

Note made by: Sonia Zimmermann

To the Productivity Commission

I have read some of the draft recommendations and findings from ch. 12 on child health workforce.

I am the mother of an 8 month old girl and have found the services offered by the maternal child health nurses of my local centre very useful. As a first time mother, despite reading up on the internet and looking at several books to know what to expect, it has been great to have access regularly to child health nurses to review my child's progress in terms of weight, height, mental and physical development, as well as supporting me as a new mum facing the challenges of bringing up a child. It has been very useful to see them share knowledge and experience that comes from years of training, experience, personal reading and professional development in terms of what and how to feed children, what to do to awake their senses, what signs should be considered serious health warnings, how to regulate their sleep and how to establish a routine.

I therefore have been shocked to read draft recommendation 12.3 in which it is stated that you are considering cutting their qualifications in midwifery. Indeed it is especially in the first few months that the checks provided were the most useful, as babies are asked to leave hospitals with their mums earlier than 20 years ago leading to unexperienced mums looking after babies just as the babies start to be unable to follow hospital established routines, once at home after 3-5 days after births. Mums go home with sleepy babies but a week later, the children start having messy sleeps, some breastfeeding mums are having problems, some babies start having problems to digest bottle milks and without some experienced midwives in those centres, this can lead to many health complications for the children, possibly deaths. There would be medical reasons why general nursing could not be qualifications enough to support mums, in particular first time mums, who need somebody with training in particular on how to deal with newborns. I can only talk as a mother who wants and needs access to qualified and experienced child health nurses, which to me includes midwifery qualifications and experience. I feel that without those skilled midwives, many children may end up in already overfilled emergency wards just as much for basic care that did not require a visit to emergency as much as being too late in accessing an emergency leading to serious consequences for the child and its family due to lack of knowledge that could have been passed on by midwives.

With regards to draft recommendation 12.1 and the optimal number and timing of child health checks, I found that the checks were quite regular and highly needed at the start (home visit, then 2 weeks, 4 weeks, 8 weeks) but found that no appointment between the last one of the early ones to 4 months, then 8 months is very hard for a first time mum, as so many changes take place, yet aside from the drop-in system, there isn't any support. I would therefore suggest increased appointments at those times, at least with one at 6 months with the passage to solids partially done at 4 months but definitely done at 6 months.

Finally about draft recommendation 12.4, I feel that remote areas and aboriginal areas deserve the same access to medical staff as big cities and suburbs, so that this suggestion only seems to be a cost-cutting exercise rather than a real solution to the

problem provided, similarly to the recommendation about assessing the cost effectiveness of scholarships. It is important to have more nurses and midwives and to make these careers attractive whether from Uni onwards or later on in urban as well as in non-urban areas. Several options are available that do not need to look at either having scholarships or not, as canceling them or not providing more as population increases could only lead to a decrease in nurses per number of mothers. I think new options ought to be explored before dismantling the previous system such as:

- *attracting immigrants to this profession that are willing to settle and work in remote or aboriginal areas
- * giving equivalences for overseas qualifications based on a one year fast course and examination system (again on condition of working in high demand areas for at least a couple of years)
- * provide partially subsidised undergraduate studies and free postgraduate studies for one or two years working in the bush or in an aboriginal area for urban students as well as free studies for applicants living in the bush or in an aboriginal area.
- *redesign courses to make them more appealing to students with work experience in urban and rural settings.
- *provide advancement opportunities and appropriate salaries to keep the maternal child health staff in their career.

Good care at the start of a child's life can only improve a child's health in the future and hence decrease the need for increased demands made on doctors and hospitals. It seems essential to reject false short-term economies that could lead to long-term disastrous weights on the public health system.

In the hope that my comments and concerns will be taken into consideration, I wish you all the best in tackling the very important job of deliberating the future of child health nurses in this country.

Best regards,
Sonia Zimmermann