Australia: Maternity units forced to close

Diane Taylor
6 March 2004

In another demonstration of the impact of the Bracks Labor government's attacks on public health, three state-funded hospitals in the Australian state of Victoria have been forced to close their maternity units this year. A fourth is transferring its birthing unit to another suburb.

Hospital representatives have claimed that the shutdowns are temporary and have attempted to minimise their impact. But the closures, both in rural and urban areas, have alarmed medical experts and expectant mothers, who will have to transfer to private hospitals or travel to badly overcrowded public facilities.

Seymour and District Memorial Hospital, a small rural hospital 100 kilometres north of the state capital Melbourne, terminated childbirth at its facility on January 12. Pregnant women are obliged to travel to Melbourne or to the nearest available rural facility another 80 kilometres away in Shepparton.

Williamstown Hospital, a small suburban hospital and part of the Western health network, also closed its maternity section in January, forcing 54 women scheduled for births that month and during February to find other hospitals. A few weeks after announcing the so-called "temporary" shutdown, Williamstown management revealed that the maternity unit would not reopen in March as previously promised.

Warracknabeal Hospital, a small rural facility in the west of Victoria shut its maternity ward, claiming declining demand. It made clear that the shutdown was permanent and also announced that its surgical ward would be permanently closed.

At the end of January, a group of pregnant mothers and children protested outside Monash Medical Centre, in the south east of Melbourne, over the shutdown of its maternity section at the Moorabbin campus and its transfer to Clayton. The closure went ahead despite petitions opposing the move submitted to state parliament with hundreds of signatures.

Hospital management claims the unit was being moved to make way for a radiotherapy unit bunker and other extensions. But the effect will be a decrease of 1,200 births annually at the Moorabbin campus to only 300 at the new facility in Clayton.

Leslie Arnott, president of the Victorian Maternity Coalition, which advocates increased use of midwives, helped organise the protest. She told the *World Socialist Web Site* that there was a reduction in services because they were split between Clayton and Dandenong (hospitals.)

"Women in labour are turning up to Clayton and they are being told: 'Sorry, you'll have to get back in the car and go to Dandenong, because Clayton isn't finished yet.' It can be another 25 minutes drive! Can you imagine the effect on these women? Pregnant women are being treated like cattle," she said.

On February 9, a few weeks after the cut in Victorian maternity services, a Melbourne woman pregnant with twins had to be transferred interstate to Adelaide, the South Australian state capital, several hundred kilometres away. The reason: a critical shortage in intensive care facilities for premature babies at Melbourne's four leading public maternity hospitals.

Michael Stewart, neo-natal specialist at the Royal Women's Hospital, said Melbourne's neo-natal intensive care facilities had been stretched to their limit. "We need a system where we don't have to send 25-week-old prem babies from Melbourne and their 'at risk' mothers interstate. It's just crazy."

Human Services minister Bronwyn Pike has remained silence over the ongoing complaints about public maternity services. A government spokeswoman said that the Williamstown and Seymour maternity units had shut because of staff shortages and claimed that any decisions about maternity services were clinical matters for the hospitals themselves.

Medical staffing problems certainly precipitated the closures at the small hospitals. In rural areas there is a growing crisis in the supply of medical staff, and this is expressed particularly severely in the case of obstetricians and anaesthetists. At Williamstown, although it is a metropolitan hospital, the shortage of anaesthetists was also a major factor.

Childbirth is the most common procedure in Victorian hospitals, with over 62,000 births last year. Behind the maternity unit shutdowns, the "relocation" of Monash and the shortage of intensive care beds for premature babies is the deliberate rundown of the state-funded public hospital system.

Notwithstanding state government claims that public hospital managements make all the basic decisions, the public health system is seriously underfunded.

Victoria's auditor general's annual report revealed that the overall financial position of public hospitals deteriorated badly during 2002-3. Public hospitals recorded a combined deficit of $121 million in the last financial year, up from $29 million in the previous year. Fifteen hospital networks showed signs of financial difficulty, up from nine the year before. There were another twenty-two hospital networks with unfavourable results, up from fifteen the year before.

Dr Tim Woodruff, president of the Doctors Reform Society, told WSWS that insufficient funding was "forcing doctors to plug on with what is becoming a second rate health system. The intention of both the federal and state governments is to downgrade maternity care into merely a safety net."

Dr Paul England, an obstetrician who, along with seven other senior specialists, resigned in protest from the public Royal Women's Hospital in 2001 over inadequate nurse numbers, substandard x-ray facilities, and the downgrading of the pathology department, also spoke to WSWS.

He explained that the shortage of anaesthetists was a complex question, but one that impacted very strongly on his discipline. "Obstetrics is not attracting anaesthetists. If they have to work in the middle of the night, they are stressed the next day. If they're called at 2 a.m. or 4 a.m., they feel they can't put people to sleep safely the next day.

"In the current medico-legal climate, they would be afraid they might be jeopardising themselves and their patients. There is an enormous feeling of threat.

"A lot of those anaesthetists available are very busy. They don't need to work out-of-hours. Even if they have a genuine interest in obstetrics, there is so much pressure on anaesthetists and surgeons that everything is perfect. It is worse if they are exhausted from working the night before. Some of the younger anaesthetists have mentioned this to me."

The Labor government response to these problems has been to demand that public hospitals balance their inadequate budgets at the cost of services and to encourage the further privatisation of maternity health care.

For example, the state-funded Royal Women's Hospital, where tertiary obstetric care is carried out, will be sold off as prime real estate worth $60 million and the facility rebuilt on the already overcrowded grounds of the Royal Melbourne Hospital. Funding for this "relocation" will be organised through a joint public-private partnership under the government's "Partnerships Victoria" scheme.

On January 28, state treasurer John Brumby announced a shortlist of three international private consortiums that will bid to design, build, finance and maintain the new hospital. The cash-strapped Women's and Children's Health network is supposed to provide the clinical services at the facility.

While Victorian Premier Steve Bracks and Bronwyn Pike have boasted about the modernised maternity services, including intensive care facilities that will be available at the rebuilt Royal Women's, they have remained silent on the number of beds. Will there be a repeat of the 75 percent reduction experienced at Monash Medical Centre?