T R A N S C R I P T

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

Inquiry into perinatal services

Bendigo — 24 October 2017

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Witness

Ms Gabrielle Gamble.

The DEPUTY CHAIR — Hello and welcome. Could you please state your full name for the record?

Ms GAMBLE — I am Gabrielle Gamble, and I am a proud Aboriginal woman of the stolen generation. Before I start I would like to pay my respects to the Dja Wurrung traditional owners. I can only speak for the Aboriginal community; that is my main focus today. I cannot speak for them but I can give you my interpretation. I did not come here thinking that I would be sitting addressing you ladies, but I feel from a personal perspective and as an elder within the community who represents the community in a number of different areas within health in a voluntary capacity, having been part of the stolen generation and also having personally experienced the death of an infant not long after birth some many years ago, that our system today needs to work in a holistic way and look at where the Aboriginal women have come from and how they have been excluded from health care up until recently, because the impact of that society is still paying for. Now we would like to get our younger mums to come into our services early — really, really early — with the knowledge that they would have the ability to have face-to-face contact with one midwife right throughout the pregnancy. This swapping and changing with midwives and medical clinics is not a safe environment for them, bearing in mind that there would be quite a few coming in from maybe not a safe environment at home.

Also a lot of consideration needs to be given to the kinship and who makes decisions within the family about the babies, about the mums, and where they are going to have them. It is not necessarily the next of kin. If there was to be a sad outcome, it is not necessarily the mum that would be making the decisions, or the partner. It may be the aunt, further down the line within the family structure. That is kinship. A lot of times the health services are unaware of the cultural aspects of dealing with sorry business with these young mums. Quite often the young mums are at a loss anyway. I feel we need to look more into assisting our health services and ancillary services, such as the services that have provided information today, from conception through to Graham Fountain and the Remembrance Parks, which I work with, from start to finish. We really do need to take in the cultural aspect so the sorry business is dealt with, and it is not going to be dealt with 40 years down the track when mum realises, 'I did have choices, but nobody told me'.

I am harping on the negative outcomes, but once an infant dies and is still in the care of the hospital, that is a moment in time when, once that baby is removed, you have lost the opportunity to give that mum and her partner and extended family the ability to culturally deal with this sorry business and to give the options. As hard as that may seem, I believe there should be counselling offered with the options, particularly for the Aboriginal women.

There are a lot of the stolen generations that I know who have had babies with no family support and are suffering even now. They are coming from low education. They need to be nurtured right through their pregnancies and delivered at the end with their bubs and then ultimately at the end followed up with their beautiful little bubs, but all within the one setting, not a whole plethora of services and departments within a hospital. The best outcomes are when an Aboriginal woman can go with one person on that journey right through the system to the end. Then you are likely, particularly with the younger mums, to keep them within that service and their follow-up appointments because that trust and level of safety has been established with one person.

I think there is a program that Bendigo Health run. It is one midwife to one mum that runs through. It is highly sought after, and it is by luck if you get it. It goes across the board for non-Indigenous and Indigenous women. For Indigenous bubs and for closing the gap, it needs to be, I would say, a priority from a community perspective that a young woman starts her journey with one health worker and follows through right to the end with referrals. As BDAC mentioned this morning and MDAS mentioned this morning, the referrals are sometimes hard, and the larger the health service, the harder it is for that particular service to manage the closing of the gap and the asking of the question, 'Do you identify?'. It can get lost, and the statistics that we have I believe are not representative of the true numbers of Indigenous presentations in maternity services. A fully coordinated look at how we collect that data and how we put it together would be beneficial for the government to look at in terms of allocating funds and where the Indigenous problems lie in terms of closing the gap. Sorry; I rambled a bit.

The DEPUTY CHAIR — No, you did not. Thank you very much for your presentation.

Witness withdrew.