

Submission
No 349

**INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO
HEALTH AND HOSPITAL SERVICES IN RURAL,
REGIONAL AND REMOTE NEW SOUTH WALES**

Organisation: New Yass Hospital with Maternity Working Group
Date Received: 10 January 2021

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Submission to the Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales

By the *New Yass Hospital with Maternity Working Group*

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About

The *New Yass Hospital with Maternity Working Group* was formed by volunteers in 2018 to lobby for a new hospital in Yass and a return to full maternity and delivery services at Yass Hospital.

In July 2018, a hard copy petition collected more than 2000 local signatures petitioning the NSW Government to restore maternity to Yass Hospital, which was closed in 2004. Since then, mothers have had to travel to Canberra, Goulburn or Queanbeyan for pre and postnatal care and to labour and give birth. Some mothers don't make it and birth on the side of the road.

Working Group members Jasmin Jones, Lindsay Hollingsworth and Rebecca Duncan all live in Yass and have 10 children between them, aged 17 and under.

Summary

Yass Valley is one of the fastest growing local government areas in NSW (growing by 19.6% over 5 years¹), yet at times Yass Hospital does not even have a doctor on duty. Yass Valley is home to young families, working families and an ageing demographic that require access to health services that are not available locally. Any patients presenting with any level of complexity are transferred to Canberra by ambulance, at significant cost to NSW Health. Maternity, oncology and renal care are most needed and called for locally.

Despite a population of more than 17,000 people, Yass Valley mothers cannot deliver their babies at Yass Hospital and must travel to Queanbeyan, Goulburn or Canberra for labour and delivery. This causes additional anxiety and stress, over and above the normal fear women can have of labour and delivery. Yass Valley women have a high risk of an unplanned and unsupported highway birth, and are forced to be away from their other children and support networks to access maternity care.

The latest Clinical Services Review by the Southern NSW LHD (attached) did not include any statistics on incidents of care provided by ACT Health, where most Yass Valley women access health care. Yass Hospital must resume full time maternity and delivery care with the midwifery continuity of care model for our growing population. The well-known and expanding 'continuity of care' model with local midwives and GPs working together would deliver more than 185 babies each year in Yass. A Feasibility Study is attached.

¹ Yass Valley is in the top 5 LGAs in NSW according to the Regional Australia Institute, The Big Movers Report, July 2020

Our group convinced the NSW Government to provide a full time midwife for pre and post natal care which is now being delivered as a trial until July 2021. We call upon the Government to make it permanent and to start preparations to return full labour and delivery services as soon as possible.

Key Points

According to the Australian Bureau of Statistics, 177 babies were born in Yass Valley in 2019, 185 in 2018 and 182 in 2017. The number of births each year is expected to rise as the population is expected to grow to more than 23,000 by 2026 according to projections by Yass Valley Council. NSW Local Government areas such as Cowra, Parkes, Forbes, Gunnedah, Deniliquin and Leeton all have access to intrapartum care — despite having around the same or fewer numbers of births.

The Southern NSW LHD's recent review into maternity care in Yass has a number of deficiencies, most seriously a complete failure to seek out statistics from the ACT to inform their planning. No ACT statistics were sought nor provided to inform that review, even though most Yass women birth in Canberra. The review is therefore not credible nor reliable. Though Yass women appreciate the full-time midwife that the review did lead to, we ask that the review be revisited with statistics sought from the ACT to fully inform the recommendations.

In June 2020, the Prime Minister the Hon Scott Morrison MP, cited an upgrade to the Barton Highway in response to a question from the ALP in Question Time in Parliament. As to whether he agreed it was “unacceptable” women in the Yass Valley in NSW had to travel an hour to Canberra or Goulburn for maternity services. In response, the PM said “I’m pleased to let the member know that is we have committed \$150m to upgrade the Barton Highway”.

The Rural Doctors Association of Australia (RDAA) condemned the PM for his response. The RDAA's President, Dr John Hall, said it was “extremely concerning” that Mr Morrison “would turn the highly stressful and risky issue of roadside births into a joke” for Parliament.

Dr Hall said that women have, for more than 15 years, had to travel from the town of Yass more than an hour to either Canberra or Goulburn to birth their babies adds to the risk, stress and expense for many, many families. Hospital and maternity closures are the responsibility of the States, but rural roadside births are no laughing matter at any level of government. To joke that an upgraded highway is in any way a viable substitute for local birthing services is disgraceful.

The President of RANZCOG, Dr Vijay Roach said that giving birth on a highway should be treated as a serious matter. RANZCOG called for equitable access to maternal health services for all women in Australia, including those in regional and rural areas.

The Australian College of Midwives (ACM) Rebekah Bowman has said women in areas like Yass might feel pressured to travel to hospital earlier to prevent issues, but in the process increase the risks associated with early intervention. Because they are so far from home, we intervene and we speed their labour up. Women that need to travel further distances for births have poorer outcomes for them and their babies than women that are in larger cities. Every single woman has the right to choose where she wants to birth and she deserves the right to have safe options.

Investing in regional health leads to economic growth

In the context of economic recovery post COVID, and the population of regional areas booming with tree changers, the NSW Government needs to be ahead of the game and build appropriate health care facilities while the community expands. In 2018, the NSW Premier, the Hon Gladys Berejiklian

MP, told the Eurobodalla's Beagle Weekly that: *"We have seen with our record hospital redevelopment in regional areas of NSW that new hospitals can be a game changer for the local economy, and attract more skilled health professionals."*

Timeline of recent 'push' for maternity in Yass

June 2018	Community petition launched for a New Yass Hospital with Maternity
September 2018	Petition signed by more than 2000 people delivered to Pr Goward, Member for Goulburn who tabled the petition in the NSW Parliament.
March 2019	NSW Labor Party candidate for seat of Goulburn, Ursula Stephens, promise \$4.7million to restore maternity to Yass Hospital, if elected.
May 2019	Federal Labor Party Member for Eden-Monaro, Mr Mike Kelly MP, promised \$4.7million to restore maternity to Yass Hospital, if elected. Notice of Motion moved by Walt Secord in NSW Parliament
October 2019	Feasibility Study and draft Business Plan delivered to Walt Secord, Shadow Health Minister
November 2019	Meeting with NSW Health Minister, Brad Hazzard, and NSW Chief Obstetrician, Wendy Tuckerman MP where Minister requested review. Chief Obstetrician suggested Yass should have a Level 3 Hospital to ensure safe maternity services could be delivered.
June 2020	Federal Labor candidate, Kristy McBain promises promised \$4.7million to restore maternity to Yass Hospital, if elected. Prime Minister Scott Morrison refers to the Barton Highway duplication in response to a question on Yass maternity in Question Time. RANZCOG, RDAA, ACM all issue media releases to restore maternity.
September 2020	Part-time pre and postnatal midwife becomes full-time role (for 12 months)
October 2020	Southern NSW LHD Clinical Services Review published, with no ACT statistics
November 2020	National Rural Health Commissioner, Prof Ruth Stewart calls for rural maternity services to be restored using the local GP obstetrician and continuity of care midwifery model.

Calls by the National Rural Health Commissioner

Associate Professor Ruth Stewart was appointed National Rural Health Commissioner by the Federal Government in July 2020. She brings to this role nearly 30 years of work as a Rural Generalist doctor with the advanced skills of a GP obstetrician and twenty years of experience in rural medical education. Professor Stewart received a PhD from Flinders University in 2014. Her thesis examined the lessons learnt from a Managed Clinical Network of rural maternity services in South West Victoria. She has an abiding research interest in the quality of rural maternity services and sustainable models of rural health care.

Professor Stewart was in Canberra in November 2020, making the case for reversing the trend of closing down rural maternity services. Speaking to the ABC (Sabra Lane) marking World Prematurity Day (18 November) ahead of her address to the National Rural Press Club, Professor Stewart said:

- "The facts speak really strongly. At present, in rural and remote communities pregnant women have nearly twice the risk of giving birth prematurely compared to their sisters in the city. 13.5% of rural and remote women will have a premature birth compared to 6.5% in the city.
- "It's about access to care. We have really strong evidence that where there is a rural maternity service it provides good quality care. There has been an urban myth about rural maternity for a very long time that it is not safe. That myth has driven the closure of a lot of rural maternity services.
- "Between 1995 and 2005 over 130 rural maternity services were closed. They used both safety arguments and they also used finance, it's too expensive to do this. But the reality is when you close rural maternity services that's when mothers and babies are much more at risk of serious poor outcome and even death.
- "It's about safety. At present, the rate of premature birth in rural and remote communities is nearly twice as high. And there are an increasing number of rural babies born before arrival (BBA) in the larger hospitals when their mothers are driving to the hospital.
- "We know that if women have a local maternity service where there is continuity of care, they are less likely to have a premature birth, the babies are more likely to be born at a normal birth weight and particularly for Aboriginal and Torres Strait Islander women, their baby can be born on-country and within a culturally safe service.
- "At the start of my thesis I looked at clinical audits looking at how safe rural maternity was. Of the 40 clinical audits, there were two that suggested it was not as safe and 38 that said yes, rural maternity services are safe and in some cases, maybe even safer.
- "Since that study, there have been a number of really large studies that have come out to show that if you're in a rural maternity service you're less likely to have intervention, you're more likely to have a natural birth and the safety is very good.

Local Yass Valley Case Studies

Jasmin Jones (mother of 5): "I gave birth to my third baby on the side of a highway in the middle of the night in 2011. Going into labour two weeks before her due date, I feared I wasn't going to make it to the birthing hospital in the ACT. I went directly to our local hospital (Yass). I was packed into an ambulance and sent down the Barton Highway in the dark, in the middle of the night, going at speed. I still think about that night and I still think about the stress of worrying what was going to happen to my baby. Was my baby going to be okay? Was I going to be okay? What if we hit a kangaroo? Lucky I was ok and so was my baby, now 9 years old. But if we don't resume births at Yass Hospital, there will come a time when a Barton Highway birth is fatal for mother or baby or both".

Lindsay Hollingsworth (mother of 2): "I gave birth to my second baby in the back of her car on her way to Canberra Hospital when it became clear she would not make it in time. I said to [my husband] Aymon: 'You are going to have to pull over, I think I can see the baby's head. My husband was forced to play doctor while we waited for paramedics to arrive, relying on the advice of the triple-0 operator to get us both through the ordeal. Stories like mine are making women in the area reconsider having a baby. When women are giving birth we need to feel supported, we need to feel safe. It is very frustrating because when we look at the services that other towns our size in NSW

have, then we look at Yass, and we are told that it is not safe for Yass, and it is completely okay for women to need to travel”.

Rebecca Duncan (mother of 3): I found the constant travel I had to do between Yass and Canberra took its toll. I had a very fast birth with my second child and only just made it to hospital in Canberra. So with number 3, I was terrified of delivering on the Barton highway. I had what the midwives called a spurious labour, where the baby gives indications that it is coming soon but then the labour stops, so we had to go in and out across the border four times, 3 times in the middle of the night when my contractions were 2-3 minutes apart and lasting more than 1 minute. In the end, I asked to be induced because I was 6 days overdue, and it was just exhausting going in and out to try and avoid a roadside birth and manage the care of my other two children (aged 4 and 2 at the time). Lucky I did, because I had a 40 minute labour with my third baby, which is shorter than the time it takes to get to Hospital in Canberra”.

Sanae Pantou (mother of 1): “I was unable to be transferred to Canberra Hospital in time, and gave birth in Yass Hospital's Emergency Department, which is no longer equipped with specialist intrapartum care. There was this whole room of people yelling 'push' — it was like an episode of Grey's Anatomy. I suffered significant tearing, and the experience left a psychological mark. I felt slightly disconnected from Calvin for that first few weeks. I think it is because I tried to disconnect from the whole thing while it was happening because it was so scary”.

Conclusion

The New Yass Hospital with Maternity Working Group submits that the NSW Government must listen to the experts on rural maternity, much like they have done so successfully with the COVID19 response. We thank the Inquiry for considering this submission.

RANZCOG, RDAA, ACM and the National Rural Health Commissioner all say it is possible to deliver safe maternity care in rural settings, call for restoration of lost services and all oppose closure of rural maternity wards. Rural women and our families support our experts, and call upon the NSW Government to do the same.

Attachments

- SNSWLHD Clinical Services Review and Media Release, October 2020.
- Feasibility Plan for Midwifery Group Practice in Yass , September 2019.