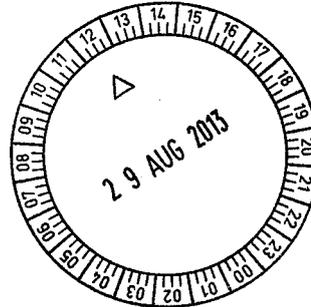




# Hon. Jim Chown MLC

Member for the Agricultural Region

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Your Ref: Petition No 10

Hon Simon O'Brien MLC  
Chairman  
Standing Committee on Environment and Public Affairs  
Parliament House  
PERTH WA 6000

Dear Chairman

**Petition No 10 – Katanning District Hospital Maternity Services**

Thank you for your letter dated 6 August 2013 acknowledging receipt of the above petition and inviting me, as the principal petitioner, to make a submission to the Standing Committee on Environment and Public Affairs.

Accordingly, please find attached my submission to the Committee with regard to this important issue; I look forward to hearing the results of the Committee's deliberations in due course. Please note that I would welcome the opportunity to address the Committee regarding this important issue should the Committee see fit.

Please note, to the best of my knowledge this matter has not been referred to the Parliamentary Commissioner for Administrative Investigations (Ombudsman).

Should you have any questions regarding this submission, please contact my Policy and Media Adviser, Ms Eva Harte, on 9481 0082 or email [eva.harte@mp.wa.gov.au](mailto:eva.harte@mp.wa.gov.au).

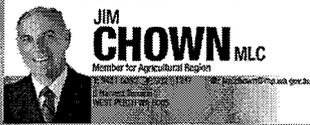
Yours sincerely

Hon Jim Chown MLC  
**MEMBER FOR AGRICULTURAL REGION**  
Parliamentary Secretary to the Treasurer; Minister for Transport; Fisheries

28 August 2013

**PUBLIC**

11/9/13



## Background

1. Katanning is an important regional centre located in the Great Southern region of Western Australia, approximately 280km southeast of Perth.
2. The State Government invested \$2.8 million to expand the Katanning Hospital nursing home and maternity facilities in 2001<sup>1</sup> to ensure appropriate services were provided not only for Katanning residents but the broader regional community.
3. The maternity ward suspended its birthing services in May 2012 due to the lack of appropriately trained obstetricians and anaesthetists available to service the ward.
4. Since birthing services were suspended at the Katanning Hospital, expectant mothers have had to travel to Narrogin (105km/1 hour 20 minutes) or Albany (171km/1 hour 53 minutes) for check-ups, if/when issues arise and on delivery day.
5. The maternity ward has since had a change in its model of service delivery in an effort to retain midwives; the maternity ward offers antenatal and postnatal care and a revised policy on discharge following birth allows mothers to return to Katanning Hospital from Albany/Narrogin after six hours, provided mother and baby are in good health.
6. The lack of maternity services at the hospital has caused considerable disruption, inconvenience, potential health risks and increased costs to expectant mothers and their families in the region and there is a very real risk that Katanning will lose its complement of midwives if the situation is not remedied soon (midwives currently have to travel to Albany to ensure they maintain their qualifications).

## SuperTowns – Regional Centres Development Plan

7. The Royalties for Regions funded SuperTowns initiative is intended to encourage settlement in regional towns to ease population pressures on metropolitan Perth by planning and preparing key regional towns for future growth.
8. Katanning was identified as one of nine regional towns in the SuperTowns program in July 2011 based on its potential for population growth, economic expansion and diversification, strong local governance capabilities and its generation of net benefits to Western Australia<sup>2</sup>.
9. The *Katanning SuperTown Growth and Implementation Plan* (November 2012) sets out the economic, community and environmental initiatives devised for, and potential barriers to, increasing Katanning's population to 15,000 (e.g. economic development, urban expansion and infrastructure, community development, growth drivers, etc.).
10. The suspension of birthing services at the Katanning Hospital will severely impact upon Katanning's ability to attract and retain new residents, as access to appropriate healthcare services is a key consideration in relocating, particularly when children are involved or a pregnancy is planned.

## Katanning Hospital service area

11. The Katanning Hospital services not only Katanning residents but also residents in neighbouring towns. According to the 2011 Census figures, Katanning itself has a population of 4,183 people and there are approximately 8,854 residents in the hinterland/surrounding towns (Kojonup, Woodanilling, Broomehill-Tambellup, Gnowangerup, Dumbleyung, Cranbrook, Kent and Wagin)<sup>3</sup>.

## Social & financial disruption

12. Pregnant women have to travel significant distances (see point 4) for check-ups, if/when issues arise and on delivery day. The vast majority of pregnant women are referred to Albany Hospital as there are currently two general practitioner/obstetricians at Albany Hospital that previously worked in Katanning and women are motivated to seek continuity of service and background knowledge of their medical history in choosing medical services at birth.
13. Not only expectant mothers but also their partners have to travel vast distances during pregnancy and at birth. This disrupts family life in town as partners have to take time off work and alternative child-minding arrangements have to be made for any other children the couple may have. Families are also faced with the added cost of accommodation when forced to travel out of Katanning to give birth.

## Pressure on volunteer emergency services – health risks

14. Anecdotal evidence received from a St John Ambulance volunteer ambulance officer in Katanning suggests that an unprecedented level of pressure is currently being placed on the emergency response service as a direct result of the suspension of maternity services.

<sup>1</sup> Ministerial Media Statement: *Young and old benefit from Katanning hospital extensions* (15 March 2001)

<sup>2</sup> *Katanning SuperTown Growth and Implementation Plan* (November 2012)

<sup>3</sup> ABS, 2011 Census of Population and Housing

15. There has been a significant increase in the demand for volunteers to transport patients to Albany and Narrogin hospitals (predominately Albany), which means that two volunteers and an ambulance are away from Katanning for up to eight hours at a time.
16. There are health risks associated with women having to travel such large distances, particularly when they are in labour, with some women only just arriving at Albany Hospital in time to give birth; the ambulance volunteer advised of one incident where a mother had to give birth in the back of the ambulance as they were unable to make it to Albany in time.

#### Economic impact

17. Although the predominant industry in Katanning is agriculture, forestry and fishing (13.3% of Katanning's working population), three other key industries in Katanning are retail trade (11.2%), health care and social assistance (9.2%) and accommodation and food services (3.4%)<sup>4</sup>.
18. Women having to attend Albany or Narrogin when giving birth means that retail sales that would normally be generated within the town from the birth of a child (flowers, gifts, baby paraphernalia, etc.) are now generated elsewhere. This would also be true of accommodation and food services, particularly where family members travel from out of town to visit mother and baby.

#### Katanning CaLD community

19. The Katanning community has a long history of welcoming migrants, including refugees seeking permanent settlement. Various events occurring in Katanning over the past forty years (e.g. shortage of meatworkers for abattoir) has led to a large percentage of the population being migrants and refugees from culturally and linguistically diverse (CaLD) backgrounds.
20. Currently, around 24.6%<sup>5</sup> of Katanning's population were born outside Australia, with over 25 nationalities represented<sup>6</sup>. Of the migrant population in Katanning, a large number are from CaLD backgrounds (e.g. Myanmar, China, Thailand, Afghanistan, Burundi/Congo).
21. Migrants, particularly refugees, do not have the same social support networks available to them as long-time residents, although the Katanning community works extremely hard to ensure their integration into the community. Newly arrived CaLD migrants often do not have driver's licences and, therefore, no transport to Albany and Narrogin.
22. Anecdotal evidence received suggests that some CaLD families are using taxis as a means of transport to and from hospital at a considerable financial cost during the course of a pregnancy. Language barriers mean CaLD residents are unaware of, or do not attempt to access, the Patient Assisted Travel Scheme.

#### Aboriginal & Torres Strait Islanders

23. When compared to the rest of the State, Katanning and its surrounding towns has a proportionally high population of Aboriginal and Torres Strait Islanders. Only 3.1% of the broader Western Australian population identify as Aboriginal and Torres Strait Islanders; however, the towns of Wagin (3.4%), Kojonup (4.9%), Katanning (9.1%), Gnowangerup (9.9%) and Broomehill-Tambellup (14%) have significantly higher proportional populations compared to the broader Western Australian community.
24. The former Head Midwife of Katanning Hospital, [redacted], contacted my office in May 2012 to note her concern and frustration with the intention to suspend maternity services at the hospital. [redacted] advised at the time that she envisaged issues with the new service delivery model, particularly in terms of Aboriginal mothers; based on over 20 years' working in the region, experience was that expectant Aboriginal mothers generally arrived at the hospital only when they are in labour without having attended for antenatal care or the hospital being aware of the pregnancy.
25. [redacted] experience would appear to be supported by research conducted by the Victorian Aboriginal Women's Health Business Unit in 2010<sup>7</sup>, which noted that deep-seated feelings of mistrust of white institutions, such as hospitals, still remained because of previous Government child removal policies and that "... Aboriginal mothers are less likely to access antenatal education, are more likely to access antenatal care at a later stage of pregnancy and are more likely to have a premature and/or baby of low birth weight."
26. The number of children Aboriginal women can expect to have compared to all other Australian women is significantly higher: 2.74 babies compared to 1.88 babies. Additionally, teenage births are far more common, at almost five times the rate for all other Australian women, and the median birth age is significantly lower (24.8 years compared to 30.6 years)<sup>8</sup>.
27. The foreseeable heightened risk to the proportionally high Aboriginal population in Katanning and its surrounds is of major concern.

<sup>4</sup> ABS, *National Regional Profile: Katanning Local Government Area* (2013)

<sup>5</sup> ABS, 2011 *Census of Population and Housing*

<sup>6</sup> Regional Development Australia – Great Southern WA, *Many voices – one story: a case study of community development in a rural town*

<sup>7</sup> Aboriginal Women's Health Business Unit, *Working with Aboriginal and Torres Strait Island Women and Families – A practical guide for Health Professionals*, Victoria (2010)

<sup>8</sup> ABS, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander People* (October 2010)