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# Hawke's Bay: A multidisciplinary approach

After graduating from Otago and working for two years as a house surgeon in Palmerston North, I was a GP locum in nearby Feilding. I remember with dread my introduction to sole care obstetrics; the first three cases were a breech, an obstructed second stage and the birth of a grandchild of the most prominent politician of the day. I left for England soon after with the firm resolve to deliver no more babies until I knew what I was doing. I spent four years in Bangor (North Wales), Cambridge and Portsmouth before returning to a locum position in Palmerston North. A further spell at the National Women's Hospital in Auckland was exciting as Prof Graham Liggins was carrying out his work on maturation of the fetal lung. The attraction of the provinces was too strong, however, and I established a specialist O and G service in Hawke's Bay.

Hawke's Bay is a community of more than 150,000 on the east coast of New Zealand's North Island. A more useful measure for an obstetrician's view is the birthrate of more than 2000 deliveries a year. This brings us close to the size of better known centres like Dunedin and Palmerston North.

By New Zealand standards, Hawke's Bay is isolated, being 350 kilometres from the nearest tertiary unit in Wellington. Thirty-three years ago the perinatal mortality in Hawke's Bay was the worst in the country. There was no specialist service in obstetrics, paediatrics or anaesthetics. As these services were provided there was a rapid improvement in our figure. A notable achievement was the first New Zealand successful venti-

lation of a baby with severe RDS. This was achieved by co-operation between all disciplines. It was gratifying to see the steady improvement in the timing and quality of referrals as the service became accepted. Over the next 20 years, paediatricians also operated above their official level two status, enabling us to keep most babies above 1000 grams.

Our other handicap was the existence of two base hospitals only 22 kilometres apart. Both hospitals were under the same hospital board and it was more a case of one hospital 22 kilometres long. Trying to provide cover was often a nightmare for all concerned when the anaesthetist and paediatrician were busy in one hospital and a crash caesarean was needed in the other. This situation was finally resolved in 1998 and has made it possible to take our part in training junior medical officers.

We now have five specialist obstetricians and gynaecologists. With only five specialists it is difficult to meet day to day demands and also develop subspecialist interests. Urogynaecology, which has always fascinated me, oncology and maternal-fetal medicine, are becoming too specialised to practice in a provincial setting. This has travel and cost implications for patients and funder. Provincial areas deserve top quality generalists who will not be legislated out of pursuing particular interests.

The last decade has seen changes to the co-operative approach to maternity care in New Zealand. There are fewer general practitioners in obstetrics and individual

care by an independent midwife has led to much later referrals of patients.

This change in maternity delivery may be one of the reasons for the small number of new specialists being attracted to obstetrics. This is not peculiar to the provincial areas but is possibly more apparent. Seeing the friendly multidisciplinary approach with GPs and midwives that we had achieved over 20 years unravelling over the last decade was a powerful factor in my decision to retire at 63.

Pressures on families are greater in smaller communities where every child delivered becomes a playmate of the doctor's own children and the spouse's friends are commonly patients. The rewards of being a useful member of the community are not so apparent to family members who may feel a lack of individual identity. Despite that, I have no regrets about coming to a community where my work places and pastimes of sailing and more recently gliding are minutes away from home. The ski fields are less than four hours' drive away and Lake Taupo half that distance. I can get to Auckland Airport (and Australia) more quickly than many of my Auckland colleagues. If we decide to stay at home there are wonderful wineries to enjoy in one of the best climates in New Zealand. Life in Hawke's Bay is good.

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