




Speech By  
**Hon. Cameron Dick**

**MEMBER FOR WOODRIDGE**

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Record of Proceedings, 4 June 2015

**MOTION: OBSTETRIC SERVICES**

 **Hon. CR DICK** (Woodridge—ALP) (Minister for Health and Minister for Ambulance Services) (6.23 pm): The government is pleased to agree with the motion and, on a personal level—as much as members opposite have tried to persuade me—the reason I am supporting this motion is that my mother was a maternity nurse and midwife. She was a triple certificate nurse and she was very proud of her service as a nurse. My mother would expect me to do nothing less tonight. Therefore, I am pleased to agree with the motion. I also want to acknowledge the speakers in the debate, particularly the contributions by the member for Bundaberg and the member for Brisbane Central talking about their personal experiences, as did the member for Warrego. Two-thirds of the speakers in this debate on the Labor side were women and that shows the change in our party where we have a majority of women in our cabinet and the strong voice of women in our caucus. The women of our party are not slow to speak up on this very important issue and it is pleasing that two-thirds of the speakers in this debate from the Labor side were women.

The ALP of course has a very proud record in establishing what this motion calls low-risk birthing facilities. I understand that trends in modern birthing have changed over the years, but many women want a more informal midwife centred approach but with the assurance of an operating theatre and full hospital facilities close by. There was a strong community demand for such facilities and we are able to respond to that demand where it is safe to do so, and I will say more about that later. Last month I attended the birthing centre at the Royal Brisbane and Women's Hospital with the member for Brisbane Central, but under various ALP governments birthing centres were opened in Brisbane, the Gold Coast, Mackay, Cairns, Toowoomba and Townsville. When I was in Toowoomba some three weeks ago I opened an expanded and redeveloped endoscopy treatment facility. That hospital in Toowoomba includes the birthing centre which came about as a result of the commitment made in 2009 by the then member for Toowoomba North, Kerry Shine. He received many delegations recommending the centre from the maternity coalition and once again we had an ALP government—the Bligh government—listening to the community and responding to its concerns.

While I share the enthusiasm of those opposite for having low-risk birthing services available as widely as possible around the state, as the member for Southern Downs would know it is not an easy option. Currently, there are 123 hospitals and health clinics in Queensland where less than 20 children were born in each of those hospitals and clinics last year. That would seem to indicate that they do not have dedicated birthing services. As the speakers in this debate have said, you wonder why they have chosen these particular communities. Low-risk birthing services can be very expensive indeed. The cost to deliver safe birthing services can be very expensive, but I am pleased to note that this motion recognises that antenatal and birthing services should only be established where it is safe to do so, and that is a sensible thing. One of the factors relevant to the establishment of clinical services at any health facility is the volume of services that are provided at that facility. It can be risky—in fact, dangerous—to patient care if clinicians are not conducting procedures, services or treatments in sufficient numbers to ensure ongoing and consistent safe clinical practice. I will always

put patient safety first and this will impact on the nature and extent and establishment of any clinical services that are set up at any clinical health facility in Queensland. The women and children of Queensland not only deserve the best care; they deserve safe care.

This motion also talks about re-establishing services—again, a very important aspect of this motion. Some 4,800 staff were taken out of our health system under the LNP government, including 1,800 nurses and midwives. In the community that I serve, there was the cancellation of midwifery services in the city of Logan. Community midwifery clinics where low-risk women could attend appointments—exactly the sort of women identified in this motion—were closed in Eagleby, Beenleigh, Springwood, Crestmead in the electorate of Woodridge, Browns Plains and Logan Central in the electorate of Woodridge. Those services would not be provided to women in those communities as they were under Labor governments, and what a very sad thing that was. We will look to re-establish services for all Queenslanders—not just in regional Queensland but across the state. Funding of those services will be critical.

Other members of the parliamentary Labor Party and other members in this debate talked about the cost of services. Of course, if \$11.8 billion is ripped out of the health system in Queensland it will become exceedingly difficult to deliver services in local communities for local people throughout Queensland. We will deliver safe services, but we will do it where we can afford to do it properly. It is a shame that those members opposite cannot see the problem with \$11.8 billion being ripped out of the Queensland health system as it will over the next decade which will impact how we deliver services across our state, including birthing services.