



# LEGISLATIVE ASSEMBLY

FOR THE AUSTRALIAN CAPITAL TERRITORY

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STANDING COMMITTEE ON HEALTH, AGEING AND COMMUNITY SERVICES

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## Submission Cover Sheet

Inquiry into Maternity Services in the ACT

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## **Submission to the Committee on Health, Ageing and Community Services: Inquiry into Maternity Services in the ACT**

Good afternoon

In light of this inquiry I would like to raise some opportunities for improvements to maternity services in the ACT.

### **Barriers to accessing maternity services at Calvary Public Hospital**

I live on the northside of Canberra and after finding out I was pregnant in May, I was pleased to discover I would be able to access the newly refurbished maternity unit at Calvary Hospital for my maternity care. Due to a medical condition, I was at increased risk of pregnancy complications and it was explained to me early on that if the baby required intensive care after the birth, due to the regular overcrowding at Centenary Women's Hospital, a situation could arise where my baby could be transferred to Centenary Women's Hospital while I remained a patient at Calvary Hospital. I found this very concerning, as did my husband who expressed what a difficult position he could be put in if our baby required time in the NICU, as he would have his wife recovering at one hospital and his unwell newborn baby at another. On this basis, we added ourselves to the waitlist at Centenary Women's Hospital. On its own, this is a very significant and valid reason for women who live on the northside of Canberra not to choose to have their baby at Calvary Hospital due to the risk of being separated from their newborn baby.

Having not yet heard from Centenary Women's Hospital, I commenced my care at Calvary at 16 weeks, however at 18 weeks I developed gestational diabetes and despite managing to control the diabetes with diet and exercise for several weeks, I eventually needed to commence on insulin at 24 weeks.

I was very disappointed to learn that once I commenced on insulin, Calvary Hospital could no longer deliver my care and I would be transferred to the Centenary Women's Hospital for the remainder of my pregnancy. The reasons for this were due to there not being the relevant services at Calvary to support the level of care required (namely a NICU, Neonatologist, Endocrinologist). At my diabetes education session I learnt that every single week in Canberra there are around 30 women diagnosed with gestational diabetes and up to 50% of those women will require insulin to manage the condition during their pregnancy. Currently, every week in Canberra, all of those women who commence on insulin must access their maternity care at the Centenary Women's Hospital, regardless of where they live.

This not only represents a disruption in care (I had a longer wait between antenatal appointments as a result despite having a high risk pregnancy) and lack of care continuity for those previously receiving their care at Calvary, but a substantial missed opportunity to

address the increasing demand and strain being placed on the maternity services at the Centenary Women's Hospital. The obstetrician I saw at Calvary prior to my care being transferred expressed frustration that historical discussions about establishing the necessary services at Calvary had gone nowhere, all while they were increasingly transitioning patients out of Calvary to the much busier and strained services at Centenary Women's Hospital.

### Continuity of Midwifery care

Finally, despite a strong evidence base in Australia and overseas (refer to The Australian College of Midwives summary of evidence publication), access to continuity of maternity care in the ACT remains limited and there is a long waiting list to access the continuity (CATCH) program. Improved maternity services across the ACT should reflect the established current evidence base and should be accessible to all pregnant women in the ACT.

<https://www.midwives.org.au/resources/continuity-care-summary-evidence>

### Opportunities for improvement

It is unreasonable to expect women who live on the northside of Canberra to utilize the new maternity unit at Calvary Public Hospital in Bruce when there are still some significant service barriers that need to be addressed. Given the potential positive impact on future demand for maternity services at the Centenary Women's Hospital and the established evidence base for continuity of midwifery care models. On this basis I would like the inquiry committee to consider recommending:

1. The establishment of a Neonatal Intensive Care Unit at Calvary Hospital so that women who live Northside considering where to have their baby do not have to consider the possibility of being separated from their newborn baby if their baby requires intensive care after birth.
2. The establishment of the necessary clinical services at Calvary Hospital to enable the hospital to continue providing the necessary care to women who need to commence on insulin for gestational diabetes and their babies.
3. The establishment of continuity of midwifery care across all maternity services