

THE STORK ARRIVES: SOME REFLECTIONS OF AN OBSTETRICIAN IN THE KIMBERLEY

On 3 March 2010, Dr Hamish McGlashan spoke to the Kimberley Society about his work in the Kimberley. Hamish is the immediate past president of the Society, having retired from that position during the AGM that preceded his talk. In previous talks he has entertained members with anecdotes about bushwalking expeditions, and, several weeks after this talk, which he has summarised below, he presented one at the Society's Kimberley History Seminar. That one was titled 'George Grey's expedition 1837-38: first European penetration of the Kimberley interior'.

I arrived in Derby in January 1997. There had been no permanent obstetrician for several years. For medical practitioners, obstetricians in particular, providing a medical service in the Kimberley presents challenges that the city based colleague does not have to face. Apart from the specialist having to travel extensively from the town base to remote clinics and hospitals, the patients having babies have to travel or be transported to the main centres in Kununurra, Broome or Derby; complex cases went to Derby where the specialist spent most of his time or if there were severe complications to the tertiary referral centre in Perth. Were one to be designing a service *ab initio*, Darwin would seem a more appropriate destination.

Emergency transfers could take place by ambulance for shorter distances, although this was sometimes ignored because of local cost implications. The RFDS continued to have heroic rescues. One stormy February night there was a call from Fitzroy Crossing where there was an expectant mother in premature labour with twins. A plane with paediatrician, GP obstetrician and nurse was despatched and at first delivery seemed imminent. Labour was suppressed and having alerted Darwin hospital, the patient was lifted gently into the plane. The RFDS pilot flew at low altitude, skirting the storms, and arrived at Darwin airport with the patient miraculously undelivered. On phoning the hospital for transport a message was given that the hospital was now full, interstate patients could not be admitted and that the plane should proceed to Perth! Fortunately the enterprising paediatrician used his mobile phone to summon the town ambulance and the patient was safely deposited in the hospital where she was safely delivered soon afterwards. An even happier outcome is that interstate bureaucratic obstructions have now been overcome.

In his talk to us in December, Fred Chaney mentioned a frequent complaint that he heard; that people in remote areas felt frustrated by lack of consultation and decisions made in capital cities. We shared this experience. For example, in the late 90s, there was a major reorganisation of the RFDS services in the state which meant that the operational decisions were made in Perth rather than Derby. This was strongly opposed at the local level, but ignored. Initially, one of our three planes was removed which led to increasing delays in the transport of urgent cases. In the longer term, although an excessive work load was removed from hospital doctors who had served the RFDS, there was a loss of continuity of patient care and greater difficulty in recruiting the highly skilled medical officers for the Derby Regional Hospital.

Aboriginal patients make up the majority of deliveries in the Kimberley. Medical problems such as teenage pregnancy, rheumatic heart disease and diabetes

in particular mean that many mothers are assessed as being at high risk. There is also the background problem of a high Caesarean section rate. While a rate of 50% can be defended (by some) in the city, over readiness to perform Caesarean sections in the Kimberley can have severe medical and social problems especially when pregnancies start at the age of fifteen and when the third Caesarean section (when sterilisation is often suggested on grounds of medical safety) is carried out by the age of twenty. Persuasion and counselling were put into reducing the rate and within two years it was less than half of what it had been in 1995.

It is now accepted by Aboriginal patients that they should deliver in hospital, traditional birthing practice and knowledge having now departed. It is nevertheless a difficult time for them as they have to travel from their homes in often distant communities to await the onset of labour in town, waiting in hostels (if available) or with extended families. No governmental support is provided for husbands, partners or friends. Nor can the expected date of confinement be reliable, as few patients know the date of their last menstrual period; presentation for antenatal care is often late; and ultrasound dating is difficult due to both the late presentation and lack of ultrasound operators. So there can be a lot of waiting, pressure to induce labour, and “absconding” back to the distant community.

The statistics of Aboriginal still births and perinatal deaths (those of babies up to 28 days old) show a rate double that of the rest of the population. Any intervention aimed at reducing the gap can have slow improvement at best. Recent research demonstrating the links between the intrauterine conditions resulting from the mother’s health, and the baby’s subsequent development of diseases in adulthood (the Barker hypothesis), mean that it will take several generations to reduce the inequality even if ideal conditions were to be present. Unfortunately primary and preventative health care takes second place in funding to acute medicine. Moreover, suitable programmes, worked out with Aboriginal communities, are still awaited.

The greater the challenges, the greater the rewards. Many things have changed since I last worked in Derby six years ago. (For example there are new hospital buildings in Derby, Fitzroy and Halls Creek). My time working in the Kimberley was the most rewarding in my professional career thanks to the colleagues, the teamwork and the enthusiasm in face of difficulties. Living in Derby was an additional bonus; a great sense of community.

Hamish McGlashan