

**MEDIA RELEASE
12 OCTOBER 2016**

MUMS AND BABIES AT RISK IN PUBLIC HOSPITALS

The safety of Queensland mums and babies is being put at risk in the public hospital system with a concerning trend towards midwife-only care during pregnancy and birth.

AMA Queensland President Dr Chris Zappala said research revealed that women giving birth under midwife-led care had twice the rate of perinatal mortality* as those under obstetrician-led care¹.

He called on Health Minister Cameron Dick to urgently reverse the midwife-led trend across the public hospital system to protect Queensland mothers and their babies.

“Obstetricians are increasingly being called in *only* when a labour problem becomes serious or life-threatening, and are then expected to shoulder all responsibility for the outcome of the birth,” Dr Zappala said.

“This is despite significant evidence that mother and baby benefit from specialist care throughout the entire pregnancy, so that possible complications can be identified and mitigated at an early stage.

“The facts speak for themselves – in Queensland, the public system has a perinatal mortality rate of 11.1 per thousand births.

“By contrast, the private system – with an obstetrician-led model of care – has a rate of 7.4 per thousand births²”.

“We don’t want to take away a woman’s right to choose how she wishes to give birth but we do want to make sure that birth has the best possible result for both mother and child.”

AMA Queensland will today deliver a set of recommendations to Mr Dick on improving the way the public hospital system cares for Queensland mums and babies.

The recommendations follow a recent, independent report into maternity services at the Rockhampton Base Hospital which revealed four serious incidents last year, including the death of a baby.

The proposed changes call for obstetricians to resume the lead role in the care of pregnant and labouring mothers, supported by trained midwives.

“It is vital that expectant parents throughout Queensland have confidence in the public hospital system’s ability to deliver their new baby into the world,” Dr Zappala said.

Obstetrician Dr Gino Pecoraro said multiple studies showed obstetrician-led care resulted in better outcomes for both mothers and babies.

“As an obstetrician, I recognise and respect the important role that midwives play in providing quality care to expectant mums but we can’t have a public health system that puts maternal and baby health at risk,” he said.

“The prevailing belief in some circles that obstetricians do not need to oversee ‘low risk’ pregnancies is incorrect.

“Even in ‘low risk’ pregnancies, almost half will require obstetrician assistance to deliver the baby safelyⁱⁱⁱ.”

Dr Pecoraro said that obstetrician-led care also resulted in higher Apgar** scores.

“Since 2010, we have seen an increase in the number of babies with poor Apgar scores in the public hospital system, although the rate has remained stable in private hospitals.

“These outcomes are independent of socioeconomic factors^{iv},” he said.

National Association of Specialist Obstetricians and Gynaecologists (NASOG) President Dr Gary Swift said the end goal was delivering better health outcomes for women and their babies.

“All expectant mothers should be able to access affordable specialist obstetric care,” Dr Swift said.

“This discussion paper provides a framework for obstetricians and midwives to work together to deliver high quality maternity health care within Queensland’s public hospital system.”

The model of care proposed by AMA Queensland recommends that obstetricians:

- Review all new patients at their first antenatal visit at a public maternity service, prior to midwifery consult.
- Review all patients on admission to labour suite for risk analysis and documentation.
- Review and examine all labouring patients every four hours.

In addition, it recommends better communication and involvement with the patient’s regular GP.

MEDIA CONTACT: Anita Jaensch, Sequel PR – 0403 090 911.

* *The World Health Organisation (WHO) defines perinatal mortality as the number of stillbirths and deaths in the first week of life per 1,000 total births. The perinatal period begins at 22 completed weeks of gestation and ends seven days after birth.*

** *Apgar is a quick test performed on a baby at one and five minutes after birth. The 1-minute score determines how well the baby tolerated the birthing process. The 5-minute score tells the doctor how well the baby is doing outside its mother’s womb.*

ⁱ Permezel, M, Milne, KJ. Pregnancy outcome at term in low risk population: Study at a tertiary obstetric hospital. *Journal of Obstetrics and Gynaecology Research*. 2015 Aug; 41 (8): 1171-7.

ⁱⁱ Queensland Maternal and Perinatal Quality Council. *Queensland Maternal and Perinatal Mortality and Morbidity in Queensland Report 2015*.

ⁱⁱⁱ Australian Institute of Health and Welfare. 2016. *National Core Maternity Indicators Stage 3 and 4 Results from 2010-2013*.

^{iv} *ibid.*