

QUEEN ELIZABETH II MEDICAL CENTRE — SATELLITE BIRTHING FACILITY

**160. Ms L. METTAM to the Minister for Health:**

I refer to the minister's comments to place a satellite maternity facility for high-risk neonates at Queen Elizabeth II Medical Centre following the minister's decision to build a new women's and babies' hospital at Fiona Stanley Hospital.

- (1) Was this thought bubble simply an afterthought to appease community and medical anger at the minister's clinically unsafe decision to abandon tri-location?
- (2) Has the minister abandoned plans for this facility to be built at this site?

**Ms A. SANDERSON replied:**

- (1)–(2) The Leader of the Liberal Party is recycling old questions and cannot think of any new questions to ask me regarding the health portfolio.

**Ms L. Mettam** interjected.

**The SPEAKER:** Order, please!

**Ms A. SANDERSON:** This government is committed to build the best maternity services that will be world-class facilities close to where people live. We continue to work through the plans around what that maternity service may look like if one were required on that tertiary Queen Elizabeth II Medical Centre site. We are working through the data and continue to work through the plans. Nothing has changed. The government's position has not changed on that. We continue to work in good faith on the data, the need and what planning would be required to provide that kind of service if it were required.

Let us look at what we are doing as part of this once-in-a-generation opportunity to reset maternity services in Western Australia. We are building a world-class tertiary hospital in the southern suburbs that will significantly support the women and families of the south-eastern suburbs. The member for Cottesloe is yawning. I know maternity care is very boring! It is very boring; it only affects about half of the population! Stay with us.

We will be doubling maternity services at Osborne Park Hospital, which is incredible for the north-eastern community, with a brand new family birthing centre. It has been well canvassed that some clinicians have concerns around a very small cohort of babies who may be diagnosed in utero and need immediate surgery. We are working through what provision may be required for that very small number. Nothing has changed in that.