

**Submission to the
Early Childhood Development Workforce Study
Productivity Commission Draft Report
August 2011**

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Ms Angela Mac Rae
Presiding Commissioner
ECD Workforce
Productivity Commission
Melbourne, Victoria

Dear Madam,

Thank you for the opportunity to comment on the Draft report. We are representing a collective of **35** Maternal and Child Health Nurses working in an interface Local Government in Melbourne Victoria. Our years of experience and expertise range from 1 year to 36 years in practice as Maternal and Child Health Nurses. We are registered as Midwives and Div.1 Nurses with the Australian Health Practitioner Regulation Authority.

Maternal and Child Health Nurses in Victoria have been previously endorsed as a recognised speciality area of nursing in the Early Year's field. We find the proposed changes to the qualifications to be professionally unacceptable. We believe Maternal and Child Health is a unique service that bridges both the Education and Health models. Maternal and Child Health is an extension of Midwifery with continuity of care along with a career pathway that has enabled recruitment and retention levels to progressively increase in Victoria.

Our submission is limited to **Chapter 12** of the Early Childhood Development Draft Report and the "Child Health Workforce".

We are particularly concerned with recommendations **12.1**, **12.2** and **12.3** of the Draft Report. In particular the removal of midwifery as a prerequisite for the Maternal and Child Health Nurse's qualification.

In reference to the draft research report from the Productivity Commission and Early Childhood Development Workforce, (June 2011) we believe this report to be more directed to early childhood than a focus on maternal health and the well being and development of Infants. There is compelling evidence available that suggests that the maternal health and well being is a contributing factor for the social, emotional and physical health supporting the young infant's development and of the functioning of families.

A major component of the Maternal and Child Health Nurses' role is focusing on "care for the Carer" which is generally the Mother. Furthermore the management, debriefing and reaffirming of the antenatal and birthing experience is essential for assessing ongoing health issues related to the pregnancy and delivery at times well past the postnatal time period. Midwifery knowledge impinges on the availability of qualified care. It is well documented that the maternal well being both physically and emotionally is paramount to the best outcomes for infants and children.

We are strongly opposed to removal of midwifery as a qualification prerequisite for Maternal and Child Health Nurses and believe our qualification in midwifery has given us a critical body of knowledge to deal with the complex and diverse socioeconomic inequities within our demographic population. We believe the Victorian Maternal and Child Health Framework and qualifications to be the benchmark for all other jurisdictions to aspire to.

The Midwifery qualification enables the Maternal and Child Health Nurses to gain a better understanding about what the women has experienced then further the experience following the handover from the hospital medical model to a community care model of care. Continuity of care is given not only in the early postnatal months but throughout the early years with a vast array of knowledge and advice regarding pregnancies, postnatal physical and mental health concerns. The complexity and the intricacies of the Motherhood paradigm extends well beyond the six week postnatal period. The requirement to be a midwife has not been an obstacle for us to practice

as Maternal and Child Health nurses rather the knowledge base gained that informs our practice as Maternal and Child Health Nurse is invaluable to work satisfaction.

The collective experience of Maternal and Child Health Nurse's in our team has been in many varied areas all enhanced by their Midwifery qualifications;

- Universal Maternal and Child Health service
- Enhanced Maternal and Child Health service
- Primary, Secondary and Tertiary Public Health Education roles.
- Remote Aboriginal Health
- Liaison to Maternity Hospitals
- Liaise and consult with Paediatricians and General Practitioners.
- Consult with Child Protection
- Immunisation
- Women's Health –sexual & reproductive health
- Breastfeeding- Lactation consultants
- Neonatal Intensive Care
- Liaise with Allied Health Professionals, Speech therapist, Physiotherapists and Dentists.
- Facilitation of Parent Education forums; which include Mother well being both emotional and physical, and adjustment with emphasis on importance of infant/child engagement.

We offer two examples for your consideration that indicate the importance of our frequently used Midwifery and General Nursing skills in the Maternal and Child Health setting. Many more could be brought forward.

Case study 1:

Child Protection involved with a single parent family with 5 children and Mother expecting her 6th child. Presenting concerns;

- Suspected sexual abuse of one of the children.
- Mother with a past history of sexual abuse along with ongoing substance abuse.

- Domestic Violence.
- Antenatal in utero trauma.

Maternal and Child Health Nurses have been mandated to report abuse since 1993. Our service complements Child Protection by being a necessary pathway to work collaboratively in protecting the Child and Family unit.

Prior knowledge and experience in midwifery is essential in the underpinnings for such a case scenarios. Understanding the flow on effects of catecholamines produced in labour and the effects on the mother and the distress of the foetus is essential. Midwifery training enables consideration and understanding of the impact from the psychological course as well as on to the physiological effects to the mother.

Case study 2:

Early discharge following a Caesarean delivery; Mother presented on day 5 with high, tender fundas and an unknown history of retained placental products. The Maternal and Child Health Nurse assessed all available documents and found that the mother had incomplete placenta and membranes. The mother stated she had not been advised of this fact from the hospital or the possible impact this could have on her breastfeeding outcome. Following the discussion the Maternal and Child Health Nurse encouraged the mother to be reviewed by her General Practitioner and advised her of possible signs and symptoms to watch for. The outcomes for this mother who experienced a severe primary postpartum haemorrhage could have been devastating to the family unit. The prior knowledge from the midwifery qualification in this case highlighted the vital need for retention of the midwifery postgraduate qualification as a prerequisite to the Maternal and Child Health qualification.

We strongly support the ongoing provision of scholarships for Maternal and Child Health postgraduate programs of study. The scholarships have been instrumental in a number of councils and Early Parenting Centres in Victoria with Recruitment and Retention of staff members. The Mentoring programmes offered along with

scholarships have further enhanced the retention rate of the new University Graduates.

In relation to the suggestion Practice Nurses may substitute for Maternal and Child Health Nurses we find this flawed in many areas. There are important differences between the educational preparation and scope of practice of the practice nurses versus that of Maternal and Child Health nurses. We do not believe practice nurses are a suitable substitute for the Maternal and Child Health workforce and believe this suggestion significantly underestimates the continuity of care given to the community by the Maternal and Child Health.

The practice nurse workforce is comprised of registered and enrolled nurses. However it is our understanding that the education of practice nurses is not standardized or accredited by the governing body. Whilst some practice nurses are involved in immunization, we understand the practice nurses do not have the midwifery knowledge and that they have a limited education preparation that does not equip them with the body of knowledge or the scope of practice required of Maternal and Child Health in providing care to mothers, families and young children.

We are very concerned at the limited consultation undertaken by the Productivity Commission with Victorian Nurses. The Victorian Maternal and Child Health service is evidence based with a framework with strong links to promotion and education around health, development, safety and early literacy. The key ages and stages visits are timely and enable a comprehensive holistic model of care to mothers, children and families. We believe the Victorian model is well placed to be the benchmark for a National Specialty service. It is therefore surprising to us that the Commission has not yet held any public forums with the Victorian Maternal and Child Health Nurses.

We would like it to be noted that as indicated in the Allan Report p.48,(2009), that stake holders in all jurisdictions raised the importance of the antenatal periods influence and impact on child development and outcomes. It was recommended continuity of care and anticipatory guidance be given early to improve outcomes for the vulnerable children. While this is best influenced by parental capacity and the effective engagement with families is essential. The continuity of care offered to the

families is paramount. This in itself advocates for the midwifery qualification to be upheld by Maternal and Child Health nurses. Please refer to The Australian Early Years Learning Framework which is the first national learning framework for all educators working with children from birth to five years. The framework and other key documents can be found at;

www.deewr.gov.au/EarlyChildhood/Policy_Agenda/Quality/Pages/EarlyYearsLearningFramework.aspx

We would like to respectfully draw the Commission's attention to the lack of relevant data in the report re the latest research results from Department of Education and Early Childhood Development (DEECD), Victoria and KPMG (2009), which is available on line. These research reports are related to the outcomes from the existing framework, KPI's and community satisfaction rates of the Maternal and Child Health service. We found this type of evidence is also lacking in the report from other states and jurisdictions.

It is essential that Government policy is not the main body for demand. We believe this would contribute to a "False Economy" with long term implications for the young future Australians. We ask what evidence counts? Has the perceived lack of evidence for the need for midwifery skills in the Maternal and Child Health service by the commission become the tool for rationing a resource instead of building a future national highly skilled workforce that is transparent, complementary to other allied health services and able to be independently utilized throughout all Australian community health areas? The absence of evidence surely does not disprove the outcomes rather that the research has not been done yet.

This area of Nursing has the potential not just for increasing health outcomes but an unlimited national economic and infrastructure savings for the nation. We believe this area of national health and education should be encouraged to develop and promote the qualifications required. The opportunity for the current and future national workforce in Child and Family Health to up skill to the minimum post graduate level as in Victoria requires serious consideration. Future planning and implementation of the higher qualification in this area is paramount to our future national health outcomes. Australia is failing in the Early Years Stakes compared to many European countries in the progress of 'population health'. A national consensus to the

approach for contemporary health is essential if we are to bring about effective health education and management.

Once again we state that the current recommendation on reducing the qualifications required to practice in the Victorian Maternal and Child Health will bring about the very situation the commission is aiming to alleviate. Attracting and retaining qualified professional staff to this unique service that bridges both the Education and Health models will have considerable impact and become a critical challenge for the sector if the recommendations to remove midwifery as a prerequisite to the post graduate qualifications as a Maternal and Child Health Nurse.

The Maternal and Child Health/ Child and Family Health service does not appear to fall in the scope of the National Quality Framework at present nor in the near future. The service must be looked at in depth without being pressured by significant others proposing inconsistent pathways, that reflect particular interests. We do not want a framework that does not meet all the needs of the community with short term gains to the detriment of long term interests.

We again respectfully ask the Commission for the same consideration being given to the phasing in over several years for the increased qualification requirement for preschool services and all long day care be given to our field of nursing.

Furthermore as this is a draft report there are many details of the Productivity Commission's report that require supplementary consultation with the workforce to ensure it does not become a service-driven response that addresses short term demands and issues rather than significant universal modification to improve long term health service outcomes. We as a concerned workforce for the future integrity of our service, would appreciate the Commission meeting with us and all the Maternal and Child Health Nurses of Victoria.

We thank the Commission for considering our above comments. We would like the far reaching strengths of the Victorian Maternal and Child Health Nursing service to be adopted by the other states and that the recommendation of withdrawing midwifery as a prerequisite for the postgraduate qualification in Victoria not be

imposed. We genuinely believe this would reduce and diminish the quality of the Victorian Maternal and Child Health Nursing service.

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