




Speech By
Dr Christian Rowan

MEMBER FOR MOGGILL

Record of Proceedings, 4 June 2015

MOTION: OBSTETRIC SERVICES

 **Dr ROWAN** (Moggill—LNP) (6.10 pm): I rise to speak in support of the motion for restoring rural birthing and other health services in Queensland. Low-risk birthing services in rural communities such as Yarrabah, Mossman, Charters Towers and Cloncurry are vital. Rural birthing services are not only a fundamental right for rural women but also an ethical obligation on the Queensland state government to deliver.

Universal service obligations for basic service delivery such as rural birthing are vital for those in rural and regional Queensland. For years under successive Labor governments in Queensland rural birthing services were allowed to wither on the vine—years such as those Labor government years under the tenure of former health minister and former member for Mount Coot-tha Wendy Edmond. The Rural Doctors Association of Queensland, the Maternity Coalition, the Australian College of Midwives, Queensland branch, the Statewide Maternity and Neonatal Clinical Network and the Statewide Rural and Remote Clinical Network have all worked hard over recent years to develop sustainable clinical models which are able to be implemented and which work. The LNP government successfully reopened birthing services in both Beaudesert and Cooktown—a great achievement of those communities based on sound, evidence based public policy.

I am a former president of the Rural Doctors Association of Queensland and therefore I understand probably more than many members in this place, both professionally and personally, the vital nature of these services. I know Dr Tash Coventry, the incoming president of the Rural Doctors Association, and what birthing has meant for her personally, not only in her community but also for the community of Cooktown. I will give some other real examples.

I graduated from the University of Queensland in the 1990s and was posted as a Queensland Health rural scholarship holder to the position of medical superintendent with the right of private practice in Mungindi. In those communities you provide cradle-to-grave care. I would encourage all medical and health graduates to take up some rural experience in their career. In relation to the maternity service there, I was asked to provide antenatal and postnatal care, but women in that community were booked in to birth in either St George or Moree. As many would appreciate, in the final weeks of pregnancy women are often required to attend on a weekly basis. Therefore, people had to undertake significant travel.

Mungindi was and is still a closed rural maternity unit for low-risk birthing, so for those travelling women there is prolonged travel involved, personal distress and family disruption occurring if they are required to live in another town for prolonged periods due to medical complications such as preeclampsia or gestational diabetes. There are greater financial costs and potentially delayed and jeopardised obstetrical outcomes leading to higher caesarean section rates if women are unable to access a local birthing service.

To give another example, one of my Indigenous patients, who will now have to pay higher car registration costs come 1 July, at 36 weeks was involved in a single-vehicle accident while travelling to a final obstetric appointment review in another town because of the loss of the routine obstetrical

low-risk birthing service in Mungindi. Another lady was the baker's wife, who spent many weeks having to live in Goondiwindi simply because she could not access a low-risk birthing service in her community. Unfortunately, one night she came back to Mungindi—or maybe fortunately—and ended up delivering there. But without all of the required equipment or staff to deal with emerging complications it was certainly a nail-biting situation.

Even when I was the medical superintendent of Oakey hospital and my wife, Jane, was pregnant with our son Angus, I and my family experienced firsthand the circumstances many rural families face with respect to not being able to access integrated local birthing care.

Mr SPEAKER: Member for Moggill, one moment, please. Members, there is a lot of chatter.

Dr ROWAN: Providing health care in the antenatal, birthing and postnatal periods in local rural communities for their residents is not only socially and economically important, it is the right thing to do. There is significant clinical evidence that high standards for both mothers and their newborns can be maintained. Failing to reopen rural maternity units leads to poorer access to care for rural women in Queensland.

In health, the Labor Party has a rotten track record of clinical and corporate governance. They need to do more in relation to birthing services in rural communities. This House and the Labor Party should vote in favour of supporting rural birthing services, rural families and rural communities, and they should continue with the rebuilding of other rural health services started by the previous LNP government. I support the motion.