

TRANSCRIPT

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

Inquiry into perinatal services

Melbourne — 27 November 2017

Members

Mr Paul Edbrooke — Chair

Ms Cindy McLeish — Deputy Chair

Ms Roma Britnell

Dr Rachel Carling-Jenkins

Ms Chris Couzens

Ms Maree Edwards

Mr Bernie Finn

Witnesses

Ms Ofri Marton, and

Mr Steven Kennedy.

The DEPUTY CHAIR — The hearing now moves into an open forum, and this session allows for members of the public to address the committee and to speak about their views and experiences of perinatal services in Victoria. I welcome to these public hearings members of the local community, and thank you for attending here today. We will hear short statements so please keep your comments to about 8 to 10 minutes to allow as many people who wish to speak as possible to do so.

All evidence at this hearing taken by the committee is protected by parliamentary privilege as provided by the Constitution Act 1975 and is subject to the provisions of the Parliamentary Committees Act 2003 and other legislation. Any comments you make outside the hearing will not be afforded such privilege. It is a contempt of Parliament to provide false evidence. These proceedings will be recorded and you will be sent a copy of the transcript. Could you please introduce yourselves and begin?

Ms MARTON — My name is Ofri Marton. This is Steven Kennedy, my partner, and this is Rory, our little one. He is three months old. I made a submission to the inquiry back in July about my experiences with the perinatal services, and in particular the accessibility of affordable services, specifically in terms of ultrasound scans and blood tests that are very mainstream and recommended by all care providers. I also addressed continuity of care in terms of the caseload of midwives. I am aware that you have that submission in writing so I will not repeat it. I will just give you a little bit of a personal view.

Thank you very much for the opportunity to come and speak in front of you today. This is the first child for both of us. Neither of our immediate family or relatives live nearby. My family is overseas and Steven's family is interstate, so despite both of us having nieces and nephews we have not had the opportunity to really absorb much about the process of pregnancy before I fell pregnant. Everything was pretty new and unknown, mostly.

I was very excited about the pregnancy — we both were — and I could not wait for the first midwife appointment. I saw my GP a few weeks into the pregnancy and he gave me a referral to the hospital, and I thought I was going to see a midwife straight away before the 12-week scan. For some reason I thought that the midwife would organise the 12-week scan. Maybe I thought this because this is how it worked back where I come from, which is Israel. I have been here 12 years. My sister has got three little ones, and I thought that possibly would occur because over there that is how it works. I was a little bit disappointed that I could not see a midwife straight away. I called the hospital and they said that I could not see a midwife until 16 weeks gestation. I thought, 'Oh, that's a bit late', and I had to organise the 12-week scan on my own. I did not know any obstetricians and I had to just find one on Google.

It felt a little bit disjointed, I guess, seeing my GP and then finding a private obstetrician just on Google and then waiting for midwifery care later on, which is what we were really hoping for. When we went to the obstetrician, everything went well but it was pretty dry, just checking that there was a heartbeat and recommending that we do this really important blood test for chromosomal abnormalities, which was \$384 but it was recommended as well worth it because it is the best test there is out there. When we finished the appointment, it was \$285. I guess I was not prepared for that, maybe because back where I grew up these things were free or very much subsidised, and there was only a \$60 Medicare rebate for that day. I realised that things were going to be quite different financially for us than what I expected.

In the five weeks I waited for the midwife appointment I googled most things about pregnancy, diet, health et cetera, and there was some conflicting information on Google obviously. I did not actually have time to see my GP that much because I was working full-time and long hours, so I found myself calling the Nurse on Call line sometimes to find out information. For example, I did not know I was not supposed to eat those salad leaves wrapped in plastic or have the soft serve at McDonald's. I felt a bit silly not knowing these things, but I guess we did not come across it because we just did not have any immediate friends who had had babies recently.

The point of that I guess is how disconnected we felt from prenatal care. The main person we saw was this private obstetrician, who was very expensive and who we did not expect to see again. We looked forward to that midwife appointment at 16 weeks and we looked forward to discussing pregnancy and the labour process, but the appointment was mostly paperwork and taking my blood pressure and fetal heartbeat, which is important but I guess all the appointments thereafter were mainly about taking my blood pressure and fetal heartbeat. I was provided with some leaflets, but there was no time or place for discussion about the whole process. There was a hospital full-day education class, which again was an out-of-pocket expense of \$200. It was very helpful, and for the rest of the stuff we ended up resorting to Google. We also ended up working with

a doula privately, who was extremely helpful. She had invaluable knowledge and understanding for us, and we also came across a two-day course that was called Calmbirth, and that was amazing, that was fantastic.

The reason why we wanted a doula was that we wanted continuity of care, especially from mid to late pregnancy and throughout the birth, which was not available in the public system. We did not have the same midwife, I guess, and just having the doula was invaluable — just a familiar face and someone who I was connected with, and that was extremely comforting. But again that came at a cost. The doula was \$1500 and the Calmbirth class, which I would recommend to every parent, was \$400. These costs are not covered by Medicare or even our private insurer, so I guess I wondered why this type of information — a lot of it was quite basic, but not basic for us — this great knowledge and research that is out there, was something that we just did not know about. We wondered why the information could not be covered by the midwives or the hospital medical care.

In my work I am a social worker and I work at child protection. I guess I felt sad for mothers or couples who could not afford these services that we were fortunate enough to be able to afford, but it was still challenging for us and we were on full-time salaries. With continuity of care we know that it improves outcomes for babies and for mothers and it decreases interventions, and so I guess we were maybe surprised that there was not more of that available. We feel that the public system could be more supportive of parents. It is a very challenging time of parents' lives, so there could be more room for support.

The DEPUTY CHAIR — Thank you very much.

Mr KENNEDY — I wanted to add something; is that okay?

The DEPUTY CHAIR — Sorry, I thought you were together. I think we are down to 7 minutes for everybody now.

Mr KENNEDY — I will be very quick. It is that kind of thing that I want to talk about, that the fathers are generally excluded in these matters. I think societal values have changed over time, and support systems are just not keeping up with that change in that Zeitgeist. I think there is no support network for fathers. There are historical cultural things for females who are having babies. Ever since the age where they can understand that they are going to have that power to give life they are taught a little bit about parenting, childbirth, that kind of thing, whereas men do not even have fathers to rely on. Our fathers — at my age, at least — were not in the birthing suite.

I think society now is kind of changing into a situation where men are not only expected to be more involved in the birth process, the pregnancy, but we actually want to. There are a lot of men who do want to, and there is not as much support. We cannot really rely on friends for support either. There is still this kind of, I guess, stigma around men being involved in birth and being there, not only from their own peer group but in situations in the medical fraternity as well, where I have felt somewhat excluded sometimes. Particularly at a more structural kind of societal level from government, there is nothing that I was aware of where there was support for fathers. We had a caesarean, and he ended up in —

Ms MARTON — Special care.

Mr KENNEDY — special care for two days, and no-one asked how I was doing. It would have been really nice for someone just to come along and say, 'Hey, we realise that you're looking after two of your dearest right now. How are you doing?'. I was a little fortunate that I am able to process these things, but I think that maybe that would cause some problems down the line for people who want to kind of —

I mean, I broke down when he was in care and I really lost it in the room, but all they said was, 'Oh, dad's losing it. Do you want a cup of tea?'.
I mean, I broke down when he was in care and I really lost it in the room, but all they said was, 'Oh, dad's losing it. Do you want a cup of tea?'.

Ms MARTON — To put it in context, I was at risk and he was at risk, and then Steven ended up seeing some of the actual caesarean operation. It was a bit traumatic.

Mr KENNEDY — Yes. So I guess there are two points there. There is where there is trauma for the male, and he has to look after the baby — well, he has got those emotional kinds of challenges going on, not only with the mother but also with the child — so it is just a bit of background support. I think it is the role of government to kind of drive this change, and the only way that men will be respected in this world is if it comes from some

kind of government process where we see a future with a feeling, kind of forward thinking kind of attitude towards dads being more involved in not only childbirth but also in parenting.

The only thing that I came across was this thing called Beer and Bubs, and again that is —

Ms EDWARDS — Called what?

Mr KENNEDY — Beer and Bubs. It is men going into the pub, and that in itself —

Ms EDWARDS — Bubs in pubs.

Mr KENNEDY — Bubs in pubs. It is actually for fathers to be. Okay, that is something at least, but again it is kind of downscaling the importance that fathers can. Well, men can too, you know, and we do want to be involved. I went along last week to tell my story — our story — as a guest presenter, and the men in that room were hungry for information. When I told my story it was really well received and they were very appreciative — not only appreciative, but they really wanted to know how it was for me in order to let them know how it would be for them. They have never heard birth stories. Men do not tell birth stories in this country. That is pretty much all I had to say. It is just about including men more in a more structural kind of way.

The DEPUTY CHAIR — Thank you very much.

Witnesses withdrew.