FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

Inquiry into perinatal services

Bairnsdale — 7 December 2017

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Witness
Dr Elizabeth Boyd.
The CHAIR — The hearing now moves into an open forum. The session allows for members of the public to address the committee and to speak about their views and experiences at the perinatal services in this region. I welcome to these public hearings members of the local community. Thank you for attending today. We will hear some short statements of around 8 to 10 minutes just to keep within our time frames and to allow as many people to speak as possible. As I said before, we will try and let you speak. There probably will not be too many questions from the committee. It will be more about your contribution. I would ask members to consider that if they are going to talk about services or they are going to talk about individuals, they just have a think about what they are saying and putting on record and how it could have consequences.

All evidence at this hearing taken by the committee is protected by parliamentary privilege as provided by the Constitution Act 1975 and is subject to the provisions of the Parliamentary Committees Act 2003 and other relevant legislation. Any comments you make outside the hearing will not be afforded such privilege. It is a contempt of Parliament to provide false evidence. These proceedings will be recorded, and you will be sent a proof copy of the transcript; however, I remind you that whatever you say will be on record for everyone to see. Welcome, Elizabeth.

Dr BOYD — Thank you. I am Elizabeth Boyd. I have been a GP obstetrician in Bairnsdale for 30 years. I am now semiretired, but I was in labour ward over the weekend sort of helping out. I think one of the problems with Orbost is you are not going to attract one person, because these days people are not going to do 24/7, so you are probably actually looking for two GP obstetricians, and I think that is where the real problem lies — attracting two people.

I think Bairnsdale has a great obstetric service, and I think one of the really good things is that the midwives and the doctors work together and we try and get women-centred care. Obviously there are issues, and the big issue from my point of view is the issue of support. With GP obstetricians, inevitably we do occasionally have to work outside our level of competence. If you are faced with a woman at 9.5 centimetres pushing with twins, you do not have a lot of options, because she is safer to deliver in Bairnsdale hospital than on the road to Sale. Acutely, PIPER is very helpful. If somebody is in prem labour and you give them a ring — or if you have got a sick baby — it is great. Our problem is often the ones that are not quite that acute who need transfer but not transfer tonight. That can often be a bit of an issue, when you are ringing around several places.

I guess the other major issue we have is that as GP obstetricians we know our limitations. We try and stay within them when the women and babies let us, but we can only work efficiently and safely where we have got good support from obstetricians. That can be an issue. People at places like Sale have quite a lot of difficulty in attracting obstetricians, so often they are either extremely busy or they are short term or they are a locum. Short term and locum often have little idea of what GP obstetrics is about. They have often come from countries where GP obstetrics is not existent, and that can be quite a difficulty where you are speaking to people.

The CHAIR — Take your time, Elizabeth.

Dr BOYD — That is all right. Basically I think we have got a great service. I think — I might be wrong — that we deliver the most babies of any hospital in Victoria that does not have specialist obstetricians present. We have got, I think, a good track record, and I think we are working together to try and make it as women-centred as possible. The team midwifery model is working well. There are issues — and there is no easy answer — when one week we have two babies and one day you may have seven and how you allow for that in the staffing in a smallish environment.

With my other hat, which is that prior to KMS — the Koori Maternity Service — about 22 years ago we realised that Indigenous women were not accessing mainstream and it was not a very friendly place for them to access it, so I started going to GEGAC. Then that sort of morphed in the early 2000s into the KMS. I think that is a real positive. I think one of the good things now is that we have got the KMS, but they are also taking the women into the CBD, the Bairnsdale Regional Health Service antenatal clinic, which is probably a little bit less threatening than going to a mainstream clinic. It is where they can also have their ultrasounds. Hopefully we can get across so that it is not just the KMS and not knowing the midwives so that they can get to know the midwives a bit better. When we started they knew the GP, because I was almost always there, but that is less likely to happen now. I think it is really important that they do know the midwife that is delivering them.

I think the other great thing that we are working on at the moment is that although I am semiretired, I am also working at GEGAC occasionally because they have just lost their doctor.
The CHAIR — You do not sound retired at all!

Dr BOYD — And I do go to Omeo, so I can tell you how good a system Sue runs at Swifts Creek. We go down two days a week when we are up there to help out there as well.

The CHAIR — Hang on — how does this calculate out?

Dr BOYD — I am still working less than I used to. I think it is great that Warragul has really done well. About 10 years ago we thought we would be delivering babies in our Zimmer frames, because there was nobody coming through, but David Simon at Warragul has —

Ms BRITNELL — They do not know what a Zimmer frame is.

Dr BOYD — I had the experience of having to be helped up by the midwife because I could not get off the floor when I was halfway through a forceps delivery. That is the nearest I have got to a Zimmer frame.

David Simon has been producing very good advanced diplomates. Of the seven GP obstetricians in Bairnsdale at the moment, four of them have been trained by him, including my junior colleague Antoinette, who I think is also going to talk to you — she is the future — and there are others —

The CHAIR — No pressure, Antoinette.

Dr BOYD — We are leaving the place in good hands, but we are still happy to help out over the weekend when they are short of people. But that is what Orbost does not have, people to sort of relieve. It is a big ask to have somebody who feels really bad when they have to go away for a weekend. So I think one of the problems is that David Simon is now leaving for the Northern Territory, which is great for the Northern Territory. I think it would just be really good to have the people either in Warragul or Sale who are supportive, because I think that is the big issue, if we are not getting the support from the regional GP obstetricians, for lots of reasons. I am not blaming individual obstetricians. It is just that if they are only here for a short time and they are just trying to get into the system, it makes it quite hard.

The CHAIR — Thanks, Elizabeth. You pretty much provided a great summary for everything we have heard today in a lot of ways. How many years did you say you have worked in the field?

Dr BOYD — Well, I have been 30 years in Bairnsdale.

Ms McLEISH — As a GP obstetrician?

Dr BOYD — As a GP obstetrician.

Ms McLEISH — Could I ask a really quick question? You mentioned there were a lot of countries where they do not have GP obstetrics. Do you know what other countries do?

Dr BOYD — Well, in Britain they are rapidly disappearing. In Egypt, I do not think there is much GP obstetrics, and they are the Sale people have been coming from recently. Canada has GP obstetrics. A lot of countries have just general training of generalists. I mean, Australia’s is a great system, with the rural generalists training. I think the college of O & G after a fair bit of pressure over the last few years has realised that GP obstetrics is very important. The midwifery model — neither of us can work without the other, basically. But I think about 10, maybe a bit longer, the college of O & G realised that more than half the people who actually paid subs were GPs — we didn’t pay as big a sub as them — and they realised that they had to keep us on board, and they have been very supportive in the last few years. Because for a while there was that sort of thing of GPs would just be doing completely normal deliveries. Then they realised that you have to have people who can do caesars in the community because you cannot transfer people for a caesar 75 kilometres, especially if it is a caesar for fetal distress.

Ms BRITNELL — Meryn, the previous presenter, mentioned that she had been advertising, and you said that, ‘Well, you won’t get anyone for Orbost or the remote —

Dr BOYD — Sorry, I shouldn’t be so depressing, but chances are high.
Ms BRITNELL — No — unless she was to put two, because people won’t work 24/7. So there has definitely been a change over the last 10 years of the way a GP or any specialist will work now, as to 30 or 40 years ago. So getting two, in your opinion — because you are not the CEO in charge of the budgets — is it financial, do you think? Is the reason that you won’t not be able to afford that, or is it attracting a husband and wife or that sort thing?

Dr BOYD — It is probably attracting husband-and-wife teams. Don’t let any of them talk to my children, because we were a husband-and-wife team and there were several occasions where — it was the old days, when you could plant a child in the children’s ward for an hour while you did a caesar.

The CHAIR — Educational!

Ms McLEISH — Can you tell me: where do the women in Omeo birth?

Dr BOYD — They birth in Bairnsdale.

Ms McLEISH — They birth in Bairnsdale too?

Dr BOYD — Yes. But that has been going for a long time. Omeo has not had a midwifery service for over 20 years, I would say.

Ms McLEISH — And that is the furthest away birthing for Bairnsdale? That is further than Orbost, Mallacoota?

Dr BOYD — It is further than Orbost and Mallacoota. It is not just the Omeo people. It is the people at Benambra or Gibbo River —

Ms McLEISH — Dinner Plain, you mentioned, too.

Dr BOYD — which are further away.

Ms McLEISH — So how far is that?

Dr BOYD — If you’re in Gibbo River you are probably 2½ to 3 hours from Bairnsdale.

Ms McLEISH — So you plan your trip.

Dr BOYD — You plan your trip.

Ms McLEISH — You plan the week or whatever.

Dr BOYD — And it is an incredibly twisty road. I do not know if you have travelled it, but an ambulance cannot do it at 60 consistently because it is a 40 limit on a good night.

Ms McLEISH — It is sealed all the way?

Dr BOYD — It is now sealed all the way, which is great.

The CHAIR — I have heard a motorbike can, though.

Ms McLEISH — With a pregnant woman on board?

The CHAIR — Unless there are any other questions, thank you so much, Elizabeth.

Dr BOYD — Thank you.

Witness withdrew.