

To Whom It May Concern

This is a personal submission to the Early Childhood Development Workforce Study Productivity Commission.

As a registered practising Maternal & Child Health Nurse in Victoria, I have concerns about some of the recommendations from the Draft Report – specifically draft Recommendation 12.3. I am pleased that Child Health Nurses will still be required to have general nursing and additional Child Health Nursing training. Until there is national agreement for the professional training required for Child Health (CHN)/ Child and Family Health (C & FHV) Maternal and Child Health Nurses (M&CHN) and even on their name, I think it premature to downgrade any higher skill requirements for this important nursing role.

The requirement of midwifery as an addition to general and child health nursing for registration in Victoria has many benefits. M&CHN's possess a continuum of knowledge that follows a woman's pregnancy, birth and post natal period. Each of these parts of a woman's life cycle is an important component and affects her role as mother and parent. In my current practice, I care for families whose fertility, pregnancy and birth have long term consequences for them in many ways. Women who have had third or fourth degree tears in childbirth, placental abruption with a necessary hysterectomy, long periods of infertility and infertility treatment, miscarriages, post partum haemorrhages, and unfortunately deaths in childbirth. My midwifery experience brings more than a cerebral knowledge to the care I offer the family- I would say I have increased empathy and a more comprehensive understanding of the family's needs and are able to formulate a personalised ongoing care plan for them. As a M&CHN I see many women ante-natally and need to have knowledge of the women's health issues and needs.

The other benefit I see in having the additional qualification in midwifery is the added nursing and life experience this brings to the M&CHN role. As a sole M&CH nurse I am singularly responsible for the assessment, treatment, and referral of the health and well being of children and their families under my care. Some families are vulnerable, lacking both material and emotional resources to seek assistance and it is important that my assessment and management is up to the expected professional standard. The greater life and nursing experience the M&CHN brings to this role, the better. Perhaps the additional qualification of Midwifery **or** Paediatrics could be considered. The M&CH nursing position is synonymous with the Clinical Nurse Consultant Role within the hospital system in terms of the added knowledge requirements and independent practice roles. The M&CHN position needs to remain as part of the nursing hierarchy to be sought after and to offer some scope for professional development. This fits in with DRAFT FINDING 12.1:

“While child health nurses are, on average, older than other nurses, this reflects their higher level of qualifications and experience and does not appear to be a cause for concern.”

Following on from this point, I feel very concerned that the Child Health nursing role may be diminished by less qualified personnel performing some, or all of, the tasks associated with the role.

For example: the use of practice nurses (some of who are not registered- but Division 2- nurses) to perform the 4 year old pre-school check. The more I practice as a M&CHN, I have an increased awareness of the need for more ongoing clinical and theoretical knowledge required for this specialised role.

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