25/08/11

I am writing in response to the Productivity Commissions Early Childhood Development Workforce Draft Report (June 2011).
I am specifically responding to Chapter 12.

I feel particularly well qualified to provide this response as I have been a registered, practicing and motivated Maternal Child Health Nurse since 2008. Of further relevance is that I am working in an acknowledged High Risk Area as determined by Communities for Children (CFC).

- I completed my Masters in Family and Child Health at La Trobe University after I was provided with a scholarship from the Frankston Council in 2007 to enable me to study for this qualification. (This Scholarship enabled me to complete the MCH course, without it I would not have gained my MCN qualifications).
- I have been a recognised Lactation Consultant since 2002.
- I obtained by Midwifery Qualification (postgraduate) in 1998 at Monash University.
- I was registered as a General Nurse (undergraduate) in 1992 at Monash University.

As recognised world-wide, the critical importance of the early years (0-5yrs), especially in vulnerable families, is beyond question.

As a "headline", the skills that I obtained by completing my Masters in Family and Child Health, have without doubt, enabled me to confidently and professionally assist countless families with the early years 0 to 5years of age, particularly those "vulnerable" families whose needs are the greatest.

My major concerns are twofold (re items 12.2 & 12.3)

1. The removal of Midwifery qualifications as a prerequisite for MCH nurses.
2. Questioning the value of scholarships for MCH programs and their possible redundancy.

I strongly advocate that should these concerns be realised that the effect would be to reduce and potentially destroy the quality of the Victorian MCH nursing service.
The Victorian MCH nursing service is currently renowned world-wide as innovative, evidence based practice with outstanding attendance rates.
In a voluntary system, the current average of 95% of families attending MCH Centres is testament to the high regard that families place in the service. I maintain that the highly professional MCH nurses (qualified as such) have engendered generations to comfortably consider the service to be mandatory in nature.

The current robust qualification requirements and educational preparation of Victorian MCH nurses allows a streamlined experience for the families we are dealing with. Initially pre-natally, antenatal, postpartum and beyond to the age of 5years, the current qualification requirements allow the MCH nurse to have a thorough understanding of all aspects when a couple decide to become a family.

Being a midwife has provided me with a critical body of knowledge and invaluable professional skills to practice as MCH nurse. There are many examples where I have been required to draw upon my Midwifery knowledge and experience in providing MCH nursing

care. I firmly believe that client care may have suffered had I not obtained this qualification. Many of the vulnerable families I see often are unable to afford to see their local GP. So when the families are deciding to have another child or are pregnant I am able to provide them with important information concerning vitamins, folate, iron and Vitamin D to ensure that the possibility of neural defect, anaemia and rickets are minimalised during their pregnancy. Also, discussing listeria and what type of foods to avoid has been extremely important.

Another example is when a family had a child with a sacro-coccygeal teratoma; I was able to explain why genetic counselling was important and why the family were required to attend a level 3 hospital for the birth of their next child. This clearly demonstrates where both my General Nursing and Midwifery qualifications were not just indispensable but requisite.

As a Midwife you have a thorough understanding of the changes to a women's body during pregnancy. Often during a consultation for a sibling the mother will ask questions, which I am able to answer with confidence. A thorough understanding of the types of antenatal care available is also invaluable. By example, I recently visited a Mother who was 32 weeks pregnant, who had no antenatal care and she was a drug user. I was able to get the Mother into ADAPT where her needs and the babies needs were met for the best possible outcome.

Furthermore, having a Midwifery qualification affords me a thorough understanding of the lactating mother. This is vitally important in the context that by WHO standards our breastfeeding rates are low. It is likely that this trend will continue without MCH nurses having qualifications in midwifery to assist breastfeeding mothers.

I also firmly believe that it is critically important that MCH nurses be first Registered Nurses. The knowledge gained through an undergraduate nursing degree has provides for a strong foundation to use in everyday MCH practice. As MCH nurses we are dealing with the whole family, so a good general understanding of medical conditions enables MCH nurses to assist and even assess the families during often difficult times.

For example as currently qualified MCH nurse I have been able to recognise early Development Hip Dysplasia (DDH) and appropriately refer to ensure that the child is walking without any concerns.

Another personal example relates to a Mother with MS (multiple sclerosis). Having a good understanding of this disease allowed me to provide care specific to the needs of her family and the resources available to the Mother. Both Midwifery and General Nursing qualifications and experience were used here.

- General Nursing to have a good comprehension of the disease
- Midwifery to explain that whilst mum to continues to breastfeed, the symptoms are often less or non-exist due to hormonal changes.

As Maternal and Child Health Nurses it is vital to acknowledge the Maternal.
Many recent studies indicate the importance of the Mother and Child bond. It is recognised by WHO (World Health Organisation) that whenever dealing with a young child the most important issues for good outcomes is the Mother. A mother with an undiagnosed mental health issue, such as postnatal depression (PND) has been shown in studies; the child can have a developmental delay. This is not ignoring the importance of the father, just that the chemical bond between mother and child is extremely important and is required to be

recognised. In a recent consult, a mother with severe PND was referred to a mother baby unit. This allowed the mother to be medicated and improve the bond between mother and child.
I make this point and provide this example to illustrate why I feel that there needs to be a retained emphasis on Maternal.

Another example is the close working relationship that MCH nurses have with DHS (Department of Human Services). This developed working knowledge and relationship is vital when it becomes clear that a child is neglected, physically or sexually abused. Having completed the masters in Family and Child, it has enabled early intervention with these families and better outcome for the child.

In summary, it is vitally important that MCH nurses complete a post graduate MCH program of study. This additional study has provided me the indispensable knowledge and understanding to provide holistic and family centre MCH nursing care in the community setting. Being a general nurse, midwife and to have undertaken MCH post graduate program of study are critical to my ability to provide quality MCH nursing care. Ensuring such qualifications I believe relate directly to quality outcomes and serve to uphold professional standards. The currently required MCH qualification should not be seen by aspiring MCH nurses as a barrier but a valuable and worthwhile achievement.

I believe that the Productivity Commissions Early Childhood Development review should seek to promote this qualification and assist its attainment rather than to "waterdown" or remove its value.

As I was benefitted with a scholarship to study for MCH post graduate program, I strongly support the ongoing provision of scholarships for MCH study. These have been proven to be very successful in Victoria in attracting potential MCH nurses and influenced my own decision to choose MCH nursing as a career.

The draft report seems at odds with the Commonwealth Government's recognition of the importance of the early years (0 to 5yrs). The government proposals are to ensure changes occur for the benefit of providing our youngest members of the community with the best possible start for the future. Hence the introduction of 15 mandatory hours for Kindergartens, as well as ensuring there is a qualified Kindergarten teacher in every child care centre. This also includes increasing the level of qualifications that are required for early child care workers. As well as the introduction of the mandatory 3 ½ year of checks, with which currently the Victorian MCH nurses already provide as part of their standardised practice. I find it very interesting that with the above changes and recommendations that the Commission has shown short sightness with regard to the expertise the Victorian Maternal and child Health Nurses provide to the Victorian Public and a great service.

In terms of the process of the Commission, I am very concerned about the limited consultation undertaken by Productivity Commission with Victorian nurses.
Our service is widely considered the best in Australia and has much strength. It is very similar to those in Canada and United Kingdom. It is surprising to me that the Commission has not held any Public sittings with Victorian MCH nurses whose input and involvement should be highly valued.

I would be grateful if the Commission would meet with myself and other MCH nursing colleagues and hope that you are able to advise how this could be facilitated.

Yours sincerely,

Nicole Youl
RN, RM, MCHN, IBCLC