

## Response to Draft Recommendations of the Productivity Commission on Early Childhood Development Workforce Study.

I am a Rural Victorian Maternal and Child Health Nurse and I am writing in response to Draft Recommendation 12.2 and 12.3.

12.2 – I received a Rural and Remote Scholarship through RCNA to undertake a Graduate Diploma in Child and Family Health in 2009-2010. Without this scholarship it would have been beyond my families means for me to undertake this study. The \$10,000 scholarship I received paid for most of my tuition costs however didn't cover any of my travel expenses for more than 200km each way to lectures once a week over 4 semesters, accommodation or for books, stationary, computer costs etc. I think scholarships are the only way most nurses can afford to undertake postgraduate education therefore they should be expanded to encourage further studies.

12.3 – I have recently become a Maternal and Child Health and felt this was a natural extension of my many years work as a midwife assisting families throughout the birth process. I am also a Lactation Consultant, study I undertook 10 years ago to assist me in my work as a midwife. As a midwife for the last 28 years I have worked with families in all areas of the birthing process and regularly in the latter years in domiciliary midwifery-this is what led me to Maternal and Child Health Nursing. I felt I had a lot to offer families with continuing involvement as their baby grew and developed. I have now been employed as a Maternal and Child Health Nurse for 9 months and relish the role. I could not imagine that I would feel so comfortable in the role without my midwifery experience.

I run a new mothers group where women frequently debrief their birth experiences, how could I facilitate this effectively if I was not a midwife?

In my very short time as a Maternal and Child Health Nurse I have assisted many mothers with breastfeeding problems, many of whom have gone on to breastfeed successfully, how could I have done this without my previous experience as a midwife? And what would have happened to these women who wanted to breastfeed in a rural area without access to formal lactation clinics? No-body can deny the benefits of breastfeeding and when Maternal and Child Health Nurses are also midwives they are much more equipped to support breastfeeding mothers.

All births where a baby is born, of more than 20 weeks gestation are registered and in Victoria the Maternal and Child Health Service is notified of these births, these families are then offered support from the service even if their baby did not survive. Even in my short time in this field I have counselled women and offered support when their baby did not survive, I felt I could do this due to my experience as a midwife, I would not imagine I would have been able to offer any support if I was not a midwife as I would not have any background in dealing with loss of a baby. Where would these women get support if Maternal and Child Health Nurses were not midwives?

I strongly feel that it is in the best interests of families that Maternal and Child Health Nurses should also be midwives as the highest uptake of the service is from families when the baby is first born, especially in the immediate postnatal period and the first year. A midwife has many skills which are utilised in this time which are not limited to the above instances, for example, family planning, managing an unsettled baby and knowledge of postnatal depression, detection and management.