know that it was something that became a bit of a mantra of the former Premier that services had to be available in the places where people live. That went across the range of services; not just health, but certainly also education and other services.

Debate interrupted, pursuant to sessional orders.

Sitting suspended from 4.15 to 4.30 pm