

KING EDWARD MEMORIAL HOSPITAL FOR WOMEN — FAMILY BIRTH CENTRE

Grievance

DR K. STRATTON (Nedlands) [10.02 am]: My grievance is to the Minister for Health; Mental Health, and I thank the minister for taking my grievance on what I know is an issue important to both of us—that is, birth choices for the women of Western Australia.

The Nedlands electorate, my electorate, is a centre of excellence for health care in Western Australia. We are home to three public tertiary hospitals, including the only paediatric hospital and the only dedicated women's hospital in our state. The very first formal discussions about establishing a women's hospital were held in the Government House ballroom on 8 November 1909. The Women's Service Guild, of which Edith Cowan was a founding member, advocated for and led these discussions. I tell this story because women always have and always should lead decisions about the nature of care provided, the nature of service provision and the birth options that are available to them.

The McGowan Labor government has undertaken a significant investment in women's health, including the commitment to build a new women's and babies' hospital. This commitment represents a \$1.8 billion welcome investment. It comes because King Edward Memorial Hospital for Women is a building that is no longer fit for purpose, with additions and extensions made as not only our population grew, but as specialist care for women expanded. The hospital is now home to many specialist clinics and services, including the adolescent antenatal clinic, the childbirth and mental illness antenatal clinic, the next birth after caesarean clinic, the women and newborn drug and alcohol clinic, the menopause clinic and more. I think it is fair to say many of these services could not have been imagined by those founding women in 1916. It is really important that our facilities and models of service provision that we provide are reflective of our evolving understandings of what is known to be best-practice care.

The new women's and babies' hospital will provide a state-of-the-art facility. It is to be co-located with Perth Children's Hospital and Sir Charles Gairdner Hospital in Nedlands. This co-location is important, as it means women and babies can access the tertiary care provided at Sir Charles Gairdner and Perth Children's Hospitals if required. It reflects modern and integrated care for women and their babies. Like many Western Australians, I was born at King Edward Memorial Hospital, and it was the only place that I ever considered delivering my two children. For me, a public hospital that sees all the complicated and high-risk pregnancies in Western Australia would be the safest option, but one where I knew that I, too, would have the most choices in how I give birth and I have an active voice in making those choices.

Almost 6 000 babies are born at King Edward hospital each year, accounting for about 20 per cent of all births in Western Australia. King Edward has always led the way in providing a proud history of leadership and advocacy on a range of sensitive, complex and challenging women's health issues, advocating for all women's reproductive rights, the rights for all babies to be born in a safe environment, and committing to the promotion of positive health and social outcomes for women, families and newborns. When I worked there as a social worker, we dealt with many complex and challenging issues around profound grief and loss, family and domestic violence, child protection, complex ethical decision-making, and advocacy for women's and babies' rights to deliver babies in ways that were dignified and respectful of their cultural and social contexts and of their choices.

I have had an ongoing commitment throughout my career to ensure that people have an active role in the choices and decisions that impact them, and a particular pursuit in progress on issues of gender equity, and am, as such, a passionate supporter and advocate of women having choices in the birth of their babies—a passion that I know is shared by the Minister for Health. One such innovation was the opening of the family birth centre on site at King Edward Memorial Hospital some 30 years ago now. The family birth centre provides women a home-like environment in which to deliver their babies. Birth centres are an option for healthy women with low-risk pregnancies and uncomplicated births. Care is midwifery-led with experienced registered midwives with particular expertise in normal childbirth. Family birth centres operate with a philosophy of continuity of care with a known midwife who has a relationship with the woman and can support her physical, emotional and social needs during labour and delivery. It has been demonstrated that when women see the same midwife throughout their pregnancy, they often feel more comfortable and therefore more confident in asking questions and discussing different and difficult aspects of their pregnancy, lifestyle and home situation. With their level of expertise, these midwives provide women with personal attention, careful assessment and holistic care. Partners or other support persons are able to stay continuously to support women in childbirth. Women are providing with active childbirth choices with supported input into their birth plan, and the birth experience is one of low medical intervention. Women and their babies are discharged early—from four hours post-delivery—so they can get to know their newborn in their own home environment with less disruption to other children and family life.

The family birth centre at King Edward is in high demand and is a choice many women and families make for an empowering midwifery-led, woman-centred birth experience. As the business case for the new hospital progresses and given recent sensationalist media coverage, I have been approached by a number of stakeholders—doctors,

midwives and women—in my electorate who are concerned that the capacity of the family birth centre will be reduced when King Edward Memorial Hospital closes. The concerns raised regarding the availability of the family birth centre option also highlights the importance of community consultation in the development of models of service provision at the new hospital, including the most appropriate location for services. The location of the new women's and babies' hospital will be on a significant tertiary medical site, and it is important that women have input into whether this is what they consider an appropriate environment, given the kinds of benefits being sought after through birthing at the family birth centre. The planning for a new women's and babies' hospital means that we have an opportunity to consider and respond to advances in best practice, as King Edward has always done.

I am today seeking reassurance from the Minister for Health to the women of Western Australia that there will be no reduction in the provision of the family birth centre when King Edward Memorial Hospital closes, the location and service at any family birth centre will reflect contemporary best practice, and that women and midwives will be consulted on the best model and location of the family birth centre.

MS A. SANDERSON (Morley — Minister for Health) [10.09 am]: I thank the member for Nedlands for her grievance and her decades of advocacy in not only birthing choices, but also women's health more broadly and certainly in access to protecting and ensuring the reproductive rights of women in Western Australia.

One of the most exciting things that I will get to do as the Minister for Health is oversee the development of the new women's and babies' hospital. As the member for Nedlands rightly pointed out, Labor has a strong record and history in this area, with Western Australian Labor women in particular at the forefront of ensuring that women have access to women's health reproductive services as well as birthing rights. In the development of King Edward Memorial Hospital for Women, one of my personal heroes along with Edith Cowan is May Holman, who was the first Labor woman elected to any Parliament in Australia. She represented a blue-collar working-class electorate in the south west. She worked hard to ensure the development of King Edward Memorial Hospital for Women and the provision of those services. Another Labor woman, Hon Carmen Lawrence, opened the family birthing centre in 1992. At that time, 30 years ago, it was really at the forefront of maternity care. We did not get to choose where the centre went; it had to go to the only women's and newborns' hospital. It was the only location at which it could possibly be located.

When we are working through the women's and babies' hospital project, we will determine the best location to provide those services. I will not make that decision, the member for Nedlands will not make that decision and the opposition will not make that decision; rather, the women of Western Australia will make that decision. If it were up to the opposition, it would have me make that decision on behalf of Western Australian women, but I will not do that. I made a commitment to the women of Western Australia that they will be front and centre of the decision-making around where we locate that birthing centre. There are a number of other services around that site and we need to determine the most suitable location for them. We will work with those services, some of which include the Sexual Assault Resource Centre and the Mother Baby Unit, which was also opened by a Labor government when Jim McGinty was the Minister for Health. I think it was one of the first in Australia, but such units had been used in Europe.

There has already been significant consultation about the women's and newborns' centre. One of the principles that I would like to see maintained around a family birthing centre is a standalone site. There are other models; for example, Fiona Stanley Hospital has a family birthing centre, but it is welded into the hospital. Personally, I would like the family birthing centre to be located on a standalone site with a separate entrance. It may be that it ends up being located at Queen Elizabeth II Medical Centre or on another site that has high-quality obstetric services. That is also the view of senior midwives in the state with whom I have spoken and my office is in consultation. That sense of a standalone centre is really important for the natural birth that women want without the feeling that they are going to a hospital to have a baby. Ultimately, it is as close to a home environment as we can get without being at home to give birth.

At the end of my tenure as the Minister for Health, I would like to see an expansion of family birthing centres and choices in birthing. It is cost effective, safe and natural and the level of trauma is significantly less for those women who have those experiences and partners and families are integrated. Overall, it is an incredibly positive experience for women. I give a very firm commitment to the member for Nedlands and the women of Western Australia that this will absolutely be a priority and we will make sure that Western Australian women are front and centre of the decision-making around that centre.

The other important choice that is available that I have advocated for strongly over the last few years—the former Minister for Health will attest to my persistence—is access to privately practising midwives in state maternity hospitals. It has been challenging to get up this model in Western Australia for various reasons. It is used extensively in Queensland in particular and very effectively. It is a continuity-of-care model and it is Medicare rebated. Because of the very significant financial gaps, it is not available for women universally, particularly for the actual birth, which can run up to a cost of \$5 000. That model provides genuine continuity of care because the midwife does

all the prenatal appointments with a woman at home or at work if she is working—the midwife goes to the woman—and she sees her through the birth and does all the postnatal appointments with the family. The midwife genuinely gets to know the family.

I used this model when I was pregnant with my second child and it was the best experience I could have had. I had my son at King Edward Memorial Hospital for Women and was home two hours later with my midwife. I had the safety of a hospital birth because of some risks that were associated with my pregnancy, but with all the benefits of not being admitted and so on and so forth, which was fantastic. King Edward Memorial Hospital for Women has nine endorsed midwives on the program, and I will be writing to other hospital service providers to encourage them to ensure that midwives from Armadale, Osborne Park, Joondalup and all our hospitals provide that ability, because it is a policy of this government and we want to make sure that they have it.

I will briefly touch on the comment made that women are freebirthing because they cannot get access to community midwifery practices and that somehow that is linked to funding. That is an absolutely objectionable comment. It is linked to the range of restrictions in those women accessing those services. There is significant trauma with medicalised births and women make very difficult and often informed decisions about the birthing they want. I give a commitment that we will ensure that there are better choices for women in the future.