Rob Messenger MP
MEMBER FOR BURNETT

Shop 7 Bargara Beach Plaza
15-19 See Street
(PO Box 8371)
Bargara Qld 4670

Freecall No: 1800 819 545
Office phone: (07) 4159 1988
Office fax: (07) 4159 2696
Mobile: 0407 904 134

Email:
burnett@parliament.qld.gov.au

www.robmessenger.com

Paper No.:	331 OT 2049
Date:	13-4-10
Member:	Mr Messenger
✓ Tabled	Tabled, by leave
Incorporated, by leave	Remainder incorporated, by leave
Clerk at the Table:	

8 April 2010

Hon Paul Lucas MP
Deputy Premier
Minister for Health
GPO Box 48
BRISBANE Q 4001

Dear Minister,

Once again I'm writing to you on behalf of Mr and Mrs [redacted] as well as all pregnant Burnett families who are planning to give birth at the Bundaberg Base Hospital Women's or Maternity unit.

After recent correspondence from my office to your office on Monday the 22 March 2010, letters to the Premier and the Queensland Medical Board (also sent on the same date), speeches and events at the last sitting of Parliament, you will no doubt be aware of the fact that Mr. and Mrs. [redacted] had a very sad and regrettable experience at the Bundaberg Base Hospital.

You no doubt will remember the fact that an employee of your Health Department wrongly diagnosed Mrs. [redacted] as having a miscarriage early on the morning of 27 February 2010 and then, without following early pregnancy protocol, the same employee of your Health Department, wrongly gave Mrs [redacted] abortion medication, which amazingly to this point in time, has not killed her unborn baby, but has gravely threatened its life, wellbeing and health.

You also will no doubt remember that after my unorthodox questioning of yourself on the floor of Parliament on Thursday 25 March 2010 about the [redacted] family incident, my temporary expulsion from Parliament and your subsequent press conference, you told reporters that your government would guarantee the public and/or private medical expenses of the [redacted] family.

This undertaking from yourself was warmly welcomed by the [redacted] family and also myself because as you can well understand, Mrs [redacted] in the interests of their unborn child's health would like access to the best possible medical care that Queensland has to offer.

And as recent experience has taught the [redacted] Family and others, that medical care might not be forthcoming from your Health Department at the Bundaberg Base Hospital Women's or Maternity unit, the *only* place, public or *private* in the Burnett/Bundaberg health catchment area of approx. 120,000 people, where families can and do give birth to approximately 1200 babies per year.

Later on in my letter I will suggest to you how you can increase the chances of pregnant Burnett/Bundaberg couples, their unborn and newly born babies, receiving the best possible medical care that Queensland has to offer, but for now I would like to direct your attention back to your promises that you made in your media conference on the 25 March 2010.

As I have stated previously, your promise was warmly welcomed. It was also a pleasant surprise after another of your employees Dr Tim Smart visited Mrs [redacted] on the same day, 25 March 2010, a few hours before your press conference, and personally gave her a letter which only guaranteed her and her baby's medical treatment within Queensland's public health system.

And you will also recall that your letter qualified and limited your guarantee only to the *duration* of the pregnancy and failed to state that any private or public medical costs would be guaranteed *after* the birth of Mrs [redacted] child.

Having brought this significant oversight to your attention, Minister can you please now correct your error and draft a letter to Mr. and Mrs. [redacted] guaranteeing their public, or should they so choose, private medical expenses, in relation to the care of their child who was wrongly exposed to abortion medication because of a mistake by your Health Department?

In this letter can you please make sure that there is no ambiguity surrounding your commitment and guarantee to pay *all* private medical costs of the [redacted] unborn baby *during* Mrs [redacted] pregnancy and, God willing, *after* the birth of their baby?

As you will appreciate and I've made this point to you in my speech in Parliament on 24 March 2010, because Mrs. [redacted] has strong Christian religious beliefs and is planning to make sure that her baby is born, even through its exposure to abortion medication may cause serious, adverse and permanent health problems and challenges.

These serious, adverse and permanent health problems and challenges the [redacted] Family now face, may require on-going, complicated and expensive medical treatment, which of course your Government is legally, morally and ethically responsible for.

Minister, while you have asked the Health Quality and Complaints Commission (HQCC) to investigate, you have failed to date (8 April 2010), to carry out two important and reasonable actions to ensure the protection and safety of the approximately 61 pregnant women and their babies, who have presented to the Bundaberg Base Hospital maternity unit, 17 days since you, your department, your Premier and the Queensland Medical Board were first made aware of this issue.

1. You have failed to immediately stand aside the overseas trained doctor at the center of these very serious allegations, pending the results of an investigation.

2. You have then, after refusing to stand this medical professional aside, failed to publicly guarantee this overseas trained doctor's qualifications, credentials and competency.

Minister, I understand that you think that because you referred the matter to the HQCC for investigation that you have taken every reasonable action to protect mothers and their babies and now can remain silent.

Your thinking is wrong. Not only is it wrong, your silence and failure to properly act is personally now endangering the safety of all babies who are born at the Bundaberg Base Hospital.

If you choose to either ;

- Fail to guarantee the doctor's qualifications, credentials and competency; or

- Fail to stand this doctor aside on full pay, pending the results of an investigation;

I will have no other option but to act myself to protect the safety and well-being of pregnant Burnett/Bundaberg Families and name this doctor under parliamentary privilege at the first available opportunity.

Burnett/Bundaberg families will then have the information they need to make informed decisions about their and their baby's health.

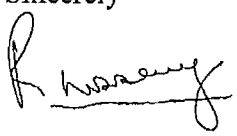
Naming your employee is not an action I would prefer to take.

I understand the serious and adverse effects this action may have on a hard working medical professional's career, however in the absence of your guarantee, or your prudent actions on behalf of my constituents, I will be forced to put the potential serious and adverse affects on the health and well-being of Burnett/Bundaberg mothers and their babies before any other consideration.

I trust that I have made myself clear. I hope that you will instruct your Health department officers to act with speed in addressing the situation at Bundaberg Women's unit, while acknowledging and replying to this correspondence.

I also trust that any future unorthodox questioning of your actions because of your failure to act, will not come as a surprise to you or any politician, as you no doubt will be aware, that for me, the protection a mother and her baby's health, will always come before the protection of any professional or political reputations.

Sincerely



Rob Messenger MP
MEMBER FOR BURNETT

Cc Premier
Medical Board of Queensland
Leader of the Opposition
Shadow Minister for Health

To whom it may concern, 10.09.2007

I would like to make my experience with the Bundaberg Base Hospital recognized as extremely traumatic and one in which I should have never had to be exposed to due to the negligent way in which I was treated by both the staff and systems at the hospital.

Firstly, I presented at the hospital at 12 weeks with bad abdominal pains and was expected to wait in emergency for 30 minutes before being seen to this urgent matter. I was then given an ultrasound in which I was told everything was going well.

I then had a scan at 18 weeks at the Friendly's Hospital in which I was told that everything was going well.

I then had another ultrasound at the Friendly's Hospital at 26 weeks in which I was told by Trevor that my amniotic fluid was low and was considered borderline dangerous.

After this ultrasound I had a Dr appointment with Dr Wije at the Base hospital in which I brought along the scan frames. I passed them to him and he told me that the Base Hospital doesn't need these scans and I am not required to bring them to my appointments anymore, regardless of the sticker on the seal stating that they are only to be opened by the Dr. I then explained this to him and he opened the scans and looked at them and informed me that they were fine. I asked about the low fluid comment that was made to me by Trevor and he said everything was fine.

I then presented at the hospital at 28 weeks as I was fairly certain that my waters had broken as I had a lot of fluid run down my legs the morning I went into the hospital. I was eventually seen by a Dr who explained top me that they would do an ultrasound with the transportable machine, although she said she wasn't really sure how to use the machine. I asked how much fluid there was and I was told by 2 Drs that there was 'Heaps' and they also said that they weren't sure what Trevor was talking about at the Friendly's.

At some stage (I can't remember the date), I went to the hospital as I had not felt the baby move for a whole day and a nurse checked the heartbeat and sent me home.

During this period I had approximately 3 appointments with midwives in which I was double booked once and was sent home only to come back the next day and wait for 2 hours. I was also sent an appointment letter 2 days after the actual date on the form and couldn't make this appointment obviously because I wasn't given any notice, in which when I contacted the hospital to reschedule, I was not able to be given an appointment for 2 weeks.

I then went to the hospital to have my midwives appointment at 33 weeks and was told upstairs that the nurse couldn't find the heartbeat. She sent me downstairs to have an ultrasound to check that everything was ok with the transportable machine that I was told is not very thorough. They still couldn't find any movement and then called my Fiance to tell him come to the hospital immediately.

I was then made to wait for about 30 minutes before being transferred to the radiology department where a more thorough examination was done through ultrasound. I was then sent back to the family unit and made to wait in the room for another 20 minutes before a Dr came into the room and said 'I'm afraid it's not good news.' I then said " so what's going on, is he alive?" She then said to me "It's not good news," in which I had to say "Is the baby deceased or is he ok?" She then stated to me "Your baby is dead." She then looked at me and walked out of the room. Brendan was sitting in the chair in absolute shock, no-one else was in the room to explain any of this to us.

A nurse then entered the room and told me she was going to contact my mother in which she did. When she phoned my mother she said "Paige's baby is dead." My mother was then expected to drive safely into the hospital knowing what was at the other end of the road for her. Perhaps a better way of putting this would have been. "Would you be able to come into the hospital as your daughter needs you." When the whole family arrived I was made to make a decision that minute when I was to come back into the hospital to give birth to my stillborn child. I made the choice to come back on July 31st to be induced. I was told to come in at 6:00pm.

I arrived at the hospital at 5:50pm and was put straight into a ward in which the induction process was explained to me by Andy (midwife) and Pauline (Dr). They then left the room and I was greeted by my family who then left at approximately 7:30pm. I was then not seen to until almost 11:00pm when I was induced by Pauline. At this stage Andy informed me that her shift was over and Sue Robinson would be taking over shortly. Within 30 minutes I started to have strong contractions and eventually asked Brendan to get help so I could have some pain relief. Brendan pressed the buzzer and 20 minutes later a nurse came into the room and asked me where my chart was in which I of course had no idea as it is not the responsibility of the patient to keep track of their chart. They could not administer me any pain relief as they couldn't find my chart. I told them that Pauline had written up some prescriptions for me and they were in my chart. Whilst not being able to find this, a nurse gave me 2 Panadol for pain. This as I'm sure you could imagine, did absolutely nothing for me. I then asked Brendan to get a nurse again as I wanted to have a bath. This request was put in at approximately 8:00pm in which it took another 20 minutes for a nurse to enter the room. At this stage I asked for Pethadine which I was given after about a 30 minute wait. This was also doing nothing for the pain and at about 1:00am I

asked for the gas. Sue Robinson went and got this for me but took over 45 minutes to find the gas. She gave the bottle to me with a mouthpiece that I wasn't shown how to use. I told Brendan that it wasn't working and he called Sue back into the room which we waited another 20 minutes for. When she returned she realized that she hadn't turned the bottle on. I then continued to inhale the gas whilst laying on the bed. A short time later, Sue entered the room and I told her that I needed to go to the toilet. At this stage the pain was so bad I was struggling to walk. Brendan helped me to the toilet whilst Sue watched. On my way back to the toilet Sue was flicking through the magazine that was left at the end of my bed. I then asked her for a bath and she said she will go and organise this. At 3:30am I was moved into the birthing suite to have a bath with the gas bottle. During the bath the gas still wasn't doing much for me and I was told that the bottle was empty and they would have to get a new one. I finished the bath at about 5:00am and walked myself back to the ward. I saw that both birth suites were empty at this stage. It took over 30 minutes for Sue to be able to find another gas bottle for me. At 5:30 I requested an epidural and the anethitist was brought into the room. I told him not to put the needle in my left arm as I had already had blood taken out of that arm. He refused to listen to me and proceeded to jab me 4 times in an attempt to get the vein. He then left me with a needle hanging out of my hand and walked into the hallway and yelled out "Who is going to help me with this epidural?" By this time I told him to go away as I felt that I needed to push. Louan was born at 6:13am and Brendan was not given the chance to cut his child's cord. Louan was then wrapped in a rug and put on my chest, not sponged down at all or given a nappy. Whilst I was holding him he passed a motion and the family was expected to hold him in this state. After about 30 minutes Louan was taken from me and another Dr came into the room and spoke to Brendan and I about an autopsy. I suggested that they do the autopsy but do not touch Louan's head at all. The Dr then proceeded to try and get me to change my mind in a way that was very pushy and unprofessional. I was then seen by Faye who gave me a bag with some brochures in it and then Pauline gave me a tablet to dry up my breast milk and I was sent home less than 2½ hours after giving birth.

At about 10 weeks I received a letter saying that I had an appointment at the hospital. I contacted the family unit to ask what this was regarding and I was told that this would be for a 6 week check up in which I made clear top the nurse that 10 weeks had passed. She then said that she didn't know what it was for.

I made contact with the hospital again to further enquire into this and I was told that there was no appointment for me at all.

In the past few weeks I have made contact with the hospital in regards to getting autopsy and blood test results. At the time of giving birth I was told that the autopsy results would take up to 3 months. I was then told that they would not be ready for up to 6 months by hospital staff and up to 4 months by Faye.

I also contacted the hospital in regards to my blood results in which I was told by a staff member of the family unit that there was 12 pages of information for me. I sent the appropriate paperwork for my details to be given to my GP and I then made an appointment with my GP in which nothing was given to him from the Base.

I should point out that this entire experience has been extremely traumatic and a difficult time for my whole family. I feel that at no stage was I treated with respect or dignity and I feel that I could receive better care in a third world country. I am extremely disappointed in the services I have been provided with and I will not be coming back to the Base Hospital for further pregnancies due to the unprofessional and negligent manner in which I was treated in. I feel that if more care was taken and more thorough follow ups were completed in relation to my health, my son Louan would still be with us today.

I would like some answers at to why I was treated in the foul manner in which I had to experience from Bundaberg Base Hospital.

Paige Climas

Maternity care concern

Mums wait on floor on busy day

19/03/08

By KALLEE BUCHANAN

AN expectant mother has lost faith in the Bundaberg Hospital to deliver her baby after a traumatic experience with her first pregnancy.

Paige Climas's first child was delivered stillborn last year and a recent visit to the hospital has dented her confidence.

Ms Climas said she saw 50 to 60 heavily pregnant women sitting on the floor and waiting in stairwells for their appointments after emergency surgery threw the busy hospital into chaos.

She said that, given a choice, she would go elsewhere to have her baby.

"I feel that this is my only choice being that I have to work, I definitely would go elsewhere, I would travel elsewhere and spend the money that I had to spend to be in another hospital," Ms Climas said.

Ms Climas's mother, Ina Climas, said the situation at the hospital was incomprehensible.

"It's just appalling, these are mothers that need attention," she said.

Distressed by their experiences, the family has had meetings to ensure Ms Climas receives the care she needs, but she is not confident.

"I still feel that there are not enough facilities at this hospital, say if I have complications again I don't feel that they're going to be able to help me," she said.

The incident has prompted Member for Burnett Rob Messenger to call for a new hospital to be part of the long-term health plan for the region.

He says the promised $40 million upgrade is merely a Band-aid.

"There are major design problems (with the existing hospital), so as a community I think its time, right now, to start talking about the medium to long-term solution, and for me, that's a new hospital," Mr Messenger said.

Bundaberg Hospital catered for 1172 births last year and Bundaberg had the second highest birth count in Queensland.

The hospital has experienced a 37% increase in the number of births since the Friendly Society Private Hospital closed its maternity wing in 2006.

But figures released by Queensland Health yesterday showed staff numbers had increased by 30% since then to 32 full-time equivalent employees. In 2007 they dealt with 98 births a month on average.

Wide Bay Health Service district nursing director Debbie Carroll said emergency surgery was the cause of the delay on the day the Climas family witnessed the backlog of maternity patients.

"This lifesaving surgery was the priority," Ms Carroll said.

"It caused a delay to the elective obstetric and gynaecology surgical lists, which then meant doctors arrived late to the clinics."

Ms Carroll said the hospital upgrade would include new beds for the women's unit, as well as a new birthing suite and rearranged clinic schedules to manage the demand.

EXPECTING BETTER: Paige Climas and her mother Ina Climas outside Bundaberg Hospital yesterday.

Photo: MAX FLEET hos1803ah

Mr Rob Messenger M, P,
Member for Burnett.
P. O. Box 8371.
Bargara. Qld. 4670

Mrs Ina Climas.
Golden Sands Caravan Park.
Moore Park Beach. 4670.

Dear Mr Messenger,

Good morning to you. Please find forthwith a statement focused on the treatment received at the Bundaberg Base Hospital in relation to my daughter Miss Paige Climas.

To whom it may concern.

I would like to offer the following interpretations and concerns in relation to the appalling treatment and management of my daughter Paige a previous family unit patient. I feel the Bundaberg Base Hospital needs to be informed of the probable contribution to the death of my grandson and the antiquated inappropriate midwifery practise and antenatal care offered.

Whilst these observations are just that they are certainly not to be lightly disregarded. One would like to emphasize that ALL patients are regarded as important as the next person.

From my understanding my daughter presented to the Bundaberg Base Hospitals Family Unit to have them manage her pregnancy. Paige submitted a written maternal history to assist with the management of her pregnancy.

1.Letters for appointments were received after the appointment date. An attempt to reschedule was not available for several weeks.

Paige presented for all appointments as required. Paige presented to the clinic with an amniotic fluid leak mid term and was advised to return to work, as it was not considered a threat.

2.At no point was she referred to a doctor, specialist or at the very least monitoring, quite the contrary to my midwifery advice.

She was informed that her amniotic fluid was low at approximately 26 weeks and a scan was ordered. Again no follow up or referral was considered. One would assume that as a precautionary measure she would have been monitored and possibly referred to a specialist or hospitalised as a duty of care.

At a scheduled appointment at 33 weeks Paige was informed that her baby was deceased. I was contacted at 1.20 p m on the 30 th July 2007 by phone and told Quote "Paige's baby has died " Unquote. Whilst I understand that there is no easy way to address this I do however concur that the Bundaberg base Hospital has a code of ethics addressing matters such as this and at no time were these utilised.

3. I spoke with the nurse responsible for this approach and she dismisses my inference, bit in fairness apologised for her approach in a meeting held at my request.

As a family we were permitted to console our very very shocked daughter and her partner in a private room. Paige was informed of the necessary arrangements to follow and to ring back later to decide when to deliver her deceased baby. Whilst in shock we were ushered from the family unit.

Paige and her dedicated and distraught partner Brendan made the agonising and devastating decision to return on the 31 st July to give birth to their son "Louan". This appointment was made and the hospital was aware of Paige's arrival and the circumstances surrounding her Labour.

We attended the family unit that evening to support my family and to discuss the procedure and intended care with the doctor that would be given to my daughter. The doctor known to me as Dr Paulina assured me that she would be cared for in an understanding manner. Dr Paulina concurred that Paige would not be left un-assisted and that she would be treated with respect because of the underlying consequences.

This was NOT the case.

There are several disturbing observations pointed out in the forthcoming statements which would require some very strong excuses before these observations could be accepted.

Paige was hospitalised in a 2 bed ward attending to the needs of herself and her partner which was wonderful.

Paige asked for water during her labour several times and her request was dealt with after a lengthy wait.

Dr Pauline did NOT transfer Paige to the delivery suite as indicated earlier to me. The hospitals response being that they thought it best that she not be subjected to the crying of newborns. I believe Paige was not given the right to choose and whilst she was delivering a stillborn baby her health or situation should NOT have been compromised or dismissed.

During labour the apparent disregard and callousness of attending nurse identified, as Sue Robinson was blatantly obvious as she stood at the end of the bed reading a magazine. The Panel was questioned at a meeting in relation to this appalling behaviour and spokeswoman for the Family unit admitted that the nurse identified as Sue Robinson was having some personal issues. I feel that patient nurse relationship is paramount and it was her duty and paid profession to ensure that her patient be treated with respect. My daughter said she felt as if she was a nuisance and interpreted Sue Robinson's approach as very disconcerning.

As a mother I would be profound in mentioning that your first experience of childbirth should be a memorable one. You should be made to feel safe and in secure hands however this was not the case.

Paige requested some gas for relief and was offered a bottle that was empty; another bottle was sought taking more than half an hour to be found. This is another reason that if she were in delivery a supply would be readily available through the wall. It is my understanding that this a workplace health and safety requirement.

Brendan states that he requested help several times from the front reception and had to make 2 separate requests for assistance. We understand that 2 other babies were being born at this time but again I must indicate the Hospitals neglected its duty of care for Paige regardless of the underlying and obvious result.

Due to private investigation it has been bought to my attention that a midwife was requested for Paige and apparently and possibly rescheduled somewhere else. I assume the reason for Paige making an appointment to deliver her son was to overcome any unforseen events. Clearly this was not the case.

Louan was born sleeping at 6.13 am weighing 3 lb on the 1 st August 2007, the birth weight being that of a much younger baby thus my observation inciting the lack of antenatal care. Paige's lack of weight gain and development appeared quite obvious but again no referrals or follow-ups were requested. Why not?

Brendan had requested to cut the umbilical cord as previously discussed he was denied this simple and meaningful event. Still discussed with empathy by Brendan today.

On arrival to the family unit at 6,30 a m I waited over 10 minutes to be permitted entry whist a highly pregnant mother was also waiting. Upon entry a nurse at the reception made no attempt to assist either of us.

I entered the room to find my grief stricken daughter, her son wrapped in a bunny blanket. As I held him noticed he had not been washed nor had he been given the dignity of a small nappy. He had passed meconium and it was seeping through the bunny blanket, even in death it appears there is no dignity. The hospitals response to this was that Louan was too fragile to be handled too much, this is understandable.

My daughter was released 3 hours later, just simply released. No counselling she just was no one. Home she went to an empty nursery, motherless, childless suffering emotional bewilderment.

Later the next day having to endure a birth, a death, a funeral, and an autopsy Paige presented to the emergency department with a blood clot. The emergency department referred her to the Family unit who then in turn referred her back to the emergency department after telling her that she couldn't be seen because she did not have a BABY. I am sorry but words escape me.

After some reflection on Paige's experience at the Base Hospital we decided to, suggest a meeting. I contacted The Public Liaison officer on Friday the 11 th of November and a meeting was established for Monday 12 th at 10 Oclock. We discussed our concerns with Ruth and she suggested that we might like to emphasize our experience at a later date. Another meeting was held on 19 th of November incorporating a representative from the family unit, the public liaison officer, a general practitioner and the director of nursing. It was agreed that there are certainly some areas that need addressing and the anticipation regarding Louans Autopsy results. Paige also indicated that she felt like we were in a third world country and that she was treated like a nuisance hardly the message our health directives should be sending. The panel apologised to us for they're poor handling of Paige's pregnancy. The representative of the Family Unit offered Paige her condolences and promised that they would be sure to manage Paige's next pregnancy with the utmost efficiency.

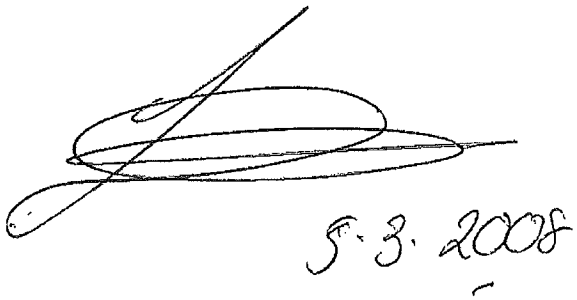
Whilst I am profound in admitting that this has been very tragic and we are significantly emotionally engrossed there is without a doubt a considerable amount of what could be regarded as antiquated Midwifery involved that may need investigating.

Paige is emotionally scarred and her ability to function due to the contempt shown by the Bundaberg Base Hospital is alarming. Whilst you may consider this to be an isolated case I do believe that other patients have endured the same outcome. There are apparently 4 more mothers in Bundaberg that have endured the same tragedy as Paige. This interpretation is founded on recent News mail article and hospital information. Our community deserves the right to be informed and our health representatives the option to make a conscious effort to rectify the obvious.

Postnatal visits have been made to Paige's General Practitioner and at NO time has The Bundaberg Base Hospital requested an appointment or follow up or offered any counselling or help.

In closing I would like to point out that Paige has announced that she is expecting another child soon. Paige contacted the Base Hospital to organise an antenatal appointment and was told she will have to wait 6 weeks. Whilst Paige does not expect to be given preferential treatment she does however believe that the promise made by the representative of the family unit be honoured.

In closing I would like to thank you for taking time to read and absorb the contents of my correspondence and also consider the very valid observations.



Rob Messenger MP
Shadow Minister for Tourism, Regional Development,
Small Business & Industry
Shadow Minister for Aboriginal & Torres Strait Islander Partnerships

Member for Burnett

18 March 2008

Urgent upgrade of Bundaberg's birthing facilities needed: Messenger

Member for Burnett Rob Messenger is calling on the Health Minister to urgently upgrade the Bundaberg Base Hospital's birthing facilities.

Mr Messenger said he has spoken with Mrs Ina Climas, who, with her pregnant daughter Paige, recently witnessed approximately 50-60 heavily pregnant women waiting for their appointment at the Bundaberg Base Hospital's antenatal department, with some women forced to sit on the floor in the hallway.

"This highlights the extent of the pressure currently facing the Bundaberg Base Hospital. It is absolutely appalling and unacceptable that heavily pregnant women should be forced to sit on the floor at the clinic's waiting room," he said.

"There are major problems with the current set up of the hospital, with more than 1,200 births per year but there are only four birthing suites available. Furthermore if there are complications during birth it takes at least 5 minutes to get from the birthing suite to the emergency unit.

"Women and their babies' lives are being placed at risk at this hospital and it's time the Minister listened to the needs of our community and acted," he said.

Mr Messenger is writing to the Health Minister requesting an explanation as to why heavily pregnant women are being forced to wait on the floor of the antenatal unit and demanding additional maternity services at the Bundaberg Base Hospital.

"The Minister needs to realise that our region's population continues to grow rapidly, but we just don't have the health resources to deal with the population," Mr Messenger said.

Media contact: Rob Messenger 0407 904 134
Mrs Ina Climas – 4159 8308 or 0428 579 048

Mr Rob Messenger MP
Member for Burnett
Shadow Minister for Tourism, Regional Development, Small Business and Industry

Shadow Minister for Aboriginal and Torres Strait Islander Partnerships.

Shop 7 Bargara Beach Plaza
15-19 See Street
(PO Box 8371)
Bargara Qld 4670

Freecall No: 1800 819 545
Office phone: (07) 4159 1988
Office fax: (07) 4159 2696
Mobile: 0407 904 134

Email:
burnett@parliament.qld.gov.au

www.robmessenger.com

COPY

18 March 2008

Hon Stephen Robertson MP
Minister for Health
GPO Box 48
BRISBANE QLD 4001

Dear Minister

I am writing to you in relation to the Bundaberg Base Hospital's birthing facilities after speaking with a concerned citizen.

Mrs Ina Climas and her daughter Paige, who has previously given birth to a stillborn baby at the Bundaberg Base Hospital, witnessed approximately 50-60 heavily pregnant women waiting for their appointment at the Bundaberg Base Hospital's antenatal department, with some women forced to sit on the floor in the hallway. This highlights the enormous pressure currently facing the hospital, since the Bundaberg Base Hospital is the only hospital women throughout our region can go to give birth.

I find it absolutely appalling and unacceptable that heavily pregnant women should be forced to sit on the floor at the clinic's waiting room, and I am seeking an explanation as to why this is happening, and an assurance that this is not a regular occurrence.

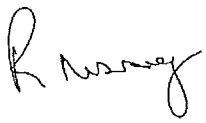
Clearly there are major problems with the current set up of the hospital. I am of the understanding that there are more than 1,200 births per year in Bundaberg, but only 4 birthing suites available at the Base Hospital. Furthermore, I am concerned that if there are complications during birth, it takes 5 minutes or more to get from the birthing suite to the emergency unit, which is unacceptable and dangerous.

Minister, what action are you going to take to address this situation in Bundaberg? Will you give an undertaking to upgrade the maternity services for Bundaberg, considering the public hospital is the only place women can give birth to their babies?

I am also seeking clarification as to the actual resources currently at the hospital, such as staffing levels and the number of birthing suites, and whether you believe it is adequate to service the people of Bundaberg and Burnett.

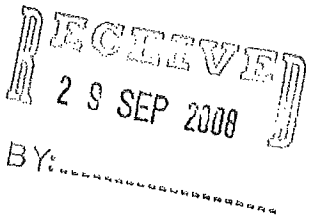
Thank you for your assistance in this matter. I hope you will see the need to expand resources at our hospital and act accordingly to ensure we receive the essential resources without delay.

Yours faithfully



Rob Messenger MP
Member for Burnett

MRS INA CLIMAS
GOLDEN SANDS
PARK AVENUE
MOORE PARK BEACH
4670 QLD



20 / 09 / 2008

MR ROB MESSENGER M.P.
MEMBER FOR BURNETT
P O BOX 8371
BARGARA
4670 QLD

DEAR ROB.

HOPEFULLY YOU HAVE RECEIVED MY CORRESPONDENCE OUTLINING MY CONCERNS.

I HAVE NOT ACTIONED YOUR LAST LETTER AS I WAS PRE OCCUPIED WITH ATTENDING TO PAIGES ANTENATEL CARE AND PROGRESS.

PAIGE AND I ATTENDED THE BASE FOR THE SECOND TIME UNDER SUFFERENCE AND CANNOT FORSEE ANY MAJOR IMPROVEMENT IN THE ANTENATAL CARE.

WE CHOSE TO FOLLOW THE PATH OF SHARE CARE WITH OUR GENERAL PRACTIONER WHO IN TURN REFERRED US TO A PRIVATE OBSTETRICIAN ON THE SUNSHINE COAST. WE WOULD TRAVEL 6 HOURS A WEEK TO VISIT AT FINANCIAL COST DUE TO THE SCARRING LEFT WITH US FROM THE TREATMANT PAIGE RECEIVED AT THE BASE AND THEIR CONFIRMED CONTIBUTION TO LOUANS DEATH AT 33 WEEKS.

THROUGH DISCUSSION WITH MEDICAL PRACTIONERS, OBSTETICIANS AND MIDWIFERY ADVICE OPINIONS HAVE BEEN INFERRED AS TO THE REASONABLE LACK OF CARE AND NEGLIGANCE ON THE BASE HOSPITALS PART.

WHILST WE ATTENDED THE BASE WE WERE ENSURED THAT THEY WOULD DO THEIR UTMOST TO ENSURE THAT WE DID NOT ENCOUNTER THE SAME RESULT. WHILST THEY ARE SEVERLY UNDERSTAFFED IT WAS INTERESTING TO NOTE THAT THE SYSTEM IS SEVERLY FLOORED.

FOLLOWING FORTWITH ARE OBSERVATIONS MADE BY US AT OUT ATTENDANCE

WE WERE TOLD THAT PAIGES HISTORY WAS NOT CONSIDERED TO BE HIGH RISK, A FARSICAL COMMENT

DR HARRY ASSURED US THAT PAIGE WOULD BE CLOSELY MONITERED A CONTRADICTION IN TERMS

WE WERE INFORMED THAT A MEDICAL PROCEDURE INVOLVING A SWAB SHOULD HAVE BEEN EXCERCISED WHEN PAIGE PRESENTED AT 28 WEEKS WITH A LEAK OF AMNIOTIC FLUID IN HER FIRST PREGNANCY. THIS IS THE NORMAL PROCEDURE FOR THIS COMPLAINT. THIS WAS NOT ADMINISTERED. WHY NOT.?

AT ONE STAGE PAIGE PRESENTED FOR A FOETAL HEARTBEAT TEST AND THE DOCTOR IN QUESTION STOOD AT THE DOOR YELLING HELP, AS SHE ADMITTED NOT KNOWING HOW TO USE THE MEDICAL EQUIPMENT.

PAIGE PRESENTED AT THE FAMILY UNIT WITH ABDOMINAL PAIN AND WAS SENT TO BE MONITERED. WE WAITED FOR SEVERAL MINUTES FOR THE ASSISTING NURSE TO FIND THE HEARTBEAT SHE COULD NOT. SHE TRIED ONE MORE TIME AND THEN WENT TO GET ASSISTANCE. SUE ROBINSON ATTENDED AND TRIED ALSO WITHOUT SUCCESS. PLEASE REMEMBER THAT PAIGE HAD RECENTLY LOST HER FIRST CHILD AND YOU CAN TRY TO IMAGINE HER STATE AS THEY CONTINUE TO TRY FOR A FEW MORE MINUTES.AFTER, WHICH SUE ROBINSON DISCOVERS THE MACHINE HAD NOT BEEN TURNED ON. NOT AT ALL ACCEPTABLE. ANTIQUATED MIDWIFERY AGAIN.

WE HAVE ALSO LEARNT THAT LOW AMNIOTIC FLUID SHOULD BE MONITERED THROUGH ULTRASOUND AND MONITERED AGAIN IN 24 HOURS, THIS WAS NOT OFFERED AT ANY POINT IN THE LAST PREGNANCY WHY NOT ?

ATER THE BIRTH OF A BABY A NEEDLE IS ADMINISTERED TO HELP WITH THE DELIVERY OF THE AFTERBIRTH AND TO PREVENT CLOTTING THIS WAS AGAIN NOT OFFERED TO PAIGE WHY NOT ?

SEVERAL OTHER DISCONCERNING FACTORS HAVE BEEN DRAWN TO OUR ATTENTION AND WE NOTIFIABLLY FIND THE CARE A THE BASE TO BE COMPAREABLE TO THAT OF A 3 RD WORLD COUNTRY.

WE CHOSE NOT TO PURSUE OUR OPTION OF ADMITTING PAIGE TO THE BASE FOR THE BIRTH OF HER SECOND CHILD AS HER PREVIOUS EXPERIENCE AND THE PRESENT ANTENATAL CARE RECEIVED THIS TIME ROUND DID NOT REITERATE A LEVEL OF CARE AND PROFFESIONALISM THAT WE FELT COULD BE RELYED UPON.

PAIGE; S SECOND SON ARRIVED SAFELY AT A PRIVATE HOSPITAL ON THE SUNSHINE COAST 2 WEEKS EARLY WITH EXCEPTIONAL CARE, A VERY HIGH STANDARD OF MIDWIFERY AND THE PROFFESIONAL ATTITUDE OF SOME VERY CARING AND UNDERSTANDING NURSES.

WHILST WE HAVE ENCOUNTERED THE CLOSURE OF THE FRIENDLYS BIRTHING CENTRE AND THE MATERS CLOSURE TOO THE BASE HOSPITAL CANNOT AND SHOULD NOT BE EXPECTED TO HANDLE THE RISING NUMBER OF BIRTHS IN THIS DEMAGRAPHICALLY GROWING CITY.

WHILST THIS OBSERVATION IS PURELY THAT IT DOES NOT EXCUSE THE LACK OF CARE AND PROFFESIONALISM FOUND IN THE OBSTETRIC UNIT.

OUR AIM IS TO ENLIGHTEN THE HEALTH DEPARTMENT OF THIS PLIGHT AND WHILST THE OBSTETRIC UNIT MAY NEED SOME FRESH APPROACHES IT IS NOY INTENDED TO SCATHE THE STAFF.

IT IS PRUDENT THAT MY OBSERVATIONS BE CONSIDERED AS I AM SEEKING FUTHER ADVICE INTO THE DEATH OF MY GRANDSON LOUAN.

THERE ARE SEVERAL OTHER WOMEN WHO HAVE MANAGED TO ENCOUNTER THE SAME MISFORTUNE TO WHAT EXTENT I AM UNSURE.

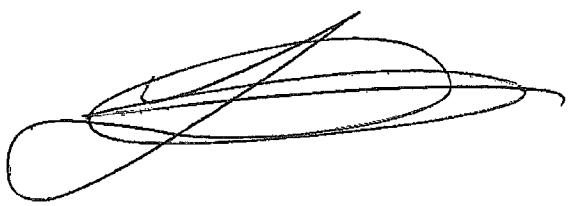
I NEED TO CONFIRM THAT WE WILL BE PURSUEING THE HISTORY OF THE INFANT MORTALITY RATE AT THE BASE HOSPITAL AND WILL BE TAKING CONSULTATION ON ADVICE.

I BELIEVE THAT THERE IS POSSIBLY ENOUGH NEGATIVE FEEDBACK TO PURSUE THIS PROBLEM AT ITS HIGHEST LEVEL.

WHILST I INTERPERATE THAT IT IS NATION WIDE A ROLL OF THE DICE IN BUNDABERGS FAVOR WOULD CERTAINLY BE BENEFICIAL TO OUR COMMUNITY AND A PRECEDENCE SET BY THOSE THAT PURSUE IT.

WITH SINCERE REGARDS AND HEARTFELT THANKS FOR YOUR ATTENTION TO THIS MATTER.

MRS INA CLIMAS



Rob Messenger M. P.
Member for Burnett.
P. O. Box 8371.
Bargara. 4670.

Mrs Ina Climas.
Golden Sands.
Park Avenue.
Moore Park Beach. 4670

Dear Mr Messenger.

Please find for your update a report on Paige's recent treatment at the Bundaberg Base Hospital on Tuesday the 11 th.

Paige presented to the antenatal department for management of her pregnancy as requested. We waited 45 minutes which is understandable considering there was at least 15 others already seated.

Paige was required to give a sample which was still sitting at reception 2 hours later, still not tested which an important factor into early detection of possible complications.

We met with the consulting doctor and he informed Paige that he did not consider her to be of high risk quite the contrary to the impression given to us by Paige's general practitioner and the comments from the Family unit representative at the meeting held at the Hospital on the 19 th November.

The consulting doctor offered several observations in relation to Paige's mis fortune and indicated that when Paige presented with an amniotic fluid leak that the appropriate tests would have been implemented. This was not the case. He was dismayed to learn that none of the routine procedures were offered or carried out.

After these discussions and my inference of the seemingly lack of care he excused himself and presented with a colleague who was the head of the antenatal department.

The gentlemen introduced to us as Dr Harry extended his condolences to Paige. and I spoke with him about the lack of care Paige had received in the past. He appeared knowledgeable in relation to my questioning and sat with us to discuss the intended care plan for Paige.

We were both content with his approach and we were assured that he would be our consulting Physician for the term of Paige's pregnancy.

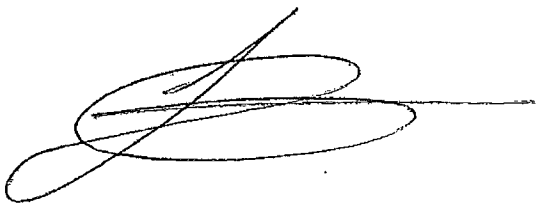
We thanked him for his assistance and left. Upon leaving we noticed that the sample Paige had supplied was still at reception as the treating doctor told us it had not been completed.

As we left the antenatal department there was approximately 50 to 60 people waiting. Some highly pregnant women were sitting on the floor in the hallway. Whilst I am quite sure that the amount of time spent with Paige was responsible for this backlog I am astounded that the services and demand on our medical staff is incomprehensible. At no point did any of the nursing staff act inappropriately they were completely inundated by patients but were professional beyond capacity. I really have to wonder whilst they are the forefront of all hospital visits they are certainly overlooked.

I would like to see Bundaberg Base Hospital set the precedent in this very feeble Health System as Bundaberg has been put on the Map through the labelling of Doctor Death. I would like to see Bundaberg be known for its remarkable Health Directive.

Paige and I thank you for your attention to this matter and hope that our insight may lead to a new beginning for our community.

With kind regards Mrs Ina Climas.



17·3·2008

Mr Rob Messenger MP
Member for Burnett
Shadow Minister for Tourism, Regional Development, Small Business and Industry

Shadow Minister for Aboriginal and Torres Strait Islander Partnerships.

Shop 7 Bargara Beach Plaza
15-19 See Street
(PO Box 8371)
Bargara Qld 4670

Freecall No: 1800 819 545
Office phone: (07) 4159 1988
Office fax: (07) 4159 2696
Mobile: 0407 904 134

Email:
burnett@parliament.qld.gov.au

www.robmessenger.com

7 April 2008

Hon Stephen Robertson MP
Minister for Health
GPO Box 48
BRISBANE Q 4001

Dear Minister

There is a growing concern in the Bundaberg-Burnett community that the birthing facilities available at the Bundaberg Base Hospital are unsatisfactory, inadequate and placing the lives of women and their babies at an unacceptable risk.

I am therefore writing to you for clarification on the number of infant deaths which have occurred at the Bundaberg Base Hospital in the last ten years. Can you also provide a description of the exact services which are available to Bundaberg families?

Additionally, I would like to take this opportunity to once again ask you to urgently upgrade staff numbers and the maternity service at the Bundaberg Base Hospital. I would also like to emphasis the fact that I am not placing any blame on the talented and dedicated medical staff who are daily performing miracles in a very difficult working environment.

Our community cannot afford to wait for these services – we need to upgrade these maternity facilities immediately because my constituents lives and the lives of their babies depend on it.

Thank you for your assistance in this matter.

Yours faithfully

Rob Messenger MP
Member for Burnett

Hon Stephen Robertson MP
Member for Stretton

Queensland Government

Minister for Health

MI153278
MO: H/08/02714

Mr Rob Messenger MP
Member for Burnett
PO Box 8371
BARGARA QLD 4670

17 APR 2008

Dear Mr Messenger

Thank you for your letter dated 18 March 2008, on behalf of Mrs Ina Climas, regarding birthing facilities at the Bundaberg Hospital.

I am advised by the District Manager, Mrs Pattie Hudson, Wide Bay Health Service District, that on the day Mrs Climas and her daughter attended the Antenatal Clinic at Bundaberg Hospital, unplanned urgent surgery had caused delays to elective Obstetric and Gynaecological surgery lists. Doctors subsequently arrived late to clinics.

On 18 March 2008 there were 40 women booked into the appointment-based Antenatal Clinic which was scheduled to run from 1.30pm to 3.45pm. Whilst the clinic space is a reasonably small area, staff encourage patients to access additional seating available in the near vicinity including an upstairs lounge area and open air seating near the entrance. Play areas are also provided for children accompanying patients.

Whilst I empathise with Mrs Climas's experience and acknowledge delays are regrettable and cause inconvenience to those waiting to attend clinics, emergency surgery must always take precedence hence we ask patients to accept that Obstetric and Gynaecological emergencies may, on occasion, cause inconvenience to clinic times. Please be assured feedback from members of the community is always welcomed as it provides the opportunity to review our health service with the aim of improving delivery.

I would also like to take this opportunity to highlight that a new and enhanced Maternity Unit and Special Care Nursery are part of the $41.1 million redevelopment of Bundaberg Hospital. Maternity suites will be relocated closer to operating theatres. There will be an extra birthing suite, taking the total to four birthing suites, twenty beds, an increase of four beds, and the number of Special Care Nursery beds will increase from four to eight. The Antenatal Clinic will also be undergoing changes to its location and schedules in order to more comfortably accommodate patient demands.

19th Floor State Health Building
147-163 Charlotte Street Brisbane
GPO Box 48 Brisbane
Queensland 4001 Australia
Telephone +61 7 3234 1191
Facsimile +61 7 3229 4731
Email health@ministerial.qld.gov.au
Website www.health.qld.gov.au

Significant growth in birthing numbers was anticipated with the closure of the maternity unit at the Friendly Society Private Hospital in February 2006. Since then, staffing levels in the Women's Unit at Bundaberg Hospital have increased by 30% to 32 full time equivalent staff.

The medical and midwifery staff at Bundaberg Hospital commendably manage the continuing strong growth in birth numbers.

Should you have any queries regarding my advice to you, Mr Ryan Robertson, Policy Advisor, will be pleased to assist you and can be contacted on telephone 3234 1191.

Yours sincerely

STEPHEN ROBERTSON MP

Hon Stephen Robertson MP
Member for Stretton

Queensland Government
Minister for Health

MI153765
MO: H/08/03338

26 MAY 2008

Mr Rob Messenger MP
Member for Burnett
PO Box 8371
BARGARA QLD 4670

Dear Mr Messenger

Thank you for your letter dated 7 April 2008, regarding birthing services and practices within the Wide Bay Health Service District.

It is always disappointing when members of the public feel dissatisfied with an aspect of our health service. Queensland Health is committed to giving all patients high quality health care and, as you can appreciate, staff are working hard to provide the best possible care and attention to patients. The issue of birthing services is of concern to Queensland Health statewide and the organisation is investigating models of service delivery to assist with birthing in regional rural areas.

I am informed by Ms Pattie Hudson, District Manager, Wide Bay Health Service District, that perinatal deaths, from 20 weeks gestation until 28 days post delivery, over the years 1997 to 2006 inclusive total 86 out of a total of 8608 births for the Bundaberg Hospital. This is below the State average over the same period.

In accordance to the Queensland Health *Clinical Services Capability Framework*, the Bundaberg Family Unit is classified as maternity service level 3. This service manages low, medium and selected high risk pregnancies and deliveries equal to, or later than, 32 completed weeks gestation, elective and emergency vaginal and assisted deliveries, emergency and elective caesarean sections.

The neonatal unit is a level 2 service, also known as special care nursery, which provides services for neonates of 32 weeks gestation or later and may be used in a 'step down' capacity by level 3 neonatal services. This practice aims to stabilise the baby on ventilation, in consultation with the neonatologist from a level 3 neonatal service, before transfer to a higher level service preferably within six hours.

19th Floor State Health Building
147-163 Charlotte Street Brisbane
GPO Box 48 Brisbane
Queensland 4001 Australia
Telephone +61 7 3234 1191
Facsimile +61 7 3229 4731
Email health@ministerial.qld.gov.au
Website www.health.qld.gov.au

Wide Bay Health Service District uses a patient nurse dependency system which determines the number of nursing hours required for each patient based on the acuity of the patient. Thus depending on the acuity, a very ill patient may have two staff attending to their needs, while another staff member may attend to the needs of several less ill patients.

Ms Hudson advises there was local approval for an increase of staffing of 6.7 FTE following the closure of the Friendly Society Private Hospital, Bundaberg, maternity services in February 2006. The redevelopment plan for the Bundaberg Hospital includes a new maternity unit and antenatal unit to be commissioned by mid 2010.

Thank you for raising these concerns on behalf of constituents. Staff within the Wide Bay Health Service District acknowledge the concerns facing families in regional rural centres regarding birthing services and are striving to provide safe practice and good service to an ever increasing population.

Should you have any queries regarding my advice to you, Mr Ryan Robertson, Policy Advisor, will be pleased to assist you and can be contacted on telephone 3234 1191.

Yours sincerely

STEPHEN ROBERTSON MP

Hon Stephen Robertson MP
Member for Stretton

Queensland Government

Minister for Health

MI151191
MO: H/08/00196

14 FEB 2008

Mr Rob Messenger MP
Member for Burnett
PO Box 8371
BARGARA QLD 4670

Dear Mr Messenger

Thank you for your email dated 9 January 2008, on behalf of Ms Paige Climas, regarding her treatment at the Bundaberg Family Unit, Bundaberg Hospital, and difficulties she faced in receiving a copy of her son, Louan's autopsy report.

On behalf of the Queensland Government I offer my deepest condolences to Ms Climas and her family for the loss of her son, Louan.

I am advised by Ms Pattie Scott, District Manager, Wide Bay Health Service District, that Ms Climas' concerns have been addressed directly with her in two meetings with relevant staff on 12 and 19 November 2007. Staff present acknowledged that her experience was unfortunate and apologised that her and her partner Brendan's pregnancy had had such a tragic outcome.

Ms Climas' raising of concerns with staff has enabled the District to identify areas in which services could be improved. Relevant staff in the Bundaberg Family Unit have been counselled on ways to improve their service.

Louan's autopsy report was received by the Bundaberg Hospital and immediately forwarded to Ms Climas' general practitioner on 10 January 2008. It is difficult to predict when such reports will be finalised, as it usually depends on the demand placed on the facility completing the report. I regret the anxiety Ms Climas and her family experienced whilst awaiting this report and trust that her requests have now been satisfactorily completed.

It is always disappointing when a member of the public feels dissatisfied with an aspect of our health service. Queensland Health is committed to giving all patients high quality health care and as you can appreciate, staff are working hard to provide the best possible care and attention to patients.

19th Floor State Health Building
147-163 Charlotte Street Brisbane
GPO Box 48 Brisbane
Queensland 4001 Australia
Telephone +61 7 3234 1191
Facsimile +61 7 3229 4731
Email health@ministerial.qld.gov.au
Website www.health.qld.gov.au

I regret any unnecessary distress that Ms Climas and her family have experienced as the result of this incident, and am confident the staff involved in addressing her concerns will do all they can to ensure her future care in the Wide Bay Health Service District is optimal.

Should you have any queries regarding my advice to you, Mr Ryan Robertson, Policy Advisor, will be pleased to assist you and can be contacted on telephone 3234 1191.

Yours sincerely

STEPHEN ROBERTSON MP

COPY

Brendans Affadavit

The initial communication between the Bundaberg Base Hospital and myself was acceptable. I believe that the nurse handled our situation in regards to alerting us to the news was also acceptable.

On the evening of the 31st of July at 6:15 pm Paige and myself were admitted to the Bundaberg Base Hospital. Paige had been settled in and went for a shower. We were in a private room. The Midwife (Andrea) and the Doctor (Pauline) had made us aware of the normal procedures and asked if we were still ready to commence. We agreed. They handled us with professionalism and compassion. Dr Pauline administered the inducing medication at about 9:50pm. Pauline took some blood also.

Midwife Sue Robinson had visited our room to tell us she was going to be our midwife for her shift at about 11:00pm. From the moment she entered the room I felt uncomfortable with the lack of compassion she displayed. A short time after, Paige had requested some pain killers and was given paracetamol. Paige asked for something stronger and the midwife could not find her bed chart. Eventually the midwife administered a shot of Pethadine and two more tablets. This took a considerable amount of time. Approx 1hour later Paige asked for some gas and received it about another half hour later. After breathing in the gas for about half hour Paige asked why it was having no effect on her. The result being that Sue Robinson had forgotten to turn the bottle on. The gas bottle only had a mouthpiece and not a full-mask which had dehydrated Paige's throat.

Each time Sue left the room it took atleast 20 minutes for her to return after the nurse button was pushed. I felt this was unacceptable and poorly handled. Paige went for a bath in the spare birth suite at about 3:30am. There was a coloured lady sitting at the desk doing paper work from what I could see. The bottle of gas that we had been supplied was empty and I asked for another bottle. It took more than an hour for the new bottle to return. Sue did not seem to show any form of haste in relation to us. We returned to our room after a bath at around 5:30am.

Paige requested an epidural and the anaethesis attended to her. After Paige specifically told him to try the opposite arm as she had already blood taken, he still tried the same arm. He had 4 attempts and all unsuccessful. Paige pressed the nurse call button and Sue came after about 20 minutes. At this stage Paige was asking for assistance as she felt it was time to push her baby out, but Sue was more interested in reading a magazine than to help. I was

(1)

absolutely disgusted in the way she carried out the lack of care and compassion for my partner. Especially knowing that our baby was a still born.

Louan was born at 6:13am on the 1st of August 2007

After we were discharged at about 10:00am on the 1st of August we received NO follow up treatment apart from a couple of phone calls by Faye. No one had called around to see if Paige was healthy.

(3)

Transcript of conversation Rob Messenger had with Sonya Thomspon.

Transcribed 12 April, 2010.

Rob: Ok Sonya, would you just like to tell me your experience with Dr Wijeratne?

Sonya: It would have been the end of...mid to end of 2000 – 2001 during my pregnancy with my now nine year old daughter. We...my initial impression of the man is that he is an arrogant pig and he shouldn't be in obstetrics or female medicine, if any medicine at all. Very rude and I understand that a lot of it is cultural. I have travelled in India and they treat women as there exactly the same as here, but its not professional, its not called for when you are dealing with pregnant women who have medical conditions that can complicate pregnancies. You do not need to be obnoxious and stone walling them when they come up with questions and alternatives to perhaps what is perceived top be the normal mode of delivery. You need to listen to what they are saying because a woman I believe knows her body than better than anybody else does.

So what specifically happened to you with your pregnancy? He was your treating doctor?

Yes he was. He would...you would have a consultation with him where he would, depending upon the length of your pregnancy, how far along you were in your pregnancy whether or not there was a need to do an internal exam to see if you had started to dilate or whether or not there were issues with that part of your pregnancy. Very cold, very abrupt. he was very rude to me one specific day and I said to him "you don't seem to enjoy being a doctor much so if you weren't a doctor what would you prefer to be doing?" and he said "I would rather be in a field picking flowers so that I didn't have to listen to you whinging bitches everyday". I kind of just looked at him and I said "excuse me" and he said "you heard exactly what I said to you, I hate listening to you women bitch about this and bitch about that".

I knew one of the midwives who was working in the antenatal clinic and she, when I expressed my concerns to her, just about burst into tears because none of the women in the antenatal clinic liked having him treat them. They had received many, many complaints about him. You've met my mum, I am a little bit larger than my mother is, I have quite wide hips and during one particular examination he said "well, you have hips that are wide enough to birth a cow, you'll be fine". Whether that's true or not really is not a professional thing to say to anyone. Now I had a reason to request a C-section due to some risks that I thought my daughter might incur during a natural delivery so I was basically asking for an elective caesarean. And when I, hearing what the medical condition was and there is a risk to the baby and I said "look even .5 percent of a risk is too high a risk to me thank you very much I would prefer to have a caesar". He basically told me that I was irrational, that I was hormonal and that I was an uneducated woman so what would I know, let's just leave medical diagnosis to the professionals. And his manner was so rude and he left me feeling so degraded for wanting to protect my unborn child against a possible risks that I was quite upset, quite distressed and I ended up going to, and I'm sorry rob I can't remember who it was, it was either the head of surgery ...we are talking nine years ago.

Stumer?

The head of maybe even obstetrics and I'm thinking that was Dr Davies at the time before he went into private practice. I don't remember who it was but I wrote to them and explained everything and said I refused to be treated by this doctor and got a letter back saying yes we are very sorry for your experience we will look into it, yes you may have your elective caesarean and you will never have to see this doctor again. Unfortunately the day of my ceasar he was actually supposed to be doing the surgery and my mum who was probably a little bit more forceful then I was then basically said to the nursing staff before I went up for my surgery that under no circumstances was that man to touch me and yeah... so I got switched to another surgeon that day to have my daughter. And actually the good thing was that I did fight so hard to have a caesar because her cord was wrapped around her neck so tight that she would have died if I had had a normal delivery. but that wasn't the complication that I was concerned about, there was another one but all and all it ended up being quite a good thing that I stood my ground but he is a rude, arrogant, arrogant, arrogant man who has no business in medicine but having seen the calibre of doctors that they hire in Bundaberg, it's not surprising that he's there.

This is the first time we've had this conversation. these memories are very vivid and very strong for you.

Very much so. I remember it clear as day. I have never been so mortified in my life to have a doctor act and behave the way he did. as I said, I've travelled the world and been in third world countries and seen medicine practiced in third world countries and none have I ever found to be as rude or unhelpful or arrogant as he is.

Sonya, I know your mum is a professional trained nurse, do you have any medical qualifications at all?

I'm a social worker, so not quite medicine but it feels like it sometimes.

I guess you are in a professional field.

Yes.

Would you be prepared to allow me to share your story with the media?

Yes, Not a problem

And would it be ok if I tabled a transcript of our conversation in parliament?

Yes, that's fine. Not a worry.

End of Taped Conversation.

(4)

Statement by [redacted] in regards to treatment received at Ante-Natal unit - Bundaberg Base Hospital on 17 Feb 10

During a previous appt on the , I was seen by Dr Wijeratne . This was the first time that both my husband and I had met him. When I mentioned that I couldn't have a natural birth due to a previous problem, he said under his breath 'Well I don't know about that'. I chose to ignore this comment and as the appt progressed, he actually asked about my history then changed his tune for the better which was fine as I just thought maybe he was having a bad day. After this appt, I decided it would be a good idea to chase up my previous documents from North West Private Hospital to save any confusion or judgements in the future. I brought these documents with me to my next appt and Tracey photocopied the ones that she needed.

Before my appt on 17 Feb 10, I was asked by Tracey if it was ok that I be seen by a training Dr which was fine with me. His name was [redacted] and he was really lovely. After he had checked that all was fine, Dr Wijeratne was called in to sign off on my C-section paper work. The first thing he said upon walking into the room was 'Why do you want another C-section?'. My husband immediately responded by saying 'Read her documents' and I said 'Because I wasn't able to have my son because of CPD as you can see in my documents'. He ignored my documents and said 'You know this isn't the easy way out' and I said 'I know that, I'm not choosing this way to cheat so I don't know why you are having a go at me. I am not too posh to push'.

Obviously by now I was feeling very angry and judged and my husband was also fuming. I remembered the comment he had said at my previous appt and thought that he had a problem with me. then again pointed at my docs from my previous hosp and said that I had CPD. He again refused to look at the docs and told me to sign the paper work and for [redacted] to put my name in the book for Theatre. He then briefly looked at my docs and said 'So you had your son at North West Private hey' to which I said 'Yes'. Then he preceded to say that there was a high percentage of C-sections at Private hosp because the Dr's are too lazy to be called in for deliveries in the middle of the night to which I said 'I don't care, this doesn't apply to me' and then he continued to say 'No no just listen for a min', He repeated what he had previously said and also added that public hospitals didn't have a rate as high as private when it came to C-sections. I again said 'I don't care, it has nothing to do with me'. At this point, I just thought he was the rudest man and my husband was just about to say some very inappropriate words to him when he then walked out. [redacted] was very professional and lovely and we did not speak about it after he left. When we got home, I was very upset by the treatment I received from him and I decided that I did not want him near me again.

The next day on Thurs 18 Feb, I rang the Ante-Natal unit and spoke with [redacted] explaining that I did not want him to deliver my baby or touch me because

he was rude and a pig. She assured that I would not have to see him again and to remind her on the day so another Dr could be arranged. I was happy with this outcome.

I also want to mention that throughout my paper work that has been given to me by the hospital, there is a list of reasons for having C-sections. Two of them is CPD or previous problems with a birth so why does this Dr think it's ok to have a go at me? I think he needs to familiarise himself with what the hospital actually preaches in these information booklets and keep his personal feelings to himself. It is ridiculous that someone in his position is working with hormonal women - not to mention that he is also dealing with very private parts of a woman's body. Making a patient feel comfortable should be the priority on his list.

Although the majority of this statement has been negative, I would like to finish on a positive. I would like to mention that [redacted] (the mid-wife), the other mid-wives, a female Dr (I have been seen by her however I cannot recall her name), [redacted] (the training Dr) and also [redacted] (the lady downstairs) have all been wonderful. It is a shame that one person has to put a damper on such good service.

Please feel free to contact me as I would be more than happy to discuss this further if required. Thank you