Dear Reader,

My name is Christine Hore and I commenced practising as a maternal and child health nurse in Victoria, this year. I am registered as a midwife and nurse with the Australian Health Practitioner Regulation Authority.

I completed my nursing training in 1979 at the Royal Adelaide Hospital, and in 1981 my Midwifery at the QVH in South Australia.

In 1990 I completed my Bachelor of Nursing at the Lincoln School of Health and in 1992 my Graduate Diploma of Advanced Nursing at Latrobe Uni.

After this I have completed a Master of Nursing Science in Child, Family and Community at Latrobe University. I have been a nurse for 35yrs and only had 3yrs off to have my children.

As you can see I have had years of experience and education. My submission is concerning one Chapter and this is Chapt.12 of the Early Childhood Development Workforce Draft Report. When I undertook the Master of Nursing science in Child, Family and Community, to extend my midwifery and change focus from the hospital to the community, the scholarship did provide a positive influence in this decision, which in 12.2 needs to be expanded.

When reading the Early Childhood Development Draft Report, I was very concerned at midwifery being removed from the course, and the name being changed to "Child health nurses" as without the maternal/child attachment or family centred care, the child's health would suffer.

It is difficult to measure preventative health outcomes, but in my everyday consults, Breast feeding; poor birth outcomes or different birth traumas and interventions, influence bonding and attachments to the baby and strain family relationships. With reduced length of stay in hospitals women

haven't even got their breast milk in yet and need breast feeding help where they would just give up and suffer postnatal infections; haemorrhages and postnatal depression which requires maternity knowledge to promote maternal physical health. Counselling and supporting women and their partners, in parenting skills, helps parents focus on their child's needs and optimum development.

The change in society where women work and have no or limited family support, changes the dynamics of families in which Family and Child Health Nurses play an integral part with continuity of care. Midwifery is an asset not an obstacle, and should remain as a qualification prerequisite. I strongly oppose the removal of midwifery in 12.3 as this has given me a critical body of knowledge that is different from nursing, but encompasses the maternal perspective as well as the child.

There has been a lack of consultation with Victorian or other Family and child health nurses re the strengths of the Victorian MCH framework and reducing consults

To reduce costs and nurses needed would affect client care and increase postnatal depression and education of families, with limited support and resources.

Maternal, family and Child health nurses provide a universal diverse service with increasing participation rates and needs, and to understand the many strengths of the Victorian MCH framework, I would be happy if the commission would meet with me and other MCH nursing colleagues.

I thank the commission for considering my comments and strongly recommend the strengths of the Victorian MCH nursing service be adopted instead of down grading and reducing the quality of service that can be offered.

Thanking you,

Regards,

Mrs C.C. Hore (RN RM Masters MCHN)

Christine Hore