




Speech By
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MEMBER FOR MOUNT OMMANEY


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HEALTH AND OTHER LEGISLATION AMENDMENT BILL (NO. 2)

 **Ms PUGH** (Mount Ommaney—ALP) (4.28 pm): I am so proud to rise in the House and support this bill today, especially the provision about counting babies. I remember speaking to the nurses union about this years ago. I remember thinking as a new parent just how much sense this made to me. We all know that birthing in a hospital has changed a little bit over the years. Back in the 1980s, when I and many of my cohort were born, our parents would stay in hospital for several days, especially if they had had a C-section or an emergency C-section. That was very common for new parents. Now the general procedure is that many new parents return home relatively quickly. They are keen to sleep in their own bed and they want their baby to meet their siblings and family members at home in more comfortable and relaxed surroundings.

That means there are many things that have to occur in the short time that babies and new parents are in hospital. That is why it is so important that both the parent and baby are counted as patients. Nurse-to-patient ratios count babies as patients because they are. This is only right when you consider the many medical procedures that babies experience in their first 24 hours in hospital. They have heel prick tests, they have their wet nappies checked to make sure they are eating enough and they have hearing tests. When you think of the new parents: they often have stitches; they are establishing feeding routines; they are learning how to bathe the baby for the first time; maybe they need help to shower if there has been an epidural and that is still wearing off. Let's not forget about the physio popping by to talk about recovery, and of course there is a chat about pain relief.

This is not an exhaustive list of all of the treatments new parents and babies receive, but it does give a bit of a flavour of just how busy midwives and the nurses who care for babies and parents on the ward are. In relation to home checks that midwives do, it is worth noting that care for both mum and bub continues. It was a home midwife who detected the jaundice that my little Elyse had after she was born. Patient safety is paramount, and having ratios will only increase safety and care for patients in our hospitals. New parents and their babies, whether the baby is born healthy or born still, deserve the best care we can possibly give.

 **Ms PUGH** (Mount Ommaney—ALP) (4.51 pm), continuing: Just before the break, I was speaking about the very important 'counting the babies' nurse-to-patient ratios and reflecting on the changing experience that parents are having in the hospital around the increased workload that midwives and nurses have been experiencing because of some of the fantastic new healthcare checks that have come in since members of this House were babies, and now as we experience our own maternity care, the fantastic work that they do. As I said, patient safety is absolutely paramount for our littlest humans and our parents as well—all parents and their babies, whether they are born healthy or still; they deserve the best care that we can possibly give.

I will turn briefly now to the amendments to the Termination of Pregnancy Act. This is a very important part of the act and, certainly in the years since termination of pregnancy in Queensland was taken out of the Criminal Code, we have had a number of years to observe how this change in legislation has, in real terms, impacted on the health choices of women. We on this side of the House, and certainly myself, have all supported this part of this particular change in the Health and Other Legislation Amendment Bill. To me, it is very important to recognise that although we have legalised termination of pregnancy, it has not necessarily translated to easy access for every Queensland woman. Indeed, in rural and regional Queensland, it has not been as easy to access that medication sometimes. I have noted the contributions of some other speakers. I do want to note that this medication, like all medications, of course carries risks, but it is a generally safe medication, and that is why it is able to be prescribed in Australia and in Queensland. MS-2 Step is routinely prescribed to end a pregnancy early on, and these provisions in the legislation will improve access to safe termination-of-pregnancy care in Queensland. All women across Queensland deserve access to the same health care, to equitable health care, and that is why I support these provisions. I think they are incredibly important.

As I said earlier, I am also very proud to support the 'counting the babies' changes as well because I think that is just so important. It is also important, as I said earlier, to recognise the parents of babies who are born sleeping, and the fact that just because they do not get to take a baby home from the hospital with them, it does not mean that they do not still have needs. Those needs can be medical, they can be mental health support needs and they can be emotional, and they can go on for quite some time. I acknowledge the members of the House who have spoken about their journey, including yourself, Speaker, with pregnancy loss. I commend them for their courage.

With the indulgence of the House, I want to very quickly wish my grandparents, Murray and Margaret Pugh, in New Zealand a very happy 70th wedding anniversary today. I am absolutely in awe of their union. Happy 70th wedding anniversary. I am so sorry I cannot be there with you, but I love you both very much.