

17 August 2011

Early Childhood Development Workforce Study
Productivity Commission
Locked Bag 2
Collins Street East
MELBOURNE VIC 8003

TO WHOM IT MAY CONCERN;

RE: PRODUCTIVITY COMMISSION EARLY CHILDHOOD
DEVELOPMENT WORKFORCE STUDY.

My name is Robyn Wheeldon and I have practised as a Maternal & Child Health Nurse in Victoria for 16 years. I have mostly worked in metropolitan Melbourne and semi rural areas; City of Melbourne, City of Casey, Mornington Peninsula Shire and Frankston City Council.

I am registered as a midwife and general nurse with the Australian Health practitioner Regulation Authority. I completed my Diploma of Advanced Science (nursing) in 1990, and upgraded to a Bachelor of Nursing at Latrobe University in 1991. Following this, in 1994 I completed a Graduate Diploma of Midwifery at Royal Melbourne Institute of Technology and in 1995 completed a Graduate Diploma in Child Family Health (maternal & child health) at Latrobe University.

I am particularly concerned with the Early Childhood Development Draft Report, specifically the recommendations outlined in Chapter 12 – 12.3 and 12.2 regarding removal of midwifery as a qualification prerequisite for MCH nurses, and questioning the value of scholarships for MCH programs of study. I believe that these recommendations would gravely reduce the quality of the existing Victorian MCH service. This service is critically dependent on these qualifications and educational preparation to carry out a service which has become known for its excellence.

I am strongly opposed to the midwifery qualification being removed as a prerequisite for MCH nurses and believe my experience as both a general nurse and a midwife have given me critical knowledge and invaluable professional skills to practise as a MCH nurse.

On numerous occasions I have had to draw on this knowledge and skills in order to provide appropriate care of clients attending the service. For example, only this morning whilst attending a home visit, (the first point of contact for MCH service with client). The mother I was visiting, had a pre existing illness that she was currently taking medication for. This medication however did affect her ability to breastfeed and had a negative effect on the production of breast milk. In addition to

the pre existing illness, the mother had developed a post operative infection from the caesarean wound. In this particular consultation, I was able to draw on the knowledge gained from my general nursing about the mothers illness and the medication required for her to be taking. This involved extensive pharmacology knowledge, as well as knowledge I had gained from my general nurse training on signs, symptoms and management of wound infections. I also drew on my midwifery training and experience to be able to inform the mother about drug interaction during lactation, the mechanics of breastfeeding and options available to her. I was also able to inform her about the care and precautions she needed to take following a caesarean section which is more complex than just abdominal surgery. The requirement to be a midwife and general nurse provides me with knowledge and skill fundamental to my everyday practise as an MCH nurse.

I also believe it is vitally important that MCH nurses complete a post graduate MCH program of study.

The family unit over the last decade has become an extremely volatile and complex unit. I have found that MCH nurses are a central component to helping families deal with incredible difficulties, that sometimes occur during the early childhood phase of their lives. This expansion in the needs of families living in modern society today has meant that the role of the M &CH nurse has also developed and nurses now act as advocate, advisor, preceptor and counsellor to such families. The MCH nurse is also often called upon to co-ordinate the utilization of multiple services given to the family at the same time. The omission of additional training of a post graduate qualification following on and complementing the general nurse and midwifery training, will leave such nurses very ill equipped to deal with the many demands faced by M & CH nurses and the complex family issues seen today.

The Victorian M & CH service has become known and respected as an invaluable, evidence based and excellent service. I hope that the strengths of the Victorian service can be adopted by other states of Australia, instead of adopting the proposed recommendations which will only prove to reduce and diminish the quality of the Victorian MCH nursing service.

Yours sincerely,

Robyn Wheeldon.
MCHN City of Frankston