

# TRANSCRIPT

## FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

### Inquiry into perinatal services

Wangaratta — 25 October 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 Cate Gemmill, lactation consultant, Northeast Health Wangaratta.

**The DEPUTY CHAIR** — The hearing now moves into open forum. This session allows for members of the public to address the committee and to speak about their views and experience of perinatal services in the region. I welcome to these public hearings members of the local community and thank them very much for attending today. We will hear short statements, so please keep your comments to about 8 to 10 minutes to allow as many people to speak as possible.

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 relevant 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 proof copy of the transcript. If you could state your name and where you are from, please.

**Ms GEMMILL** — My name is Cate Gemmill. I am a lactation consultant employed at Northeast Health Wangaratta, where I work in the lactation clinic with my colleague Lisa Hernan. My background is that I am a registered nurse. I am also a registered midwife and have been a registered midwife for 16 years. For the last seven years I have been an international board-certified lactation consultant. I would like to speak today in relation to point 5 in particular, access to appropriate breastfeeding support.

If I could speak a little bit initially about the clinic at Wangaratta, it is a very well established clinic. It has been in operation for 15 years. It initially started with just a couple of days a week as demand grew. We have roughly 900 attended client presentations a year, and we serve our region. We provide lactation and breastfeeding support not only to women who birth at Northeast Health but also to those who birth at smaller regional hospitals and other hospitals throughout the state.

Obviously I am passionate about breastfeeding because that is my job, but I consider effective and optimal breastfeeding the most primary of primary healthcare interventions. There are well-established health benefits to mothers and babies through breastfeeding. I do not intend to go through those here, because it would take up too much time, but I am happy to illuminate for you if you would like.

At the lactation clinic at Wangaratta we are situated in a little house, and you have heard references to us all morning about our co-location. We are co-located with the early motherhood service or the perinatal emotional health service, the community midwife program, the antenatal care provider and the domiciliary nurse. We all are in the one house. Its physical environment is very informal. It is very non-clinical, which is a community asset we consider very important. We see women antenatal for advice and any clinical intervention during pregnancy, and we then continue to engage with them to 12 months of age and beyond.

The World Health Organization recommends exclusive breastfeeding from birth to six months and then continued breastfeeding into the baby's second year alongside family food. Therefore our service must align with what we promote. You do more harm to promote something and fail to support it than you would had you never promoted it at all. We communicate freely with all other services to ensure a seamless transition after discharge, and again that is further enhanced by our co-location.

We have sought to eliminate every potential barrier for attendance at the lactation clinic. The service is free. Women can self-refer or be referred by other clinicians. They can attend as many times as they need to feel that their breastfeeding is well-established, and that is very important. Some women feel that things are going very well after just a couple of visits; other women may take more. They can re-engage with the service after many months, and we provide them with lunch while they are there so that they do not have to either prepare food for the day or leave to get a meal. We do not have a waiting list; we see them on a needs basis. We triage the bookings and manage the spread of our bookings across the week.

We see a maximum of four women a day in the clinic to ensure an intimate environment, especially for women who are exposing their breasts often. We want to make sure that that environment is very private but also give them the benefit of peer support so they can see other women who are learning to breastfeed as well, which can provide reassurance that they are not alone with the challenges that they are facing. We have a private space where we can take women to discuss their history and to discuss anything else to do with their care. As I said, that co-location enables this informal communication between clinicians, but we also do participate, as you have already heard, in the more formal meetings that we have to discuss patients at risk or patients with special needs.

We also accommodate other services within the clinic. If a mother is needing to attend the clinic but she has another appointment — potentially her baby's hearing screen or an appointment with the continence clinic — we accommodate them at the clinic. They can come over and she can have that appointment there. We also have unlimited length of stay. We do not have appointment times; we just advise women to arrive in the morning and they can stay as long as they need to across the day. The clinic closes at 3.30 in the afternoon. That is very important. If we had hour-long appointments or a time limit on those refinements, potentially the baby would not be ready to feed at that time and we would be limited in the amount of practical advice and assistance we could give.

As I said, we see about 900 clients a year. We have an even spread of first-time mums as well as mums having their second, third, fourth or subsequent babies. That is often a surprise to people, but every baby who is born has a new relationship with their mum, and they may encounter different breastfeeding challenges with every baby. We have seen increasing demand year on year. Last year was the highest number ever, with 896 clients. We will overtake that number this year. Five years ago we were seeing about 530, so we have seen significant growth. Some of that is attributable to the loss of lactation support services in our smaller rural towns. We had some maternal child health nurses, for example, who were also lactation consultants. We do not have that anymore, so most of the lactation support in the region falls to us.

We fill in a lot of gaps now with early discharge. Women are discharged home potentially 24 hours or 36 hours after delivery. They go home, sleep in their own bed and then are coming back to the lactation clinic the next day. We are never too far away for their next appointment. Maternal and child health may not pick them up until day 7 or day 8, so that is a critical time for surveillance of the infant, when they can potentially be jaundiced or have other difficulties, so we definitely want to make sure that we are fully extending our duty of care to mother and baby in that time. As I said, our care is time sensitive, so we want to make sure that even though early discharge is now routine, it does not equate to less support. Early discharge policies or influences have not kept pace with community expectation, and often people are quite surprised when women are sent home the next day after having their baby. The presence of our clinic provides a soft place for them to fall and a softer landing, if you like, and it reassures their extended family that they are still receiving support.

**The DEPUTY CHAIR** — Okay. I am very aware of the time, and we have got a lot of people who want to speak, so —

**Ms GEMMILL** — Yes, that is pretty much it. I just wanted to say that I think our service is excellent. It would be great if it could be further extended. We have women travelling 2 hours, 3 hours sometimes, to get to our service, and it would be wonderful if they had access to services closer to their home and if clinicians were supported to achieve that qualification so they could provide that help. Thank you.

**The DEPUTY CHAIR** — Okay, great. Thank you very much, Cate.

**Witness withdrew.**