

Dear Sir/Madam,

I am a Maternal and Child Health Nurse writing to you on behalf of my rural community regarding your draft recommendations about the Maternal and Child Health work force.

Firstly, you have omitted the word 'maternal' out of this draft report, which I find degrading. We Victorian Maternal and Child Health Nurses have worked very hard to obtain these necessary qualifications, hence we are well sort after nurses to employ all over Australia because of our midwifery backgrounds/qualifications. I am astounded as to why the other states of Australia have not upgraded their skills and qualifications as I am stupified as to how these nurses can be qualified to offer advice to all mothers and babies. This is nothing short of negligence and you need to address this short coming.

In Victoria we are not short of maternal and Child Health nurses, so there is not an issue of our workforce being depleted. As far as an ageing workforce, isnt every workforce ageing? We have graduates coming through all the time so this is a non issue as far as our workforce is concerned.

Living in a rural community does have its concerns. Firstly, lack of General Practitioners has evolved the midwifery led care model of antenatal care at the local hospital. This is another vital example of why we need midwifery as a qualification in rural areas. By not having midwifery for Maternal and Child Health nurses tells me that you do not care for our mothers in our community. Why take a step backwards when we need all the qualifications to provide this top quality care to our families? I can now understand why we have so many 'border hoppers' from New South Wales to access our service at Maternal and Child Health. I would have approximately 98 percent of New South Wales border families accessing our service here as we live on the river. You go to a health professional that knows what they are doing, and access health information about women whom are working in the field and dare I say qualified for.

Post Natal Depression. This is a disease of having a baby. Being a midwife certainly educates Maternal and Child Health Nurses to deal with this compicated issue. Not only do you address the mother, it is the baby, other children, partner, and families in general that we deal with. It is called a holistic approach to care of women with babies. I have clients from all over Australia that either call, text, or say that they are coming home and that they would like an appointment for when they are visitng next. In particular, Queensland model of care or should I say don't care model has Victorian mothers panicking when they move to Queensland. Technology has helped those mothers as in the telephone to access our advice. Once you have tasted our holistic care model in Victoria, nothing compares to it in Australia.

I am a proud Victorian Maternal and Child Health Nurse. I dare to care for my families that I see. The other states of Australia need to up skill and get on board with a system of care and qualified workers that provide that care to our mothers and babies. I urge you to please listen to what is happening and it is vital that we keep these qualifications going. Where would you like to have your children/grandchildren, daughter/son, daughter in law/son in law checked or assessed for their health? In Victoria or another state. I am sorry, but the score is on the board for Victorian Maternal and Child Health Nurses. Are you ready to gamble the health of your family?

Regards,

Tracie Warburton
Maternal and Child Health Nurse
Forensic Nurse Examiner
Swan Hill Victoria