My name is Bronwyn Dajczer and I have been registered and working as a Maternal and Child Health Nurse (MCHN) in Victoria since December 2000. I'm currently employed with Swan Hill Rural City Council. Our rural setting faces issues of isolation, affordable housing, young parents, immigrants, refugees, restricted resources i.e. access to early intervention and specialist services, GP and Obstetric services obstacles and problems with recent drought and floods. On scales of need we have within our area some of the most disadvantaged families and groups.

I am a registered nurse and midwife with the Australian Health Practitioner Regulation Authority. I hold a General Nursing Certificate, a Certificate in Midwifery, a Bachelor of Nursing and a Post graduate Degree in Child and Family Health. One of the main attractions in entering the field of Maternal and Child Health (MCH) was the ability to use knowledge and obtain skills towards ensuring a holistic approach to healthy family wellbeing and functioning in the community. Working in an area that has a long history of excellence and acceptance is both a privilege and reward.

In viewing the Productivity Commission's Early Childhood Development Workforce Draft report I am profoundly concerned with chapter 12. Recommendation 12.3 proposes removal of the unnecessary obstacle of midwifery training. This qualification is critical to skills, knowledge and professional requirements of our vital work. Understanding of all health and wellbeing issues pertinent to families from conception to death ensures our practice is broad, empathetic, evidence and experience based.

A typical example occurred this morning; I needed to call on skills and knowledge learnt through my practice as a midwife. One family's past experience was loss of 23 week stillborn twins, the mother in her 3rd pregnancy is quite anxious about a healthy outcome. We were able to discuss her situation; need for emotional counselling, possible birthing options, pregnancy screening and self care within a framework of evidence based midwifery and family care and my and her lived experience.

The second family have a now healthy, 8 week premature infant born after multiple IVF attempts, an emergency caesarean for maternal hypertension, along with discernible separation and breastfeeding issues. Experience in the Neonatal Intensive Care Nursery informed my understanding. Acquired skill ensures this family's needs are met in a judicious manner. Better health outcomes are possible through timely intervention and referral along with empathetic care. In no way has the midwifery experience required for MCHN in Victoria been a barrier to my work, in fact this, as demonstrated, informs practice on a daily and sometimes hourly basis.

Recommendation 12.4 is also highly alarming. As stated above knowledge as a General Nurse is critical for the discipline of MCH. As a professional body, MCHN's are best placed for this work. Approach on the basis of restricted knowledge in this area of complicated, dynamic family matters would be a grave disservice. Understanding health and illness, wellbeing and health promotion gives us a well-formed foundation for practise. Broad knowledge and especially skilled workers are needed to fathom complex directives and to think remote areas, poorly accessed and hard to reach families deserve less is heinous.

Finally, I am troubled to hear of the lack of consultation by the commission with Victorian MCHN's. The MCH service in Victoria is arguably the finest in Australia and respected worldwide. In a climate of increasing family break up, multiple mental health issues, espousing of importance of early years and requirements to up skill child workers; the levels of knowledge and skills required throughout Australia for MCHN's needs to be strengthened not diminished and bought into line with benchmark standards in Victoria.

Thank you for considering my comments. Bronwyn Dajczer; Victorian Maternal and Child health Nurse.