

Joint media release
20 August 2024

Outrage at shock closure of Camperdown maternity unit

The Camperdown community, expectant mothers and birthing staff at Camperdown Hospital are outraged at the immediate downgrading – and effective closure – of their maternity service, reducing it from low-risk birthing to nil-birthing, with no notice given and for no good reason.

The Rural Doctors Association of Victoria, Australian College of Midwives and Maternity Consumer Network have also been so outraged by the decision that they have raised their concerns directly with the Victorian Minister for Health, Mary-Anne Thomas MP, and called for the maternity service to be immediately reinstated.

The maternity service at Camperdown Hospital had been operating at Level 3 capability (planned low-risk birthing, including caesarean sections) but has now been reduced to Level 1 capability – meaning no planned birthing is now available locally.

Following an 18 month period of disruption due to an operating theatre upgrade and then a period of unscheduled staff leave, Camperdown's maternity service had recently started to stabilise in recent months – only to be impacted by last week's shock announcement.

The doctors at Camperdown Hospital who provide inpatient, emergency and procedural services were not consulted on the decision – rather, they were simply informed last Monday of the downgrade, which came into effect immediately.

Acting President of the Rural Doctors Association of Victoria (RDAV), Dr Louise Manning, said:

“The lack of engagement with the local maternity team and patients prior to this downgrade is completely unacceptable, and the women of the Camperdown community deserve much better.

“RDAV calls on South West Healthcare to immediately reinstate the Level 3 service at Camperdown and engage in a professional, respectful and productive approach to better support local services, in order to provide the highest level of local, quality maternity care for the women of Camperdown and surrounds.

“There is an opportunity here to strengthen the service and ensure periods of unscheduled leave are covered, as well as look for solutions to increase the sustainability of the maternity workforce for Camperdown and Colac – the Victorian Government, State Department of Health and South West Healthcare should be doing everything in their power to keep the service open.”

Alison Weatherstone, Chief Midwife at the Australian College of Midwives (ACM), said:

“We join others in expressing our concern at this decision. We strongly object to any downgrade of a rural maternity service without fully engaging the community and the local clinicians first, nor without exhausting every avenue to maintain the service.

“Health professionals want to work in services where they can utilise their full scope of practice and provide the most comprehensive service possible to their community.

“When you remove birthing from a rural hospital, it is common that GP obstetricians and midwives relocate to work in health services where they can practise to their full scope. This leaves the downgraded service understaffed and then unable to operate at its original level.

“Time and time again we have seen services lost due to a temporary downgrade decision by executive management, which quickly leads to a permanent service closure.

“We are now seeing this happen with the Camperdown maternity service, which is extremely concerning.”

Alecia Staines from the Maternity Consumer Network said:

“When women have confidence in the reliability of their local birthing service, giving birth locally is usually the preferred choice for mothers expecting low-risk births.

“Having all your prenatal care provided through the wonderful team of local GP obstetricians and highly skilled midwives in Camperdown, however, and then suddenly being required to travel nearly an hour to Warrnambool and into the care of strangers to have your baby, is far from ideal.

“Worryingly, this is a growing trend. Colac maternity service is now being put on bypass regularly, meaning that Colac mothers already have to relocate to Geelong to birth their babies.

“Centralising birthing into large regional centres like Warrnambool and Geelong does not make for a safer service, nor does it enhance care for women living in rural areas. The continuing disintegration of rural birthing services in Victoria must be stopped, as it is putting rural women and babies at much greater risk.”

Dr Manning said it was clear that a full review of an integrated maternity model is required, to look at how Warrnambool Hospital could better support and assist smaller rural maternity services in the region when they are under pressure.

“Instead of cutting services, South West Health needs to look at providing additional investment and support to the Camperdown maternity service” she said.

“This should include support for locums to cover periods of leave, the establishment of a single employer Rural Generalist obstetrics and anaesthetics pathway to improve the future sustainability of the service, support for Camperdown and Colac doctors to access clinical upskilling placements, and importantly the creation of a paid midwifery training position at Camperdown.”

Interviews are available with each spokesperson listed above.

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