Introduction

My name is Denise Thomson; I am a Maternal and Child Health Nurse working in metropolitan Melbourne for the last four years. I have a caseload of 700 families but my main area of support is the under ages one families. The area has an 85% population of first time mothers' last year 144 newborns with a high percentage being nuclear families with parental support overseas or interstate. The area profile is high achieving professionals who perceive that getting pregnant, having a baby will be easy but the reality is a high percentage of IVF conceived infants, which has a subsequent impact on breastfeeding ability-these mothers need a lot of support.

I am a registered nurse (RGN) qualifying in the UK and having a BSc qualification from Teesside University which entitled me to work as a health visitor (job role very similar to Maternal and Child Health Nurse). I had to undertake the postgraduate diploma in Midwifery (RMIT university 2006) as the Nurses board of Victoria stated it was a prerequisite to practice as a Maternal and Child Health Nurse, and some modules of the postgraduate diploma of the Maternal and Child Health Nurse (RMIT university 2007) as the Nurses board of Victoria stated that my UK BSc course qualification was insufficiently related to the postgraduate diploma of maternal and child health nursing.

I was given a scholarship by the City of Port Phillip to complete my maternal and child health nurse course and this really helped with funding the course feeds as at the time I was on a 457 visa paying international course fees.

Overview.

My submission is limited to Chapter 12 of the Early Childhood Development Draft Report I would like to raise concerns regarding the recommendations 12.2 and 12.3. I think that we need to provide a high quality service to families and that in order to do this the MCH nurses must be highly qualified with all aspects of nursing and midwifery skills and experience. Any reduction in the level of qualifications required will impact in the standards of practice and care given to families. Given the current financial climate students must be given financial support to undertake the educational aspects of the MCH course.

Discussion of recommendation.

I have found that coming from the UK (where I worked in an area of severe social deprivation where out of a caseload of 150 families- due to the complex needs of the families' only one breastfed) I did not have a lot of postnatal breastfeeding experience and found the postgraduate diploma of midwifery an invaluable experience. It has improved my knowledge of breastfeeding practices exponentially (given that the only other midwifery experience had been 3 months during my RGN training in the UK).

My midwifery knowledge and experience has improved my practice as an MCH nurse- for example at the home visit diagnosing tongue tie which had severely impacted on breastfeeding causing nipple trauma to the mother and breast engorgement with pain to the mother and severe weight loss/dehydration in the infant. This required the implementation of an immediate feeding plan and to contact the obstetrician for a tongue tie assessment which resulted in an operation the next day. There have been several cases where I have diagnosed severe mastitis and had to

phone the GP surgery to get an urgent appointment for the mother to be seen immediately for treatment.

The prerequisite to be a midwife is very important in the immediate post natal period but also in the long term when working with families. The midwifery experience is very useful when families who want information about family planning, dealing with a subsequent pregnancy, breastfeeding issues with a new baby impacting on the family dynamics.

My experience as a registered nurse has also been very beneficial in my role as an MCH nurse. The basic nurse training gave me grounding into the holistic care required for families within the home and community setting.

In my belief in order to provide quality care to the family as a Maternal and Child Health Nurse the nurse should hold current qualifications as a registered nurse, midwife and a post graduate study in Maternal and Child Health. The triple qualification ensures a well educated and experienced independent practitioner. Given that there are an increasing number of cases of litigation against the medical/health profession in general, surely this would prove a strong reason to ensure that nurses who provide the MCH service are as highly qualified as possible to work in this complex and specialised field.

The MCH nurse course itself is of vital importance to further develop the knowledge and experience of the midwife and nurse. The course complements the basic study given in General Nursing and Midwifery by adding the in depth knowledge about postnatal depression, domestic violence to name a few. This is confirmed by the inclusion of Standard 2. Section 2 health and well being of the mother-

> "The Maternal and Child Health Service utilises monitoring, support and information to improve the health and wellbeing of the mother.
> • Maternal health and wellbeing are monitored at each contact with the Maternal and Child Health Service, and physical and emotional health issues for the mother are addressed. This may include:
> – breastfeeding
> – incontinence
> – post-natal depression
> – recovery following childbirth
> – adjustment to becoming a mother
> – family planning
> – partnership relationship
> – management of tiredness and fatigue
> – other women's health issues.
> • The health and wellbeing of the mother are reviewed in relation to the child's health and wellbeing
> • Professional observation and judgment are utilised when monitoring and assessing maternal health and wellbeing."

(p.25 Maternal and Child Health Service standards- DEECD and MAV 2009)

Coming from the UK where there is a consistent high level educational package for all of the UK nurses to ensure that all standards of practice are at a high level for nursing for all of the professional nursing disciplines. I find it very disconcerting that throughout Australia there is a varying degrees of the level of educational standards to practice as a Maternal and Child Health Nurse (or similar) given that the role of

working with families is the same. The Victorian KAS framework has ensured that within all of Victoria the standard of practice for Maternal and Chid Health Nurses is evidence and research based and consistent throughout the state.

As a recipient of the sponsorship program I found it invaluable support and without it I may not have completed the course due to financial constraints. I fear that the cessation of sponsorship may negatively impact on the number of nurses undertaking the university accredited course.

I am very disappointed with the limited consultation undertaken by the productivity commission with Victorian nurses which is reflected in some of the confusing comments e.g. p226 of the consultation 'the current rates of pay in Victoria are well in excess of those in the modern award' yet the table 12.2 has the rate of Victorian pay 4th out of 8 states. Furthermore whilst they discuss the ageing MCH workforce (p217) this issue is widespread throughout nursing and not just relevant to the MCH workforce.
The Victorian MCH service is held in wide regard as being a research and evidence based

> "The Maternal and Child Health Program Standards provide an evidence-based framework for the consistent, safe and quality delivery of the Maternal and Child Health Service. The Program Standards support the provision of clinical and corporate governance within the Service, and provide a systematic approach to improving service delivery and safety"

(Maternal and Child Health Service standards- DEECD and MAV 2009)

Each council has to provide annual uptake of the KAS attendance service figures to DEECD to ensure funding requirements for the service provision and has to ensure that the targets levels are met to secure further funding. There have also been several studies into the level of satisfaction of the service provision as regarded by parents and these are very high levels of satisfaction with the service provision. It is disappointing therefore that the Commission has not addressed the Victorian MCH nurses within a public setting to address some of the issues raised within their discussion paper on the workforce and it would beg the question as to how much input was actually given from MCH nurses into this document- as they are the only ones who truly can describe their work role rather than generalised statistics.. It would be beneficial for the commission to meet with the Victorian MCH nurses and to gain an insight into the working role of the Victorian MCH nurses and to discuss the KAS screening program used for families.

References
Maternal and Child Health Service standards DEECD and MAV (2009) http://www.eduweb.vic.gov.au/edulibrary/public/earlychildhood/mch/mch-service-program-standards.pdf accessed 18/8/2011