

# The power of community: saving the Gold Coast Birth Centre

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An extraordinary succession of events led to opening the Gold Coast Birth Centre in May 2006, its closure on 15th July 2010, and reopening again the following day. Although a vague statement about “clinical concerns” was proffered as the reason for the sudden closure, cultural forces appear to have been at play.

The evidence indicates that the Birth Centre is safe, is in high demand by women, and cheaper than standard care. Women using the Gold Coast Birth Centre experience less obstetric intervention and report high levels of satisfaction. At a time when the federal government is committed to increasing access for women to midwife-led care and birth centres, it is important to recognise, report on, and analyse recent events at the Gold Coast Hospital.

### Background

The Gold Coast Birth Centre was a 2004 state Australian Labor Party (ALP) pre-election promise. This promise was prompted by a very active political campaign of home midwifery and consumer groups, and was reinforced through a local mother (Nicole Chegwyn) running as a Greens candidate. The ALP was reelected and the state government provided Gold Coast Hospital with \$1.2 million establishment and recurrent funding for the Birth Centre.

Internal hospital politics delayed construction but, through pressure from consumers, the Birth Centre gained momentum with agreement to appoint a project worker and multidisciplinary management group that included consumer representatives from Friends



of the Birth Centre and Maternity Coalition (MC), academic and professional representatives from Griffith University and Australian College of Midwives Queensland Branch (ACMQ), along with internal representatives from management, obstetricians and midwives. The management group developed the philosophy, model of care and clinical governance structure for the Birth Centre. In 2006, two years following the initial promise of funding, the centre was opened by the Minister for Health, Stephen Robertson and the Gold Coast Birth Centre Midwifery Group Practice (MGP) commenced operation.

The Gold Coast Birth Centre MGP is staffed by two groups of three midwives with an obstetrician linked to each MGP. These eight clinicians are primary care providers for women accessing the Birth Centre; however it is fully integrated into the whole maternity service using the expertise of other services and clinicians when needed. If transfer is required during labour, the main birth suites are less than 20 metres along the corridor.

Outcomes from the Birth Centre MGP

are excellent. The caesarean section rate is 10% (Toohill 2008) compared with a Queensland rate of 34% (Qld Health, 2009). A recent study at the hospital found obstetric intervention rates markedly lower for women using MGP compared with women of similar obstetric risk using standard care. The caesarean section rate for women using MGP is half the rate of standard care (6% v. 14%). Induction rates are one-third lower (10% v. 34%), and babies require nursery admission four times less in MGP care (6% v. 26%) (Toohill, Turkstra, Gamble and Scuffham, in press). Gold Coast Birth Centre MGP care is cheaper by over \$ 1000 per woman compared to usual hospital care.

### Recent events

Concerns of stakeholders have been relayed to hospital management over recent months including that the Reference Committee for the Birth Centre (previously the Management Group) was not meeting regularly. No specific clinical concerns or indication of a lack of support was tabled when the Reference Group finally met again after eight months. However, on Thursday 15th July 2010 at 5 pm midwives working at the Birth Centre were advised that the centre had been closed and that care of women booked to the Birth Centre was to be within the confines of the main birth suites.

This occurred, following deliberate actions by a small group of obstetricians campaigning to shut down the Birth Centre, during the absence of some supportive obstetric staff. It was claimed that three perinatal deaths over the last 12 months had prompted the Birth Centre closure. However two of these cases had been referred in pregnancy to obstetric care and later birthed in the main birth suites, and a third case was a term stillbirth of a fetus of appropriate size born eight minutes after arriving in the Birth Centre.

### Community action

Consumers mobilised quickly to protest the Birth Centre closure. Phone calls were made, text and email messages spread

throughout mothers' and midwives' networks, a Facebook site was established and a plan was in place by 7 pm with media and police contacted advising of the intent to rally the following day. On Friday 16th July at 11 am 500 women, men and babies along with student midwives, academics and midwives rallied outside the office of the Chief Executive Officer of the Gold Coast Hospital. The CEO was unable to provide specific details but cited "safety" as the reason for the Birth Centre closure.

Media coverage of the rally was excellent – television, local print media, and radio. Deirdrie Cullen (founder of the Gold Coast Friends of the Birth Centre), Dr Jenny Gamble (ACMQ), and Dr Kerry Peart (Griffith University Bachelor of Midwifery Program Convenor) all gave media interviews. Prior to and while the rally was taking place, a number of other representations were being made to various levels of Queensland Health on behalf of the midwives. MC informed the Health Minister's office and protested the decision and subsequently Gay Hawksworth (Queensland Nurses' Union Secretary) contacted the Deputy Premier and Health Minister. Mary Sidebotham and Liz Wilkes (ACMQ executive) met with the Midwifery Advisor and Chief Nurse followed by the Director General. By the end of the day, a direction was given to Gold Coast Hospital Executive from Corporate Office in Queensland Health to put in place mechanisms to reopen the centre.

Local consumers and ACMQ President

Hazel Brittain contacted local MPs, and Jenny Gamble and Jocelyn Toohill (Griffith University) met with the Gold Coast State MP following the rally.

Midwives within MGP, supported by Jocelyn Toohill and Rosemary Blyth (Griffith University), met with management to negotiate conditions to reopen the Birth Centre. Agreement was reached and the centre reopened at 7 pm that evening. The CEO has since announced that there will be an overall review of birthing services at Gold Coast Hospital. Midwives welcome review of service.

### Impact of a disparate system

Midwives and the women they care for have been significantly disadvantaged by the power imbalance of the health system, whereby a small group of disgruntled Queensland Health obstetricians have used their influence on management without due regard for the physical or psychological safety of the community. While midwives' reputations have been unjustly tarnished and they await a public apology from senior hospital management, they are however buoyed by the overwhelming support from the community validating the care they provide. It is an indictment on the system when it is the women who have suffered the loss of their babies who are feeling a need to defend their carers and extend unsolicited consolation to the midwives.

### Lessons reviewed

The power of community and of strong partnerships have initiated and sustained

the Gold Coast Birth Centre. Despite obstructing establishment of the Birth Centre and threats to the ongoing operation of the model, political action is overcoming this resistance. A clinical governance structure provides a robust mechanism, but each component of this structure must be regularly visited with multidisciplinary and consumer management groups integrally linked with clinicians through regular meetings. At this point, community interests have prevailed to reopen the Birth Centre, but this only occurred due to established and linked networks and the power of a community committed to safe woman-centred maternity care. Specifically, the Gold Coast Birth Centre is supported by a Friends of the Birth Centre group, they apply pressure to ensure regular Multidisciplinary and Consumer Management Committee meetings occur, midwives collect statistics on the outcomes of their care, and participate in Midwifery Practice Review. Importantly, the Gold Coast Birth Centre midwives are united and well-networked with consumers and the Australian College of Midwives, Qld.

### Further reading

Queensland Health. 2009. Health Statistics Centre Perinatal Statistics 2008. <http://www.health.qld.gov.au/hic/peri2008/perinatal08.asp>

Toohill J. 2008. Gold Coast Hospital Birth Centre Midwifery Group Practice Celebrates. Midwifery News, Summer, p24.

Toohill J, Turkstra E, Gamble J. & Scuffham P. Cost Effectiveness of Midwifery Group Practice compared with Standard Maternity Care. In press.



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