

TRANSCRIPT

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

Inquiry into perinatal services

Mildura — 9 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

Witness

Ms Cheree Jukes.

The CHAIR — Welcome, Cheree. Did you hear what I was just saying before?

Ms JUKES — Absolutely.

The CHAIR — No worries. Take it away.

Ms JUKES — I previously decided not to say anything, but after listening to others I have changed my mind, so I will not be as well put together as they were. There are probably three things I want to talk about. One is around the social disadvantage that exists in this town; 26.8 per cent of our community members in the Mildura LGA survive on a household income of less than \$650 a week. This is poverty that is growing. It is not getting less. When there is so much household financial pressure and a woman has to choose between an ultrasound and putting food on the table for her children, she chooses food. It is not that women do not want to access antenatal care; it is that there are significant social barriers.

The family violence rates in this town are astronomical, and that directly correlates to the extremely high rates of teenage pregnancy that we have. Many of these women, and I am not speaking for all of them, have already disengaged from the community, and pregnancy and being a mum is a pathway out of a situation that is much, much worse for them than being a teenage mum. Being a teenage mum for them is actually something wonderful and provides safety, security and connection that they have never experienced before. While our community continues to target teenage pregnancy, it breaks my heart every time when I think that this is actually a pathway and sometimes the only pathway.

Out-of-home care rates are also astronomical — three times the state average. As Kimberley Sleeman alluded to, unborn reports are made, but the planning for the discharge and the ongoing care of that baby does not happen until after the baby is born and there is an absolute lack of communication between service providers. We can be commencing planning nine months prior and helping that mum to have the best chance to support her family and get some early intervention in place, but if we leave it until too late, that woman has even less choices than she has ever had before.

The other thing I want to speak about is service delivery, and the first thing is choice. I will make it clear at this point that these are my own thoughts and not representative of any organisation.

The CHAIR — Yes, Cheree. That was my next question. Have you got a role in the community with perinatal services; are you representing someone?

Ms JUKES — No.

The CHAIR — It is just from your experience.

Ms JUKES — This is just from my experience. I happen to be a midwife who is no longer practising as a midwife. I have lived in this town for a very long time, so I do have quite a bit of contextual expertise around what is happening here.

The CHAIR — Sure.

Ms JUKES — Women have an absolute lack of choice and that is multifaceted. The lack of choice for women is also lack of choice for midwives. Starting with the women, there is really one model of care, apart from the private public aspect. You cannot choose a different place to birth your baby, you cannot choose between a different style of care or a model of care. There is practically no choice. The quality of care is obviously impacted by a number of things. In Mildura we are a small regional hospital, and we rely on the clinical pathways of usually larger tertiary centres, which may or may not take our contextual situation into account, and they may not serve us well.

Speaking about medical staffing, the rosters that I have seen some doctors working are astronomical. They are so tired and they are stressed, and there is also a lack of supervision, simply because the supervision is not there.

For midwifery staffing, there is a lack of CPD or workforce development opportunities here locally. We are expected to travel to Melbourne or to Bendigo to access opportunities, and when the majority of the workforce are part-time women with families of our own, travelling for workforce development is a real barrier.

Many of us are generalists, not specialists, so if there is a specific thing that you or your baby needs, we may or may not have the expertise to deal with it. As was alluded to, there is a threshold to transfer women and babies, but the reality is, if it is an August morning and the fog has rolled in, we cannot transfer you and your baby. The thresholds that are now put in place mean that it is a lower threshold for transfer, which means skill levels continue to deteriorate, but the reality is we may or may not be able to get you out. So I think there is a better way of doing that. I think we need to up the skill, because we cannot rely on tertiary centres all the time. As Anne said, sometimes sending these women away might seem like the best choice for their acute situation, but what is the flow-on effect for that woman and her family, and who takes care of her children at home?

I guess the third thing I want to talk about is as a midwife who is no longer practising as a midwife. I say this with much emotion because no role in the community has ever given me as much satisfaction as caring for women, but in the final weeks as a nursing manager I woke up every morning terrified that this was the day that something was going to happen and I was going to be responsible. In the end, after 10 years of being a midwife, I simply could not be a good manager and back my team, I could not be a mum to my family and I could not do the best thing for the organisation because I was making decisions based on fear and not the best outcomes for women. And I have seen many of my colleagues leave the profession because of the continual stress that they work under, particularly in a regional centre.

The last thing that I notice in this room is that we do not have one community member actually — maybe it is going to happen — stepping forward as a consumer. There is? Good; because community engagement is not a new concept, but I feel like sometimes we continually struggle to really ask the women in this town what their experience is of accessing services and what they need the service sector to provide. When we do, as in the case with Anne at Zoe, women are telling us overwhelmingly that this is a service that is working. They survive on the sniff of an oily rag and they have a simple recipe: referral; take care of their social wellbeing; engage them into community and education pathways; and finally, when the time is right, engage them into the workforce. We can replicate that for any cohort, but when organisations like Zoe continue to face sustainability issues we are just ignoring the evidence that is right in front of us. I think that is it.

The CHAIR — Thanks, Cheree, for your very well considered contribution there. Certainly, if I can talk on behalf of the committee, thanks for being so forthright, and I understand that it might bring up some feelings for you too from your work life. Certainly some of those things are consistent with what we have heard today, especially upskilling. We have heard that from, I think it was, Lois O’Callaghan.

Ms JUKES — Yes.

The CHAIR — Yes, and we have certainly got some issues that we need to take back and put in this report from what we have heard today. Thank you for your time.

Ms JUKES — Thank you.

Witness withdrew.