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Labour care angers family

by Lee Scanlon

A first time Buller mother endured labour with inadequate pain relief because Grey Hospital would not provide an epidural anaesthetic, her mother says.

Instead, the hospital offered Alex Morrow, 20, of Inangahua, a Caesarean section to deliver her baby, Jacqui Morrow said. The offer was refused.

Mrs Morrow said mothers in labour should, by right, be allowed an epidural.

"I don't feel a hospital can decide, 'we don't have anyone trained so you don't get one'.

"I think that's unacceptable in 2010, even for Grey Hospital."

Alex Morrow went to Greymouth for an antenatal check on February 18. She booked a motel for the night because she thought labour was imminent, her mother said. By midday the next day she was in pain and her parents travelled from Inangahua to be with her.

They took her to McBrearty Ward about 6pm for a check, Mrs Morrow said. A nurse told them she was due to finish her shift in an hour, and suggested they return later, she said.

Bemused, they went back to their motel and returned to the hospital after midnight. An examination found Ms Morrow was still many hours from giving birth.

"She was in severe pain. She wasn't someone that was going to deal with pain well," Mrs Morrow said.

Ms Morrow's own midwife was away, so a duty midwife was called. The midwife was "fantastic", but frustrated by her inability to offer adequate pain relief, Mrs Morrow said.

"She gave Alex pethidine that lasted an hour. She then realised it was going to be another eight hours before she could administer anything else.

"My daughter, by this stage, was very distraught."

Ms Morrow also received a small amount of morphine and nitrous oxide (laughing gas), but neither was effective, her mother said.

The midwife said Ms Morrow needed an epidural, and the family asked for one, but Grey Hospital had no one to administer or monitor it, Mrs Morrow said.

"The head surgeon came along and said less than 1 per cent of women require an epidural so they didn't feel it was really necessary to have it available for women on the West Coast."

The doctor was "extremely rude and unhelpful", she said.

Mrs Morrow requested a patient advocate, who arrived at the hospital in the early hours of the morning. Staff met about 6am, and offered her daughter a Caesarean section rather than an epidural, she said.

"I said 'oh, don't C-sections involve epidurals?"

Alright, we'll just whip her down to surgery, get that epidural in, then whip her back up her to maternity without the C-section."

Staff said no one was available to deal with the epidural in the maternity ward if anything went wrong. Nor could Ms Morrow have an epidural in the surgical ward, because she would then be a non-surgical patient in a surgical ward, Mrs Morrow said.

At 8am her daughter was allowed more pethidine. At 10.23am she gave birth to a healthy son, who weighed 3520gm (7lb 12 oz).

The baby had to be given a drug to counter the pethidine and morphine. He would not have required it if his mother had had an epidural, because the anaesthetic did not affect the baby, Mrs Morrow said.

The Grey Hospital drama did not compare to her experience in Auckland a fortnight ago, where her daughter-in-law gave birth to her first child. "I watched them offer her an epidural before she even asked for one. The care was exemplary."

Ms Morrow returned to Inangahua on February 22. Since then all attempts to get a midwife or Plunket nurse to visit had proved fruitless, despite the fact she was struggling with breastfeeding, her mother said.

Mrs Morrow's other daughter, Kellyann, is due to give birth on March 18. Grey Hospital had told her she would probably need a Caesarean because her baby was in a breech position, her mother said.

Mrs Morrow has advised her to get a second opinion.

"Maybe they are only offering that because that's all the services they have to offer."

She had previously encouraged both her daughters to see doctors in Murchison so they could birth at Nelson Hospital. Murchison had refused to take them because Nelson had more West Coast mothers than it could cope with, she said.

DHB responds

West Coast District Health Board (WCDHB) acting chief medical advisor, Dr Vicki Robertson, said it could not comment on Ms Morrow's specific case.

However, Dr Robertson said the board did provide epidurals at Grey Hospital, "but only when clinically indicated as assessed by both the obstetrician and the anaesthetist".

"The number of epidurals is low and this affects the ability of staff to maintain skill levels."

As a result, staff were conservative in their management of epidurals, Dr Robertson said. They preferred not to perform epidurals if other options were available, and closely monitored, in an operating theatre rather than a ward, any patients with an epidural.



Alex Morrow, 20, of Inangahua, with her son, as yet unnamed. Ms Morrow wanted an epidural anaesthetic in labour, but Grey Hospital would not provide one. (Photo – supplied).

"There are other analgesia options available for birthing mothers. Women are able to have their pain in labour managed with a combination of heat packs and warm baths, nitrous oxide gas, narcotic injection and, in the small group of women who require further

analgesia around the time of delivery; a spinal anaesthetic can be administered."

Dr Robertson said the WCDHB was reviewing pain relief services available to birthing mothers, including alternative pain relief and the epidural service.

ON THE SIDE

Shopping mall planned for Grey

Negotiations are under way for a shopping mall development in central Greymouth on a 5.5ha site owned by the Grey District Council.

The proposal, from Christchurch property developer Lilly Cooper, would feature a big undercover shopping mall about 500m from Greymouth's central business district.

Grey Mayor Tony Kokshoorn said the retail precinct would showcase Greymouth with sophisticated, modern facilities.

"At the moment we have a huge amount of retail leakage to Christchurch where the malls are a real drawcard. What we desperately need here is more choice."

Development West Coast chief executive John Chang said it supported the West Coast Shopping Centre proposal.

"This would be good for everyone. If there is confidence in the local economy, people will spend more."

The Greymouth Star reported the site could eventually host a mall four times larger than Greymouth's The Warehouse, and capable of attracting national chains such as Briscoes, Farmers and Harvey Norman.

The water's edge site has a direct road link via Gresson St. The Grey council is poised to develop a coastal cycleway and walkway connecting the central business district to the site and beyond.

West Coast-Tasman MP Chris Auchinvole said the development would be in keeping with Greymouth's retail improvements.

"The Coast, and Coasters, have proven to be resilient and resourceful during the recession. This new opportunity would be an inspired way to celebrate continuing economic growth in the region."

"The prospect of developing land by the fishing wharf is a great use of an iconic part of the town, one we all know, and one that could be very attractive," Mr Auchinvole said. Ms Cooper's proposal to buy the land goes unconditional at the end of March.

Celebrities for

Westport

Celebrities including Outrageous Fortune star Shane Cortese will join the Variety Bash when it visits Westport South School children next Monday.

Also there will be Constable Bryan and Bobby from the self-titled TV3 programme, Cocksy the builder, comedian Ewen Gilmour and actor Peter Elliot.

Variety Bash operations manager Adam Leslie said it was delighted to include Westport on its 20th anniversary Bash.

It would make two presentations: a specialised trike to eight-year-old Amy Currie and a \$3000 grant to Home Builders West Coast Trust.

Nurses slam health report

by Lee Scanlon

Nurses have slammed a proposed blueprint for West Coast health services.

Buller, Reefton, and the views of West Coast nurses were virtually ignored by the Law and Economic Consulting Group (LECG) report, said the nurses union.

The \$107,000 report, released a month ago, recommends more collaboration between the West Coast and Canterbury district health boards. It suggests Buller Hospital reduce to just two beds.

The New Zealand Nurses Organisation (NZNO) praised the plan to turn Grey Base Hospital into a "centre of excellence for rural health", but criticised the report for lack of breadth and consultation.

It said the report did not look at the whole of the Coast "and in fact barely acknowledges that Buller and Reefton health services exist".

This was concerning, because the report acknowledged the Coast's scattered, aging population, and the problems transporting acutely ill patients quickly and safely.

The report focused on the opinions of a "select few", said NZNO's submission to the West Coast District Health Board (WCDHB).

Most WCDHB staff were not consulted. Few, if any, NZNO members were consulted in Buller and Reefton.

"NZNO is further concerned its members were not made aware that a review of services on the West Coast was occurring and that specifically their views were not sought."

The report's authors should have consulted widely and openly with all levels of staff and the community. This would have increased the chance of the report being accepted. It would also have reduced speculation other agendas were behind it, NZNO said.

"To produce a report in a way that creates mistrust amongst key groups that may be affected by it is the long way round in any change management of

health services, and sets up the likelihood for failure and/or long term unrest and suspicion of the DHB's motives from both their staff and the community."

NZNO said it recognised West Coast health services had to change for the benefit of both clients and staff.

However, proposed changes seemed driven by lack of medical resources, funding restraints and the need for more facilities, rather than a holistic approach to health care.

The report did not take enough account of the impact of geographical isolation, patient transfer difficulties and service delivery problems. It merely identified those concerns, then said Coasters would no longer have 24/7 health services in the near future, and had to accept the risk of living here.

"If the objective is to provide a viable, safe and effective service, then more than lip service is needed to prevent a tragedy occurring due to these adverse conditions."

Robust leadership would give staff confidence and improve collaboration and communication, NZNO said. Nurses responded to effective leadership where they were encouraged to develop their roles to benefit of their clients.

It was well documented that nurse-led services cost less and produced better, more effective results for clients.

NZNO was pleased the report identified the advantages of developing nurse-led services, and further developing opportunities for advanced nursing and allied health practice on the West Coast.

Submissions on the LECG report closed last Friday. The WCDHB will now decide whether to adopt some or all of its recommendations. They include fewer beds at Grey Hospital, basing most surgeons and senior medical officers in Christchurch and flying them into the coast, and reduced local medical staffing.

The NZNO submission can be viewed at: <http://www.nzno.org.nz/activities/submissions>

Testy DHB chair refuses to answer

by Lee Scanlon

A testy West Coast District Health Board chairman has refused to answer questions on how the DHB aims to cut around \$1 million from its deficit.

The board met behind closed doors in Greymouth last week to discuss how to reduce its forecast deficit of \$9.25 million, which is \$1.66m worse than budget.

Chairman Rex Williams had previously told The News the DHB needed to save at least \$1m.

He told The News today that the DHB had discussed draft proposals from management, but refused to say what they were.

"We've gone back to them and asked them some more questions and they'll report back to us for a meeting on March 11. After that we'll be able to work on our annual plan."

Asked whether he still believed the DHB could save at least \$1m, he responded: "I think it's possible."

He would not say whether Coast health services might be cut.

"I'm sorry, you're back to asking me detail. I can't discuss that. We'll be able to discuss it further after the board meeting on March 11, when we'll come to some agreement."

"In the meantime, it's an issue to be discussed by the whole board."

Mr Williams confirmed the board talks on March 11 would again be behind closed doors "because employment may be affected".

He denied he was referring to possible job losses. Asked to explain what he had meant, he declined to answer.

He denied he was accountable to the public, and should be more forthcoming.

"No, I'm accountable to the Minister of Health. Let's be very clear about that."

He added he was accountable to the public "to some extent, to produce health outcomes".

He did not know whether the board would make public its proposed savings after its next meeting, saying that was up to the board.

Asked when the public would be told, Mr Williams cut the interview short. "You're trying to paint a totally inappropriate picture. I'm sorry I'm not going to continue this discussion."

"We've had these kind of discussions before. You've chosen words from my replies in a manner I think is totally inappropriate and I'm not going to discuss that any further."

Driving age increase welcomed

by Chloe Vaughan

Coasters have welcomed an announcement from Prime Minister John Key the driving age will increase to 16.

Westland School of Driving instructor Malcolm White said the current age of 15 was very young.

"Most other countries do not allow young people to drive until they are 17 or 18 and too many young drivers are killing themselves. I think it has got to go up and I am in favour of zero alcohol for 15 to 20-year-olds."

However, Mr White believed the driving age should stay at 15 for rural youngsters outside public transport areas.

He said school bus services were usually good,

but in some rural areas public transport was nonexistent and it made travelling difficult for young people.

Youngsters from rural areas were sensible drivers, he said.

West Coast police area commander Inspector John Canning said the statistics showed younger drivers had more accidents, but it was unclear whether age or inexperience was to blame.

"The majority of drivers get their licence between the age of 15 and 25 and statistically they are at risk. I would put it down to inexperience and the bulletproof attitude of youth."

Increasing the driving age could help, Mr Canning said.

"It is a move in the right direction but only time will tell on how effective it is."