

Early Childhood Development Workforce Study
Productivity Commission
Locked Bag 2
Collins Street
East Melbourne, Vic 8003.

29/8/2011.

To the Members of the Productivity Commission:

RE: Productivity report: Child Health Workforce- Draft Report. Chapter 12: Pages 215-234.

The Following submission has been compiled by Maternal & Child Health Nurses (M&CHN) working in Eastern Victoria. The work area can be described as both rural & metropolitan. The Nurses are Division 1 Nurses and Midwives registered with Australian Health Practitioners Regulation Agency (APHRA) and have qualifications in Maternal & Child Health. The nurses in addition to the requirements for registration have varied post graduate education in Child & Family Health Science, Public Health, Lactation, Paediatrics, Advanced Nursing, as well as Masters qualification level. These qualifications are necessary to practice competently in this role. Many of the nurses have accessed scholarships to undertake post graduate studies. Others have undertaken these qualifications independently. The level of tertiary education for these nurses is extensive as is the case across Victoria.

This submission is addressing chapter 12 of the “Early childhood Development Draft” report.

In particular recommendations; 12.1, 12.2 & 12.3

Draft Recommendation 12.1:

“ To ensure the cost effectiveness of child health services and better inform consideration of future child health workforce needs, state and territory governments should seek to improve the evidence base for child health services, in particular to determine the optimal number and timing of health checks”.

The quality of the Maternal & Child Health service in Victoria is underpinned by a number of program standards as set out in the document “Maternal and Child Health Service Program Standards” written by Department of Education and Early Childhood Development and the Municipal Association of Australia (MAV) pg.13. There are 6 program standards as outlined below:

Standard 1

The maternal & child health service provides universal access to its services for Victoria children from birth to school age their mothers & families.

Standard 2

The Maternal & Child Health Service provides optimal health and development outcomes for children from birth to school age through a focus on child, mother and family

Standard 3

The Maternal & Child Health Service builds partnership with families and communities and collaborates and integrates with other services and organisations.

Standard 4

The Maternal & Child Health Service is delivered by a competent and professional workforce.

Standard 5

The Maternal & Child Health service, supported by local government or the governing authority, provides a responsive and accountable service for the child, mother and family through effective governance and management.

Standard 6

The Maternal & Child Health Service delivers a quality and safe service.

These standards are evidence based and have measurable outcomes.

This comment is supported by the “Maternal and Child Health Service program Standards” document published by Department of education and early Childhood development 2009, namely **2.1** (pg.10), entitled “ An Evidence Based framework” and **2.3**, (pg.11) “Purpose and use of the Program Standards” and **2.4** (pg12), “Assessment against the program standards.”

In 2.4, the statement is made “The standards have been developed to encourage and support the service to maintain and improve service quality, standardise service delivery and support measurement to provide feedback on service delivery and service improvement activities.”

The comment by the productivity commission, namely (pg. 220) of the Child workforce draft report referring to service outcomes, “reflectsInconsistent evidence base for child health services”, is viewed by the authors of this submission with very grave concern that such a conclusion could have been reached by the commission.

The Authors of this submission therefore wish to express our disappointment that the report is focused on early child hood development without reference to the maternal and family aspect of the work. The mother is the centre of the child's world and as such, any discussion on child health and development or desired change for the better cannot be effected without the cooperation of the parents or guardian.

The Role of "Maternal & Child Health Nurse" in Victoria encompasses Child Health & Development, Maternal Health and wellbeing, as well as wellbeing of the family unit.

Standard 2 (Program standards, 2009. Pg.20) states that the, "Maternal & Child Health service promotes optimal health and development outcomes for children from birth to school age through a focus on child , mother and family".

Draft Recommendation 12.3.

"In Order to reduce unnecessary obstacles to attracting new child health nurses, state and territory governments should not require child health nurses to have qualifications in midwifery in addition to their qualifications in nursing and in child health."

The Maternal & Child Health nurses in the state of Victoria and the authors of this submission would be very opposed to the removal of the qualification of Midwifery in order to attract others to work within the field of Maternal & Child Health. The belief of the workforce in Victoria is that **Midwifery is crucial to the ongoing maternal & Child Health Qualification.**

The National Standards for Midwifery depicted in the Australian Nursing & Midwifery Council (APHRA website) describes the Midwife and consequently, the practice of a midwife (Pg2).

"The Midwife is a recognised as a responsible and accountable professional who works in partnership with women to give the necessary support care, and advice during pregnancy, labour, and the post-partum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care included preventative measures, the promotion of normal birth, the detections of complications in the mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency procedures. The midwife has an important task in health counselling, education not only for the woman, but also within the family and the community. The work may involve ante-natal education, preparation for parenthood."

The qualification of Midwifery is the foundation for the further tertiary qualification educational process for Maternal & child Health. Midwifery encompasses the journey of the woman through the Ante-natal period to the delivery of the baby and then again into the puerperium. In Midwifery, the normal/ abnormal processes are built upon to provide

safe and effective care. Complications of puerperal infection once the cause of maternal deaths in days long gone is still a possible risk today. Maternal & Child Health nurses review and assess such possible conditions on a regular basis in the early puerperium as well as other complications arising from birth such as mastitis, wound infections, urinary tract infections, congenital abnormalities in the infant.

The Maternal & Child Health nurse has standards of competency (Victorian Association of Maternal & Child Health Nurses, Competency Standards for the Maternal & Child Health Nurses 2010) to reach in order to practice effectively in the state of Victoria. Following on from the base of Midwifery, the competencies are able to be implemented effectively.

There are four overarching principles, comprising 13 competencies. They are:

- Legal & Ethical Practice.
- Promotion of Child and Family Health and wellbeing through Knowledge and practice. Within the standard, the competency invokes the monitoring of the health, growth and development of children from birth to school age to optimise health outcomes, promote, protect and support breast feeding, promote appropriate nutrition. Promote maternal health and wellbeing, promote the role of the family in the health and development of the child, undertake all actions using and promoting effective communication skills.
- Promotion of Maternal & Child Health within the context of public Health Policy.
- Knowledge development and research.

To enhance the experience of the client through the ante-natal period, delivery and post-natal discharge a communication protocol between the hospital and discharge services namely, Maternal & Child Health has been developed. The protocol is described as “promoting seamless service provision to women and their babies during the transition from Hospital to Home. The protocol details communications requirements for all mothers and babies and for vulnerable families during the ante-natal period, post-natal period, neonatal / special care unit, domiciliary and discharge from Maternity services. The protocol is set out in stages and details communication requirements for all mothers and babies and for all vulnerable families.” Continuity of Care, Maternal and Child Health Service Guidelines, (8.1) 2011, pg.27.

The maternal & Child nurse needs to have the foundation qualification of Midwifery in order to have an understanding of the issues arising from the above mentioned communication points. Without that understanding, the process would invite disaster.

Case history Illustrations:

The following case histories are examples which illustrate the use of midwifery skills in Maternal & Child Health Practice.

- Discussion with parents about the “Child Health Record.” This is a Parent held record, given to the parent whilst in hospital and contains relevant details regarding delivery and the early post-partum period. The Maternal & Child Health Nurse reviews this document to assess for possible birth complications affecting health outcomes for both the mother and the infant. Parents often request an explanation of details written within the health record book.
- Parents often seek clarification on their labour experience which may have been complicated and far from the expectations that the parents held, prior to the delivery of the infant. The Maternal & Child Health nurse assists by discussing the issues raised by the family often placing them in an appropriate context or referring the couple to the appropriate service for further discussion.
- The Maternal & Child Health nurse uses midwifery skills in assessing the level of jaundice observed in the skin of the infant after discharge and will often refer baby back to Local General Practitioner or hospital for further blood tests. It is critical to assess the jaundice level appropriately as complications for the infant can be life threatening.
- General Practitioners value the expertise of the Maternal & Child Health Nurse which is based on extensive experience. The General Practitioner, when receiving a request for review of a child or infant responds quickly and effectively. To illustrate this, a recent example has been chosen. A child presented for a key age/ stage visit. (Maternal & Child Health Service; Practice Guidelines 2009 pg.1). The child was found to be ill with bronchiolitis, contact by phone was made by the nurse to the General practitioner, discussion on the condition of the child ensued, the General practitioner saw the child and the child was transported to hospital. In reviewing the child, the assessment skills in use by the nurse were those obtained during the midwifery Tertiary course.
- Mother and toddler attend for Key/Age Stage visit. (sic) The Toddler has recently had a viral illness and the mother is concerned about the effect on her unborn child. The nurse is able to discuss the concern in relation to the stages of foetal development in pregnancy from the knowledge gained during midwifery education.
- Learning about breast feeding, attachment and support are all gained initially in the midwifery classroom and then at work, in midwifery practice. The experience gained in General nursing was to detect lumps and discharge in the non- lactating woman. Midwifery promoted breast feeding. Breast feeding needs to be supported for it promotes and supports environmental, intellectual, health, physical and mental development in the child which is valuable, indeed vital, for our future society and our future as a nation. The Maternal & Child Health nurses

meets with all mothers when they are discharged home after delivery. Breast feeding is promoted and support for ongoing breast feeding is provided, ensuring that the family has the support and information that they require.

Draft Recommendation 12.2.

“Scholarships for postgraduate study in child health nursing may encourage a small number of additional nurses to obtain qualifications in child health or to practice in areas of high demand. The cost effectiveness of scholarships as a method of achieving this goal should be assessed by governments before any expansion of Scholarship programs.”

The Maternal & Child Health nurses in Victoria would encourage a program of expansion for the provision of more scholarships to attract nurses interested in the profession.

Many professions offer scholarships to attract high quality students. The nursing / midwifery / Maternal & Child Health courses attract substantial fees. Assistance with financial costs of study is a very attractive option when enrolling in a preferred course of study.

Many of the authors of this submission have benefited from Scholarship assistance in their preferred course of study in the past, whether that was General nursing, Midwifery or Maternal & Child Health tertiary study.

Options for assistance with university fees to increase study options for nurses, in particular, Midwifery and Maternal & Child Health would vastly increase the workforce as well as be of benefit to the building of our nation and the development of our children within the family unit, the cornerstone of our society.

Consultation.

As a group of professional Maternal & Child Health Nurses engaged in working with families in Victoria on a daily basis, we wish to express our concern that the authors of the Productivity Report have not consulted with Victorian Maternal & Child Health Nurses. It is imperative that the Commission meets with Victorian Nurses and their representatives to discuss the impact & ramifications of the loss of midwifery as a qualification needed for the profession of Maternal & Child Health. This also has ramifications for the families within our service in Victoria both now and into the future. We feel it is essential that consultation occurs with all relevant stake holders in particular the Maternal & Child Health workforce in Victoria.

In closing, we respectfully request that the commission consider the submission based on the following:

- The deletion of Midwifery would be a retrospective step from the qualifications

currently required, exposing the families of the state to uninformed practice with legal and safety ramifications.

- An increase in Maternal & Child Health Nurses to the workforce is possible given appropriate financial recruitment assistance.
- The State of Victoria currently has an evidence based service with measurable outcomes for the service provision of the Maternal & Child Health program operating very effectively. This service can provide the template for the future.

The following Victorian Maternal & Child Health Nurses support this submission: The submission has been submitted by Bernice Boland on behalf of the following nurses.

.
Heather West
Patricia Stevenson
Ann Ferguson
Lynne Herbert
Robyn Bouma
Monique Bassett
Lyn Warburton
Sue Treadwell
Kathy Ralph
Bridgette Dziadosz
Jeannie Abbott

Yours Sincerely,

Bernice E. Boland

Contact Details:

Bernice E. Boland.
67 Emerald- Monbulk Rd.
Emerald
Victoria, 3782.

PH; 0407342897

Reference List

Maternal and Child Health Services Program Standards, Programs and Partners Division, Victoria 2009.

Maternal and Child Health Service Guidelines, Department of education and early childhood development, Sate Government of Victoria, February 2011. Pages 1-90

Productivity Report Chapter 12 Child Health workforce Draft Report, pages 215-234.

National Competency Standards for the Midwife, Australian Nursing & Midwifery Council, 2006, pages 1-14.

Maternal & Child Health Service Key Ages and Stages Framework Handbook, Department of Education and Early Child Hood Development State Government of Victoria & Municipal Association of Victoria, June 2009, pages 1-43.

Competency Standards for the Maternal and Child Health Nurse in Victoria, Victorian Association of Maternal & Child Health Nurses, 2010.

Maternal and Child Health Service: Practice Guidelines, programs & Partnerships Division, Office for children and Early Childhood Development, Department of education and Early Childhood Development,2009,Pages 1-85.